

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

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

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, the first return/report, the final return/report, an amended return/report, a short plan year return/report.
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: GMN TRI-COUNTY COMMUNITY ACTION 403(B) PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1994
2a Plan sponsor's name, mailing address, city or town, state or province, country, and ZIP or foreign postal code.
2b Employer Identification Number (EIN): 31-0719367
2c Plan Sponsor's telephone number: 740-732-2388
2d Business code (see instructions): 624200

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 rows 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	
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	147
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.....	6a(1)	136
	6a(2)	129
	6b	0
	6c	8
	6d	137
	6e	0
	6f	137
	6g(1)	100
	6g(2)	93
h	8	
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:
2F 2G 2M 2T 3D

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)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

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

Receipt Confirmation Code _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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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 GMN TRI-COUNTY COMMUNITY ACTION 403(B) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 GMN TRI-COUNTY COMMUNITY ACTION	D Employer Identification Number (EIN) 31-0719367	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
AUGUSTAR LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-0397080	67172	GP 1972	93	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 13331	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

VALMARK SECURITIES INC **130 SPRINGSIDE DR**
STE 300
AKRON, OH 44333-2431

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
13331			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	1390995
5	Current value of plan's interest under this contract in separate accounts at year end.....	1944317
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 1429905
c	(1) Contributions deposited during the year	7c(1) 109974
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3) 41632
	(4) Transferred from separate account	7c(4) 3881
	(5) Other (specify below)..... ▶	7c(5)
	(6) Total additions	7c(6) 155487
d	Total of balance and additions (add lines 7b and 7c(6))	7d 1585392
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 191330
	(2) Administration charge made by carrier.....	7e(2)
	(3) Transferred to separate account	7e(3)
	(4) Other (specify below)..... ▶ FEES/EXPENSES	7e(4) 3067
(5) Total deductions	7e(5) 194397	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 1390995

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (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>	Service Provider 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 GMN TRI-COUNTY COMMUNITY ACTION 403(B) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 GMN TRI-COUNTY COMMUNITY ACTION	D Employer Identification Number (EIN) 31-0719367	

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

AUGUSTAR LIFE INSURANCE COMPANY **P.O. BOX 5358**
CINCINNATI, OH 45201-5358

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2024 <hr/> This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>GMN TRI-COUNTY COMMUNITY ACTION 403(B) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GMN TRI-COUNTY COMMUNITY ACTION</u>	D Employer Identification Number (EIN) <u>31-0719367</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>AVIP BOND</u>				
b Name of sponsor of entity listed in (a): <u>AUGUSTAR LIFE INSURANCE</u>				
c EIN-PN <u>31-1248844-006</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		<u>29006</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ALLOCATION-MODERATE AB VPS GLOBAL</u>				
b Name of sponsor of entity listed in (a): <u>AUGUSTAR LIFE INSURANCE</u>				
c EIN-PN <u>31-1431072-006</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		<u>178</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BALANCED JANUS HENDERSON</u>				
b Name of sponsor of entity listed in (a): <u>AUGUSTAR LIFE INSURANCE</u>				
c EIN-PN <u>31-1480018-006</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		<u>390</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BALANCED ALLOCATION AVIP BLACKROCK</u>				
b Name of sponsor of entity listed in (a): <u>AUGUSTAR LIFE INSURANCE</u>				
c EIN-PN <u>31-1482004-006</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		<u>109</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLEND PORTFOLIO PSFPGIM JENNISON</u>				
b Name of sponsor of entity listed in (a): <u>AUGUSTAR LIFE INSURANCE</u>				
c EIN-PN <u>31-1480016-006</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		<u>37</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>CAP CORE FUND LVIPJPMORGAN SMALL</u>				
b Name of sponsor of entity listed in (a): <u>AUGUSTAR LIFE INSURANCE</u>				
c EIN-PN <u>31-1590479-006</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		<u>4044</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>CAP VALUE FUND LVIPJPMORGAN MID</u>				
b Name of sponsor of entity listed in (a): <u>AUGUSTAR LIFE INSURANCE</u>				
c EIN-PN <u>41-2039065-006</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		<u>210</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: CLEARBRIDGE		
b Name of sponsor of entity listed in (a): AUGUSTAR LIFE INSURANCE		
c EIN-PN 20-3532428-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 137
a Name of MTIA, CCT, PSA, or 103-12 IE: DRIVENALLOCATION GOLDMANSACHS TREND		
b Name of sponsor of entity listed in (a): AUGUSTAR LIFE INSURANCE		
c EIN-PN 22-3514370-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6409
a Name of MTIA, CCT, PSA, or 103-12 IE: EQUITY GROWTH AVIP FIAM		
b Name of sponsor of entity listed in (a): AUGUSTAR LIFE INSURANCE		
c EIN-PN 20-1256021-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12720
a Name of MTIA, CCT, PSA, or 103-12 IE: EQUITY-INCOME PORTFOLIO FIDELITY VI		
b Name of sponsor of entity listed in (a): AUGUSTAR LIFE INSURANCE		
c EIN-PN 20-1256148-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 682
a Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL RESEARCH JANUS HENDERSON		
b Name of sponsor of entity listed in (a): AUGUSTAR LIFE INSURANCE		
c EIN-PN 20-1257250-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 45744
a Name of MTIA, CCT, PSA, or 103-12 IE: GOVERNMENT MONEY MARKET FIDELITY VI		
b Name of sponsor of entity listed in (a): AUGUSTAR LIFE INSURANCE		
c EIN-PN 20-1257443-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 125572
a Name of MTIA, CCT, PSA, or 103-12 IE: GROWTH MORGAN STANLEY VIF		
b Name of sponsor of entity listed in (a): AUGUSTAR LIFE INSURANCE		
c EIN-PN 27-4406485-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 470
a Name of MTIA, CCT, PSA, or 103-12 IE: GROWTH ETF MORNINGSTAR AGGRESSIVE		
b Name of sponsor of entity listed in (a): AUGUSTAR LIFE INSURANCE		
c EIN-PN 04-2766128-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 90
a Name of MTIA, CCT, PSA, or 103-12 IE: GROWTH ETF MORNINGSTAR INCOME &		
b Name of sponsor of entity listed in (a): AUGUSTAR LIFE INSURANCE		
c EIN-PN 04-3438384-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 872
a Name of MTIA, CCT, PSA, or 103-12 IE: GROWTH PORTFOLIO FIDELITY VIP		
b Name of sponsor of entity listed in (a): AUGUSTAR LIFE INSURANCE		
c EIN-PN 04-2940579-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31280

a Name of MTIA, CCT, PSA, or 103-12 IE: GROWTH PORTFOLIO PSF PGIM JENNISON		
b Name of sponsor of entity listed in (a): AUGUSTAR LIFE INSURANCE		
c EIN-PN 04-2940581-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 48
a Name of MTIA, CCT, PSA, or 103-12 IE: GROWTH STOCK MFS MA INVESTORS		
b Name of sponsor of entity listed in (a): AUGUSTAR LIFE INSURANCE		
c EIN-PN 94-3152672-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7816
a Name of MTIA, CCT, PSA, or 103-12 IE: HIGH INCOME BOND AVIP FEDERATED		
b Name of sponsor of entity listed in (a): AUGUSTAR LIFE INSURANCE		
c EIN-PN 36-4209666-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 905
a Name of MTIA, CCT, PSA, or 103-12 IE: INDEX (GEODE) AVIPS&P MIDCAP 400		
b Name of sponsor of entity listed in (a): AUGUSTAR LIFE INSURANCE		
c EIN-PN 45-3064361-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2174
a Name of MTIA, CCT, PSA, or 103-12 IE: INDEX (GEODE) AVIPS&P 500		
b Name of sponsor of entity listed in (a): AUGUSTAR LIFE INSURANCE		
c EIN-PN 84-1221432-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 27534
a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL EQUITY AVIP BLACKROCK		
b Name of sponsor of entity listed in (a): AUGUSTAR LIFE INSURANCE		
c EIN-PN 84-1168465-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 100
a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONALEQUITY INVESCO V.I.EQV		
b Name of sponsor of entity listed in (a): AUGUSTAR LIFE INSURANCE		
c EIN-PN 84-1202874-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 43
a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL EQUITY LAZARD RETIREM		
b Name of sponsor of entity listed in (a): AUGUSTAR LIFE INSURANCE		
c EIN-PN 84-1258455-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 34
a Name of MTIA, CCT, PSA, or 103-12 IE: KAUFMANN FUND II FEDERATED HERMES		
b Name of sponsor of entity listed in (a): AUGUSTAR LIFE INSURANCE		
c EIN-PN 92-1772753-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 36
a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP VALUE FUND GOLDMAN SACHS		
b Name of sponsor of entity listed in (a): AUGUSTAR LIFE INSURANCE		
c EIN-PN 13-3905259-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 213

a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP CORE AVIP AB

b Name of sponsor of entity listed in (a): AUGUSTAR LIFE INSURANCE

c EIN-PN 13-3905268-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	27
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a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP PORTFOLIO FIDELITY VIP

b Name of sponsor of entity listed in (a): AUGUSTAR LIFE INSURANCE

c EIN-PN 13-2740556-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	56372
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a Name of MTIA, CCT, PSA, or 103-12 IE: MODERATE GROWTH ETF TOPS MANAGED RI

b Name of sponsor of entity listed in (a): AUGUSTAR LIFE INSURANCE

c EIN-PN 22-3361444-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	6284
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a Name of MTIA, CCT, PSA, or 103-12 IE: NATURAL RESOURCES MACQUARIE VIP

b Name of sponsor of entity listed in (a): AUGUSTAR LIFE INSURANCE

c EIN-PN 13-3890605-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	91
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a Name of MTIA, CCT, PSA, or 103-12 IE: ONE CHOICE 2025 AMERICAN CENTURY

b Name of sponsor of entity listed in (a): AUGUSTAR LIFE INSURANCE

c EIN-PN 13-3913303-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	294707
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a Name of MTIA, CCT, PSA, or 103-12 IE: ONE CHOICE 2035 AMERICAN CENTURY

b Name of sponsor of entity listed in (a): AUGUSTAR LIFE INSURANCE

c EIN-PN 27-5316462-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	520658
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a Name of MTIA, CCT, PSA, or 103-12 IE: ONE CHOICE 2045 AMERICAN CENTURY

b Name of sponsor of entity listed in (a): AUGUSTAR LIFE INSURANCE

c EIN-PN 27-5316624-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	209744
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a Name of MTIA, CCT, PSA, or 103-12 IE: ONE CHOICE 2055 AMERICAN CENTURY

b Name of sponsor of entity listed in (a): AUGUSTAR LIFE INSURANCE

c EIN-PN 27-5316768-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	181716
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a Name of MTIA, CCT, PSA, or 103-12 IE: ONE CHOICE 2065 AMERICAN CENTURY

b Name of sponsor of entity listed in (a): AUGUSTAR LIFE INSURANCE

c EIN-PN 20-8444008-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	141
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a Name of MTIA, CCT, PSA, or 103-12 IE: ONE CHOICE INRETIRE AMERICAN CENTUR

b Name of sponsor of entity listed in (a): AUGUSTAR LIFE INSURANCE

c EIN-PN 31-1248845-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	65022
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a Name of MTIA, CCT, PSA, or 103-12 IE: OPPORTUNITYFUND ROYCE SMALL-CAP		
b Name of sponsor of entity listed in (a): AUGUSTAR LIFE INSURANCE		
c EIN-PN 46-5132498-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2325
a Name of MTIA, CCT, PSA, or 103-12 IE: PORTFOLIO PIMCO TOTAL RETURN		
b Name of sponsor of entity listed in (a): AUGUSTAR LIFE INSURANCE		
c EIN-PN 04-3247643-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1695
a Name of MTIA, CCT, PSA, or 103-12 IE: PORTFOLIO ROYCE MICRO-CAP		
b Name of sponsor of entity listed in (a): AUGUSTAR LIFE INSURANCE		
c EIN-PN 31-1377525-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1330
a Name of MTIA, CCT, PSA, or 103-12 IE: REALRETURN STRATEGY PIMCO COMMODITY		
b Name of sponsor of entity listed in (a): AUGUSTAR LIFE INSURANCE		
c EIN-PN 20-8675401-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 89
a Name of MTIA, CCT, PSA, or 103-12 IE: RESEARCH JANUSHENDERSON		
b Name of sponsor of entity listed in (a): AUGUSTAR LIFE INSURANCE		
c EIN-PN 36-4200266-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 253735
a Name of MTIA, CCT, PSA, or 103-12 IE: RISKALLOCATION INVESCOV.I. BALANCED		
b Name of sponsor of entity listed in (a): AUGUSTAR LIFE INSURANCE		
c EIN-PN 43-2076728-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10
a Name of MTIA, CCT, PSA, or 103-12 IE: RISK BALANCED ETF TOPS MANAGED		
b Name of sponsor of entity listed in (a): AUGUSTAR LIFE INSURANCE		
c EIN-PN 04-3702559-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 98
a Name of MTIA, CCT, PSA, or 103-12 IE: SCIENCE AND TECHNOLOGY MACQUARIE VI		
b Name of sponsor of entity listed in (a): AUGUSTAR LIFE INSURANCE		
c EIN-PN 48-1191284-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 120
a Name of MTIA, CCT, PSA, or 103-12 IE: SERIES MFS MID CAPGROWTH		
b Name of sponsor of entity listed in (a): AUGUSTAR LIFE INSURANCE		
c EIN-PN 04-3504553-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 106
a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP AVIP AB		
b Name of sponsor of entity listed in (a): AUGUSTAR LIFE INSURANCE		
c EIN-PN 92-1706043-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26052

a Name of MTIA, CCT, PSA, or 103-12 IE: STRATEGIC GROWTH FUND GOLDMAN SACHS		
b Name of sponsor of entity listed in (a): AUGUSTAR LIFE INSURANCE		
c EIN-PN 13-3905252-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26785
a Name of MTIA, CCT, PSA, or 103-12 IE: US SMALL CAPEQUITY LAZARD RETIREMEN		
b Name of sponsor of entity listed in (a): AUGUSTAR LIFE INSURANCE		
c EIN-PN 13-3905252-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 265
a Name of MTIA, CCT, PSA, or 103-12 IE: VIP FUND FRANKLIN DYNATECH		
b Name of sponsor of entity listed in (a): AUGUSTAR LIFE INSURANCE		
c EIN-PN 13-3905252-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 94
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)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan GMN TRI-COUNTY COMMUNITY ACTION 403(B) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 GMN TRI-COUNTY COMMUNITY ACTION	D Employer Identification Number (EIN) 31-0719367

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
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	175
(2) Participant contributions	1b(2)	0	25
(3) Other	1b(3)		
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)	0	0
(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)	1631708	1944317
(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)	1429905	1390995
(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	3061613	3335512
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	2038	1818
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	2038	1818
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	3059575	3333694

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)	161220	
(B) Participants.....	2a(1)(B)	172016	
(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)		333236
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)		
(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)		0
(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)		0

		(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)		245896
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		579132

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	297971	
(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)		297971
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)	7042	
(11) Other expenses.....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		7042
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		305013

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		274119
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

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: **BHM CPA GROUP, INC.**

(2) EIN: **31-1413363**

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.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2065
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	400000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
l Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.	<input type="checkbox"/>	<input type="checkbox"/>	

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 _____.

SCHEDULE R (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>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--	---	---

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

A Name of plan <u>GMN TRI-COUNTY COMMUNITY ACTION 403(B) PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GMN TRI-COUNTY COMMUNITY ACTION</u>	D Employer Identification Number (EIN) <u>31-0719367</u>	

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
---	---	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 31-0397080

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	
--	---	--

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

11 a Does the ESOP hold any preferred stock? Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 03 / 31 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J500493A.

**GMN TRI-COUNTY COMMUNITY
ACTION 403(B) PLAN**

FINANCIAL STATEMENTS

December 31, 2024 and 2023

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bhm cpa group, inc.
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of the
GMN Tri-County Community Action 403(b) Plan
615 North Street
Caldwell, Ohio 43724

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed an audit of the financial statements of the GMN Tri-County Community Action 403(b) Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits (modified cash basis) as of December 31, 2024 and 2023, the related statements of changes in net assets available for benefits (modified cash basis) for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the GMN Tri-County Community Action 403(b) Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in the notes to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section -

- The amounts and disclosures in the financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with the modified cash basis of accounting.
- The information in the financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis of Opinion

We conducted our audit in accordance with auditing standards accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the GMN Tri-County Community Action 403(b) Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Basis of Accounting

We draw attention to the Summary of Significant Accounting Policies note of the financial statements, which describes the basis of accounting. The financial statements and supplemental schedules are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles accepted in the United States of America. Our opinion is not modified with respect to that matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about GMN Tri-County Community Action 403(b) Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments; administering the plan; and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibility for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of GMN Tri-County Community Action 403(b) Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about GMN Tri-County Community Action 403(b) Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of the modified cash basis of accounting.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with the modified cash basis of accounting.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplemental Schedules Required by ERISA

The supplemental schedule of assets held at year end (modified cash basis) is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

To the Administrative Committee of the
GMN Tri-County Community Action 403(b) Plan
Page 4

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including their form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. In our opinion:

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Columbus, Ohio
September 8, 2025

BHM CPA Group, Inc.

GMN TRI-COUNTY COMMUNITY ACTION 403(B) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS - MODIFIED CASH BASIS

December 31, 2024 and 2023

	2024	2023
ASSETS		
Investments:		
Insurance company general account - at contract value	\$ 1,390,995	\$ 1,429,905
Pooled separate accounts- at fair value	<u>1,944,317</u>	<u>1,631,708</u>
Total investments	<u>3,335,312</u>	<u>3,061,613</u>
TOTAL ASSETS	<u>3,335,312</u>	<u>3,061,613</u>
LIABILITIES		
Other payables	<u>(1,818)</u>	<u>(2,038)</u>
TOTAL LIABILITIES	<u>(1,818)</u>	<u>(2,038)</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 3,333,494</u>	<u>\$ 3,059,575</u>

The accompanying notes are an integral part of these financial statements.

GMN TRI-COUNTY COMMUNITY ACTION 403(B) PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS - MODIFIED CASH BASIS

For the Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
ADDITIONS		
Investment income:		
Net realized and unrealized gain in fair value of investments	\$ 245,896	\$ 237,573
Net investment income	<u>245,896</u>	<u>237,573</u>
Contributions:		
Employee contributions	171,991	164,757
Employer contributions	<u>161,045</u>	<u>150,582</u>
Total contributions	<u>333,036</u>	<u>315,339</u>
TOTAL ADDITIONS	<u>578,932</u>	<u>552,912</u>
DEDUCTIONS		
Administrative and other expenses	7,042	3,739
Distributions to participants	<u>297,971</u>	<u>367,810</u>
TOTAL DEDUCTIONS	<u>305,013</u>	<u>371,549</u>
NET INCREASE	273,919	181,363
Net assets available for benefits at beginning of year	<u>3,059,575</u>	<u>2,878,212</u>
Net assets available for benefits at end of year	<u>\$ 3,333,494</u>	<u>\$ 3,059,575</u>

The accompanying notes are an integral part of these financial statements.

GMN TRI-COUNTY COMMUNITY ACTION 403(B) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

DESCRIPTION OF PLAN

The following brief description of the GMN Tri-County Community Action 403(b) Plan (the Plan) provides only general information. Participants should refer to the summary plan description and plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering certain employees of GMN Tri-County Community Action (the Organization). The Plan is subject to the applicable provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The purpose of the Plan is to provide eligible employees with a qualified plan which meets the requirements of Section 403(b) of the Internal Revenue Code of 1986. The Plan was restated October 6, 2017.

Contributions

Participants may contribute an elective percentage of their compensation annually, subject to certain limitations as defined by the Plan. Contributions more than allowable amounts are refunded to the participants. The Organization matches employee deferrals up to \$5,000. The Organization contributed approximately \$161,045 and \$150,582 for the years ended December 31, 2024 and 2023, respectively.

Each participant's account is charged or credited with (a) the participant's contributions, (b) the Organization's contribution, (c) the Plan's investment earnings or losses and (d) certain Plan administration costs not covered by the Organization.

Vesting

Participants are immediately vested in their contributions and subject to a six-year schedule for contributions made by the Organization.

<u>Years of service</u>	<u>Vested amount</u>
less than 2 years	0%
2 years	20%
3 years	40%
4 years	60%
5 years	80%
6 years	100%

Participant Loans

New participant loans are no longer allowed with the plan amendment in October 2017.

Administrative Fees and Expenses

The Plan Sponsor absorbs a portion of trustee and administrator fees and expenses. Fees and expenses paid by the Plan are allocated to participant accounts on a prorated basis.

Payment of Benefits

The normal form of benefit payments under the Plan are lump sum distributions. A participant's account shall be payable to him or her, or in the event of death to a beneficiary, upon the earlier of disability, termination of employment or retirement date. Normal retirement date is upon attainment of age 65. Distributions may be made from any vested accounts upon attainment of age 59 ½. Hardship withdrawals may be made for an immediate and heavy financial need of the participant as defined in the Plan agreement.

Termination of Plan

Although it has not expressed any intention to do so, the Plan Sponsor may terminate or amend the Plan in whole or in part at any time.

GMN TRI-COUNTY COMMUNITY ACTION 403(B) PLAN

NOTES TO FINANCIAL STATEMENTS - Continued

December 31, 2024 and 2023

SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Following are the significant policies adopted by the Plan and used in the preparation of these financial statements.

Basis of Presentation

The accompanying financial statements have been prepared using the Plan's modified cash method (basis) of accounting. This method utilizes a modified cash approach whereby cash receipts and disbursements are recorded in the period received or made, respectively. Investments are recorded at fair value where unrealized gain/loss is recorded as income/loss.

Estimates

The preparation of financial statements in conformity with accepted accounting principles and income tax basis of accounting requires the Plan's management to make estimates and assumptions that affect the accompanying financial statements and disclosures. Accordingly, actual results may differ from those estimates.

Administrative Expenses

Certain administrative expenses of the Plan are paid and/or incurred by the Organization.

Payment of Benefits

Benefits are recorded when paid.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value except for its investment in the custodian's common collective trust which is valued at contract value. Shares of pooled separate accounts are measured at fair value using the net asset value as reported by the trust, which is the practical expedient. The practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported net asset value. Net asset value for this trust is based upon contributions, withdrawals and earnings of the trust as reported by Ohio National Life Insurance companies. Purchases and sales of securities are recorded on a trade-date basis. Interest and dividends are recorded on the date of receipt.

FAIR VALUE MEASUREMENTS

The Plan complies with Accounting Standards Codification (ASC) 820 *Fair Value Measurements and Disclosures* to account for and report fair value. ASC 820 provides a single definition of fair value, a framework for measuring fair value and expanded disclosures concerning fair value. It also defines fair value as the price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date.

Fair values of certain assets and liabilities are determined based on the fair value hierarchy established in this standard, which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. Observable inputs are inputs that reflect the assumptions market participants would use in pricing the asset or liability developed based on the best information available in the circumstances.

GMN TRI-COUNTY COMMUNITY ACTION 403(B) PLAN

NOTES TO FINANCIAL STATEMENTS - Continued

December 31, 2024 and 2023

FAIR VALUE MEASUREMENTS - Continued

The standard describes three levels within its hierarchy that may be used to measure fair value which are:

Level 1

Values are based on unadjusted quoted prices in active markets for identical assets or liabilities.

Level 2

Values are based on quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.

Level 3

Values are generated from unobservable inputs that are supported by little or no market activity and that are a significant component of the fair value of the assets or liabilities. These unobservable inputs would reflect management's estimates of assumptions that market participants would use in pricing related assets or liabilities. Valuation techniques might include the use of pricing models, discounted cash flow models or similar techniques.

A financial asset or liability's classification within the hierarchy is determined based on the lowest level input that is significant to the fair value measurement. The assessment of the significance of a particular input to the fair value measurement requires judgment and may affect the classification of fair value assets and liabilities within the fair value hierarchy levels.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

December 31, 2024	Fair Value Measurements Using:			
	Total	Level 1	Level 2	Level 3
Pooled separate accounts	\$ 1,944,317	\$ 1,944,317	\$ -	\$ -
December 31, 2023				
Pooled separate accounts	\$ 1,631,708	\$ 1,631,708	\$ -	\$ -

The investments in the trustees general account included in investments on the statement of net assets available for benefits is reported at contract value and therefore not included in the fair value table.

The pooled separate accounts included in investments on the statement of assets available for benefits – modified cash basis is reported at net asset value and therefore not included in the fair value table. The pooled separate accounts provide for daily redemptions by the Plan at reported NAV, with no advance notice requirements. There are no unfunded commitments related to the pooled separate accounts.

REPORTABLE TRANSACTIONS

The Plan's assets are participant-directed, and, as a result, the schedule of reportable transactions is not required.

GMN TRI-COUNTY COMMUNITY ACTION 403(B) PLAN

NOTES TO FINANCIAL STATEMENTS - Continued

December 31, 2024 and 2023

RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Certain plan investments may be managed by the Plan's investment advisor, as is customary in retirement plans. As a result, these transactions qualify as party-in-interest transactions.

Certain administrative functions are performed by officers or employees of the Plan Sponsor. No such officer or employee received compensation from the Plan. Certain administrative expenses of the Plan are paid directly by the Plan Sponsor and are not charged to the Plan.

BHM CPA Group, Inc. serves as the Plan's auditors and qualifies as a party-in-interest.

TAX STATUS

The Internal Revenue Service does not have an approval program for 403(b) documents. However, management and the custodian of the Plan believe that the Plan is in full compliance with the applicable requirements of the IRC for the years ended December 31, 2024 and 2023.

The Plan complies with ASC 740-10 related to uncertain tax positions. This standard prescribes a recognition threshold and measurement attribute for financial statement recognition and measurement of a tax position taken or expected to be taken on a tax return. The Plan administrator is not aware of any tax positions taken by the Plan that they consider to be uncertain. The tax returns for the years ended 2021, 2022 and 2023 are open and subject to examination by the Internal Revenue Service.

INFORMATION CERTIFIED BY THE PLAN'S CUSTODIAN

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, all investment balances and transactions contained in the statements of net assets available for benefits – modified cash basis and the statement of changes in net assets available for benefits – modified cash basis contains information certified by the Augustar Life Insurance Company is complete and accurate. The assets held by and certified by the qualified institution meets the requirements of ERISA Section 103(a)(3)(C). No auditing procedures were performed on the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of the modified cash basis of accounting.

INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan has entered into a fully benefit-responsive investment contract with Augustar Life Insurance Company which covered years ended December 31, 2024 and 2023. Augustar Life Insurance Company maintained the contributions in a pooled account. The account was credited with earnings on the underlying investments and charged for Plan withdrawals and administrative expenses charged by Ohio National Life Insurance Company. The contract is included in the financial statements at contract value, which represents contributions made under the contract, plus earnings, less Plan withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

GMN TRI-COUNTY COMMUNITY ACTION 403(B) PLAN

NOTES TO FINANCIAL STATEMENTS - Continued

December 31, 2024 and 2023

RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The audited financial statements were prepared on the modified cash basis of accounting, and the Form 5500 was on the accrual basis. As of December 31, 2024, this resulted in a difference of \$25 and \$175 related to employee contributions and employer contributions being recorded on the Form 5500 but not in the financial statements. This also caused a difference in employee contributions receivable and employer contributions receivable of \$25 and \$175, respectively, for the year ended December 31, 2024. The differences above resulted in a \$200 difference in Net assets available for benefit as of December 31, 2024. Differences between the audited financial statements and the information on Form 5500 were not significant and primarily related to different classifications as of and for the year ended December 31, 2024.

SUBSEQUENT EVENTS

Subsequent events were evaluated through September 8, 2025 which is the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULE

GMN TRI-COUNTY COMMUNITY ACTION 403(B) PLAN

EIN 31-0719367

PLAN NUMBER 001

SCHEDULE H, LINE 4i; SCHEDULE OF ASSETS (HELD AT YEAR END)
MODIFIED CASH BASIS

December 31, 2024

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
*	Augustar Life Insurance Fixed Account	Common Collective Trust	\$ 1,390,995	\$ 1,390,995
*	AB VPS Global Risk Allocation - Mod	Pooled Separate Account	Participant Directed	178
*	American Century One Choice 2025	Pooled Separate Account	Participant Directed	294,707
*	American Century One Choice 2035	Pooled Separate Account	Participant Directed	520,658
*	American Century One Choice 2045	Pooled Separate Account	Participant Directed	209,744
*	American Century One Choice 2055	Pooled Separate Account	Participant Directed	181,716
*	American Century One Choice 2065	Pooled Separate Account	Participant Directed	141
*	American Century One Choice In Retire	Pooled Separate Account	Participant Directed	65,022
*	AVIP FIAM Equity Growth	Pooled Separate Account	Participant Directed	12,720
*	Federated Kaufmann Fund II	Pooled Separate Account	Participant Directed	36
*	Fidelity VIP Equity-Income Portfolio	Pooled Separate Account	Participant Directed	682
*	Fidelity VIP Government Money Market	Pooled Separate Account	Participant Directed	125,572
*	Fidelity VIP Growth Portfolio	Pooled Separate Account	Participant Directed	31,280
*	Fidelity VIP Mid Cap Portfolio	Pooled Separate Account	Participant Directed	56,372
*	Franklin DynaTech VIP Fund	Pooled Separate Account	Participant Directed	94
*	Goldman Sachs Large Cap Value Fund	Pooled Separate Account	Participant Directed	213
*	Goldman Sachs Strategic Growth Fund	Pooled Separate Account	Participant Directed	26,785
*	Goldman Sachs Trends Allocation	Pooled Separate Account	Participant Directed	6,409
*	Invesco V.I. Balanced - Risk Allocation	Pooled Separate Account	Participant Directed	10
*	Invesco V.I. EQV International Equity	Pooled Separate Account	Participant Directed	43
*	Janus Henderson Balanced	Pooled Separate Account	Participant Directed	390
*	Janus Henderson Global Research	Pooled Separate Account	Participant Directed	45,744
*	Janus Henderson Research	Pooled Separate Account	Participant Directed	253,735
*	Lazard Retirement International Equity	Pooled Separate Account	Participant Directed	34
*	Lazard Retirement US Small Cap Equity	Pooled Separate Account	Participant Directed	265
*	Legg Mason ClearBridge Dividend Strategy	Pooled Separate Account	Participant Directed	137
*	LVIP JPMorgan Mid Cap Value Fund	Pooled Separate Account	Participant Directed	210
*	LVIP JPMorgan Small Cap Core Fund	Pooled Separate Account	Participant Directed	4,044
*	Macquarie VIP Natural Resources	Pooled Separate Account	Participant Directed	91
*	Macquarie VIP Science & Technology	Pooled Separate Account	Participant Directed	120
*	MFS MA Investors Growth Stock	Pooled Separate Account	Participant Directed	7,816
*	MFS Mid Cap Growth Series	Pooled Separate Account	Participant Directed	106
*	Morgan Stanley VIF Growth	Pooled Separate Account	Participant Directed	470
*	Morningstar Aggressive Growth ETF	Pooled Separate Account	Participant Directed	90
*	Morningstar Income & Growth ETF	Pooled Separate Account	Participant Directed	872
*	ON AB Mid Cap Core Portfolio	Pooled Separate Account	Participant Directed	28
*	ON AB Small Cap Portfolio	Pooled Separate Account	Participant Directed	26,052
*	ON BlackRock Advantage Internation Equity Portfolio	Pooled Separate Account	Participant Directed	100
*	ON BlackRock Balanced Allocationb Portfolio	Pooled Separate Account	Participant Directed	109
*	ON Bond Portfolio	Pooled Separate Account	Participant Directed	29,006
*	ON Federated High Income Bond Portfolio	Pooled Separate Account	Participant Directed	905
*	ON S&P 400 Index Portfolio (Geode)	Pooled Separate Account	Participant Directed	2,174
*	ON S&P 500 Index Portfolio (Geode)	Pooled Separate Account	Participant Directed	27,534
*	PIMCO Commodity RealReturn(R) Strategy	Pooled Separate Account	Participant Directed	89
*	PIMCO Total Return Portfolio	Pooled Separate Account	Participant Directed	1,695
*	PSF PGIM Jennison Blend Portfolio	Pooled Separate Account	Participant Directed	37
*	PSF PGM Jennison Growth Portfolio	Pooled Separate Account	Participant Directed	48
*	Royce Micro-Cap Portfolio	Pooled Separate Account	Participant Directed	1,330
*	Royce Opportunity Fund	Pooled Separate Account	Participant Directed	2,325
*	TOPS Managed Risk Balanced ETF	Pooled Separate Account	Participant Directed	98
*	TOPS Managed Risk Moderate Growth ETF	Pooled Separate Account	Participant Directed	6,281
	Totals			<u>\$ 3,335,312</u>

* Represents party-in-interest

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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

2024

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [X] Form 5558 [] automatic 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: GMN Tri-County Community Action 403(b) Plan
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1994
2a Plan sponsor's name (employer, if for a single-employer plan): GMN Tri-County Community Action
2b Employer Identification Number (EIN): 31-0719367
2c Plan Sponsor's telephone number: 740-732-2388
2d Business code (see instructions): 624200

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, Date, and Name. Row 1: JENNIFER MACKIE, 9-25-25. Row 2: Signature of employer/plan sponsor. Row 3: Signature of 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	
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	147
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	6a(1)	136
	6a(2)	129
	6b	0
	6c	8
	6d	137
	6e	0
	6f	137
	6g(1)	100
	6g(2)	93
6h	8	
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:
2F 2G 2M 2T 3D

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)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

b General Schedules

- | | |
|--|---|
| (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) | (1) <input checked="" type="checkbox"/> H (Financial Information) |
| (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary | (2) <input type="checkbox"/> I (Financial Information - Small Plan) |
| (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | (3) <input checked="" type="checkbox"/> A (Insurance Information) - Number Attached <u>1</u> |
| (4) <input type="checkbox"/> DCG (Individual Plan Information) - Number Attached _____ | (4) <input checked="" type="checkbox"/> C (Service Provider Information) |
| (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information) | (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) |
| | (6) <input type="checkbox"/> G (Financial Transaction Schedules) |

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

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

Receipt Confirmation Code _____

GMN TRI-COUNTY COMMUNITY ACTION 403(B) PLAN

EIN 31-0719367

PLAN NUMBER 001

SCHEDULE H, LINE 4i; SCHEDULE OF ASSETS (HELD AT YEAR END)
MODIFIED CASH BASIS

December 31, 2024

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
*	Augustar Life Insurance Fixed Account	Common Collective Trust	\$ 1,390,995	\$ 1,390,995
*	AB VPS Global Risk Allocation - Mod	Pooled Separate Account	Participant Directed	178
*	American Century One Choice 2025	Pooled Separate Account	Participant Directed	294,707
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	Totals			\$ 3,335,312

* Represents party-in-interest