

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

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 (Filers checking this box must provide participating employer information in accordance with the form instructions.)
 - a single-employer plan
 - a DFE (specify) M
- B** This return/report is:
 - the first return/report
 - the final return/report
 - an amended return/report
 - a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. ▶
- D** Check box if filing under:
 - Form 5558
 - automatic extension
 - special extension (enter description)
 - the DFVC program
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

1a Name of plan THE GAVILON GROUP, LLC COMBINED ACCOUNT FOR THE JOINTLY ADMIN'D GRAIN MILLERS AND PP FOR HOURLY RATE PRODUCTION EES	1b Three-digit plan number (PN) ▶ <u>006</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) THE GAVILON GROUP, LLC 1331 CAPITOL AVENUE OMAHA, NE 68102	1c Effective date of plan 2b Employer Identification Number (EIN) <u>41-2274428</u> 2c Plan Sponsor's telephone number <u>877-882-7547</u> 2d Business code (see instructions)

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2025	ANGELA LARRICK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as 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 type="checkbox"/> Same as Plan Sponsor THE GAVILON GROUP, LLC EMPLOYEE BENEFITS COMMITTEE 1331 CAPITOL AVENUE OMAHA, NE 68102	3b Administrator's EIN 41-2274428 3c Administrator's telephone number 877-882-7547																				
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN																				
5 Total number of participants at the beginning of the plan year	5																				
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:100px;">6a(1)</td><td></td></tr> <tr><td>6a(2)</td><td></td></tr> <tr><td>6b</td><td></td></tr> <tr><td>6c</td><td></td></tr> <tr><td>6d</td><td></td></tr> <tr><td>6e</td><td></td></tr> <tr><td>6f</td><td></td></tr> <tr><td>6g(1)</td><td></td></tr> <tr><td>6g(2)</td><td></td></tr> <tr><td>6h</td><td></td></tr> </table>	6a(1)		6a(2)		6b		6c		6d		6e		6f		6g(1)		6g(2)		6h	
6a(1)																					
6a(2)																					
6b																					
6c																					
6d																					
6e																					
6f																					
6g(1)																					
6g(2)																					
6h																					
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7																				

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE 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 THE GAVILON GROUP, LLC COMBINED ACCOUNT FOR THE JOINTLY ADMIN'D GRAIN MILLERS AND PP FOR HOURLY RATE PRODUCTION EES	B Three-digit plan number (PN) ▶	006
C Plan sponsor's name as shown on line 2a of Form 5500 THE GAVILON GROUP, LLC	D Employer Identification Number (EIN) 41-2274428	

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

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

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)

HUB INTERNATIONAL GREAT PLAINS

47-0813106

(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?
11 50	ACTUARY	49459	Yes <input type="checkbox"/> No <input checked="" 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)

SAGEVIEW ADVISORY GROUP, LLC

4000 MACARTHUR BLVD
SUITE 1050
NEWPORT BEACH, CA 92660

(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?
28	INVMT MGMT	25000	Yes <input type="checkbox"/> No <input checked="" 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)

US BANK NATIONAL ASSOCIATION

31-0841368

(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?
21	TRUSTEE	8620	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

SEYFARTH SHAW

233 S WACKER DRIVE
#8000
CHICAGO, IL 60606

(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?
29	LEGAL	7279	Yes <input type="checkbox"/> No <input checked="" 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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan THE GAVILON GROUP, LLC COMBINED ACCOUNT FOR THE JOINTLY ADMIN'D GRAIN MILLERS AND PP FOR HOURLY RATE PRODUCTION EES	B Three-digit plan number (PN)	▶ 006
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 THE GAVILON GROUP, LLC	D Employer Identification Number (EIN) 41-2274428	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name THE GAVILON GROUP, LLC JOINTLY ADMIN'D GRAIN MILLERS PENSION PLAN

b Name of plan sponsor THE GAVILON GROUP, LLC **c** EIN-PN 41-2274428-003

a Plan name THE GAVILON GROUP, LLC PENSION PLAN FOR HOURLY RATE PRODUCTION EMPLOYEES

b Name of plan sponsor THE GAVILON GROUP, LLC **c** EIN-PN 41-2274428-004

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 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 THE GAVILON GROUP, LLC COMBINED ACCOUNT FOR THE JOINTLY ADMIN'D GRAIN MILLERS AND PP FOR HOURLY RATE PRODUCTION EES	B Three-digit plan number (PN) ▶ 006
C Plan sponsor's name as shown on line 2a of Form 5500 THE GAVILON GROUP, LLC	D Employer Identification Number (EIN) 41-2274428

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

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2013020
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	2567995
(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	2013020	2567995
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	2013020	2567995

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	59914	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		585419
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		645333

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		0
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	25000	
(6) Bank or trust company trustee/custodial fees	2i(6)	8620	
(7) Actuarial fees	2i(7)	49459	
(8) Legal fees	2i(8)	7279	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		90358
j Total expenses. Add all expense amounts in column (b) and enter total	2j		90358

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		554975
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:

(2) EIN:

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)			
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
l Has the plan failed to provide any benefit when due under the plan?			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

00263804
62--12-B -66C-008-04
0403 -14-02182-04

GAVILON GROUP D/B-COMPOSITE
ACCOUNT 001050974209



ASSET DETAIL

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Cash And Equivalents						
Money Markets						
First Am Govt Ob Fd Cl V 31846V443 Asset Minor Code 1 ACCOUNT 001050974200	9,335.900	9,335.90 1,0000	9,335.90	.00 .00	3.41	4.15
First Am Govt Ob Fd Cl V 31846V443 Asset Minor Code 1 ACCOUNT 001050974201	2,728.220	2,728.22 1,0000	2,728.22	.00 .00	1.06	4.15
Total First Am Govt Ob Fd Cl V	12,064.120	12,064.12	12,064.12	.00 .00	4.47	4.14
Total Money Markets	12,064.120	12,064.12	12,064.12	.00 .00	4.47	4.14
Total Cash And Equivalents	12,064.120	12,064.12	12,064.12	.00 .00	4.47	4.14
Mutual Funds						
Mutual Funds-Equity						
Vanguard Tot Int ST Idx Adm 921909818 Asset Minor Code 98 ACCOUNT 001050974200	10,239.415	324,487.06 31,6900	274,517.22	49,969.84 - 687.94	.00	3.33
Vanguard Tot Int ST Idx Adm 921909818 Asset Minor Code 98 ACCOUNT 001050974201	5,340.865	169,252.01 31,6900	150,334.77	18,917.24 - 3,161.60	.00	3.33

00263804
62--12-B -66C-008-04
0403 -14-02182-04



GAVILON GROUP D/B-COMPOSITE
ACCOUNT 001050974209

Page 10 of 94
Period from January 1, 2024 to December 31, 2024

ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	SINCE INCEPTION/ CURRENT PERIOD	UNREALIZED GAIN (LOSS)	ENDING ACCRUAL	YIELD ON MARKET
Total Vanguard Tot Int ST Idx Adm	15,580.280	493,739.07	424,851.99	68,887.08 - 3,849.54	.00	3.32	
Vanguard Total Stock Mkt Idx Adm 922908728 Asset Minor Code 98 ACCOUNT 001050974200	4,878.615	688,031.07 141.0300	275,794.33	412,236.74 64,789.72	.00	1.26	
Vanguard Total Stock Mkt Idx Adm 922908728 Asset Minor Code 98 ACCOUNT 001050974201	2,546.462	359,127.54 141.0300	199,407.80	159,719.74 23,592.82	.00	1.26	
Total Vanguard Total Stock Mkt Idx Adm	7,425.077	1,047,158.61	475,202.13	571,956.48 88,382.54	.00	1.25	
Total Mutual Funds-Equity	23,005.357	1,540,897.68	900,054.12	640,843.56 84,533.00	.00	1.92	
Mutual Funds-Fixed Income							
Vanguard Total Bond Market Index Adm 921937603 Asset Minor Code 99 ACCOUNT 001050974200	70,431.516	667,690.77 9.4800	754,326.99	- 86,636.22 - 17,119.95	.66	3.67	
Vanguard Total Bond Market Index Adm 921937603 Asset Minor Code 99 ACCOUNT 001050974201	36,638.934	347,337.09 9.4800	377,109.35	- 29,772.26 - 9,883.98	.29	3.67	
Total Vanguard Total Bond Market Index Adm	107,070.450	1,015,027.86	1,131,436.34	- 116,408.48 - 27,003.93	.95	3.67	
Total Mutual Funds-Fixed Income	107,070.450	1,015,027.86	1,131,436.34	- 116,408.48 - 27,003.93	.95	3.67	

00263804
62--12-B -66C-008-04
0403 -14-02182-04

GAVILON GROUP D/B-COMPOSITE
ACCOUNT 001050974209



ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Total Mutual Funds	130,075.807	2,555,925.54	2,031,490.46	524,435.08 57,529.07	.95	2.61
Total Assets	142,139.927	2,567,989.66	2,043,554.58	524,435.08 57,529.07	5.42	2.62
Accrued Income	.000	5.42	5.42			
Grand Total	142,139.927	2,567,995.08	2,043,560.00			

ASSET DETAIL MESSAGES

Time of trade execution and trading party (if not disclosed) will be provided upon request.

Publicly traded assets are valued in accordance with market quotations or valuation methodologies from financial industry services believed by us to be reliable. Assets that are not publicly traded may be reflected at values from other external sources. Assets for which a current value is not available may be reflected at a previous value or as not valued, at par value, or at a nominal value. Values shown do not necessarily reflect prices at which assets could be bought or sold. Values are updated based on internal policy and may be updated less frequently than statement generation.

For further information, please contact your account manager or relationship manager.

Yield on Market and Accrued Income are estimates provided for informational purposes only and should not be relied on for making investment, trading, or tax decisions. The estimates may not represent the actual value earned by your investments and they provide no guarantee of what your investments may earn in the future.

The asset categories used in this statement may be general in nature. For example, assets listed under the "Mutual Funds" category may include open-end investment companies registered under the Investment Company Act of 1940 (which are commonly known as "mutual funds") but may also include closed-end investment companies, unit investment trusts, common trust funds, collective trust funds or other investments that are registered with (or not subject to registration with) the Securities and Exchange Commission.

00263804
62--12-B-66C-008-04
0403 -14-02182-04



GAVILON GROUP D/B-COMPOSITE
ACCOUNT 001050974209

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
BEGINNING MARKET VALUE							
COMPARATIVE VALUE (5%)							
CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE							
Issue: 31846V443 - First Am Govt Ob Fd Cl V							
09/04/2024	B	166,000.000	1.0000		- 166,000 *	166,000	
001050974200							
09/04/2024	B	372,000.000	1.0000		- 372,000 *	372,000	
001050974201							
09/09/2024	S	- 166,000.000	1.0000		166,000 *	166,000	
001050974200							
09/09/2024	S	- 372,000.000	1.0000		372,000 *	372,000	
001050974201							
Issue: 921937603 - Vanguard Total Bond Market Index Adm							
09/06/2024	B	15,166.835	9.8900		- 150,000 *	150,000	
001050974201							
Issue: 922908728 - Vanguard Total Stock Mkt Idx Adm							
09/06/2024	B	1,156.962	129.6500		- 150,000 *	150,000	
001050974201							
GRAND TOTAL				0	1,376,000	1,376,000	0

CATEGORY 2 - SERIES OF TRANSACTIONS WITH SAME BROKER EXCEEDS 5% OF VALUE

NO TRANSACTIONS QUALIFIED FOR THIS SECTION

CATEGORY 3 - SERIES OF TRANSACTIONS IN SAME SECURITY EXCEEDS 5% OF VALUE

Issue: 31846V443 - First Am Govt Ob Fd Cl V

00263804
62--12-B-66C-008-04
0403 -14-02182-04



GAVILON GROUP D/B-COMPOSITE
ACCOUNT 001050974209

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
01/03/2024	B	6.870	1.0000		-7	7	
001050974200							
01/03/2024	B	5,000.000	1.0000		-5,000	5,000	
001050974200							
01/03/2024	B	2.160	1.0000		-2	2	
001050974201							
01/03/2024	B	10,000.000	1.0000		-10,000	10,000	
001050974201							
01/18/2024	B	297.060	1.0000		-297	297	
001050974201							
02/02/2024	B	21.220	1.0000		-21	21	
001050974200							
02/02/2024	B	41.590	1.0000		-42	42	
001050974201							
02/09/2024	B	500.000	1.0000		-500	500	
001050974201							
02/22/2024	B	400.000	1.0000		-400	400	
001050974200							
02/22/2024	B	400.000	1.0000		-400	400	
001050974201							
02/26/2024	B	9,400.000	1.0000		-9,400	9,400	
001050974200							
02/26/2024	B	2,300.000	1.0000		-2,300	2,300	
001050974201							
03/04/2024	B	5.430	1.0000		-5	5	
001050974200							
03/04/2024	B	1.580	1.0000		-2	2	
001050974201							

00263804
62--12-B -66C-008-04
0403 -14-02182-04

GAVILON GROUP D/B-COMPOSITE
ACCOUNT 001050974209



FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
03/06/2024 001050974200	B	15,000.000	1.0000		- 15,000	15,000	
03/26/2024 001050974200	B	6,500.000	1.0000		- 6,500	6,500	
03/26/2024 001050974201	B	15,750.000	1.0000		- 15,750	15,750	
04/02/2024 001050974200	B	51.300	1.0000		- 51	51	
04/02/2024 001050974201	B	3.870	1.0000		- 4	4	
04/17/2024 001050974201	B	484.440	1.0000		- 484	484	
04/24/2024 001050974200	B	10,900.000	1.0000		- 10,900	10,900	
04/24/2024 001050974201	B	2,800.000	1.0000		- 2,800	2,800	
05/02/2024 001050974200	B	9.890	1.0000		- 10	10	
05/02/2024 001050974201	B	3.340	1.0000		- 3	3	
05/10/2024 001050974200	B	1,100.000	1.0000		- 1,100	1,100	
05/10/2024 001050974201	B	1,075.000	1.0000		- 1,075	1,075	
05/28/2024 001050974200	B	9,450.000	1.0000		- 9,450	9,450	
05/28/2024 001050974201	B	2,700.000	1.0000		- 2,700	2,700	

00263804
62-12-B-66C-008-04
0403 -14-02182-04



GAVILON GROUP D/B-COMPOSITE
ACCOUNT 001050974209

Page 79 of 94
Period from January 1, 2024 to December 31, 2024

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
06/04/2024 001050974200	B	5.360	1.0000		-5	5	
06/04/2024 001050974201	B	1.590	1.0000		-2	2	
06/14/2024 001050974200	B	4,250.000	1.0000		-4,250	4,250	
06/14/2024 001050974201	B	10,750.000	1.0000		-10,750	10,750	
06/26/2024 001050974200	B	9,400.000	1.0000		-9,400	9,400	
06/26/2024 001050974201	B	2,700.000	1.0000		-2,700	2,700	
06/28/2024 001050974200	B	1,450.000	1.0000		-1,450	1,450	
06/28/2024 001050974201	B	1,450.000	1.0000		-1,450	1,450	
07/02/2024 001050974200	B	10.840	1.0000		-11	11	
07/02/2024 001050974201	B	6.930	1.0000		-7	7	
07/03/2024 001050974200	B	50.000	1.0000		-50	50	
07/03/2024 001050974201	B	50.000	1.0000		-50	50	
07/10/2024 001050974200	B	6,250.000	1.0000		-6,250	6,250	
07/10/2024 001050974201	B	6,250.000	1.0000		-6,250	6,250	

00263804
62--12-B -66C-008-04
0403 -14-02182-04



GAVILON GROUP D/B-COMPOSITE
ACCOUNT 001050974209

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
07/30/2024 001050974200	B	9,452.490	1.0000		-9,452	9,452	
07/30/2024 001050974201	B	2,720.490	1.0000		-2,720	2,720	
08/02/2024 001050974200	B	15.780	1.0000		-16	16	
08/02/2024 001050974201	B	13.910	1.0000		-14	14	
08/28/2024 001050974200	B	9,000.000	1.0000		-9,000	9,000	
08/28/2024 001050974201	B	2,600.000	1.0000		-2,600	2,600	
09/04/2024 001050974200	B	6.150	1.0000		-6	6	
09/04/2024 001050974200	B	166,000.000	1.0000		-166,000*	166,000	
09/04/2024 001050974201	B	1.580	1.0000		-2	2	
09/04/2024 001050974201	B	372,000.000	1.0000		-372,000*	372,000	
09/20/2024 001050974200	B	5,650.000	1.0000		-5,650	5,650	
09/20/2024 001050974201	B	3,830.760	1.0000		-3,831	3,831	
09/26/2024 001050974200	B	7,400.000	1.0000		-7,400	7,400	
09/26/2024 001050974201	B	2,703.760	1.0000		-2,704	2,704	

00263804
62-12-B-66C-008-04
0403 -14-02182-04



GAVILON GROUP D/B-COMPOSITE
ACCOUNT 001050974209

Page 81 of 94
Period from January 1, 2024 to December 31, 2024

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
10/02/2024 001050974200	B	126.090	1.0000		- 126	126	
10/02/2024 001050974201	B	260.540	1.0000		- 261	261	
10/03/2024 001050974200	B	6,200.000	1.0000		- 6,200	6,200	
10/03/2024 001050974201	B	6,000.000	1.0000		- 6,000	6,000	
10/21/2024 001050974201	B	100.000	1.0000		- 100	100	
10/24/2024 001050974200	B	9,300.000	1.0000		- 9,300	9,300	
10/24/2024 001050974201	B	2,700.000	1.0000		- 2,700	2,700	
11/06/2024 001050974200	B	39.260	1.0000		- 39	39	
11/06/2024 001050974201	B	30.090	1.0000		- 30	30	
11/29/2024 001050974200	B	9,300.000	1.0000		- 9,300	9,300	
11/29/2024 001050974201	B	2,700.000	1.0000		- 2,700	2,700	
12/03/2024 001050974200	B	2.360	1.0000		- 2	2	
12/03/2024 001050974201	B	.740	1.0000		- 1	1	
12/30/2024 001050974200	B	9,300.000	1.0000		- 9,300	9,300	

00263804
62-12-B-66C-008-04
0403 -14-02182-04



GAVILON GROUP D/B-COMPOSITE
ACCOUNT 001050974209

Page 82 of 94
Period from January 1, 2024 to December 31, 2024

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS	
12/30/2024	B	2,700.000	1.0000		-2,700	2,700		
001050974201								
Total For Buys							0	766,982
01/02/2024	S	-9,413.790	1.0000		9,414	9,414		
001050974200								
01/02/2024	S	-2,630.220	1.0000		2,630	2,630		
001050974201								
01/29/2024	S	-1,549.340	1.0000		1,549	1,549		
001050974200								
01/29/2024	S	-609.000	1.0000		609	609		
001050974201								
02/01/2024	S	-3,413.790	1.0000		3,414	3,414		
001050974200								
02/01/2024	S	-9,733.160	1.0000		9,733	9,733		
001050974201								
02/09/2024	S	-116.000	1.0000		116	116		
001050974200								
02/09/2024	S	-496.000	1.0000		496	496		
001050974201								
02/22/2024	S	-371.000	1.0000		371	371		
001050974200								
02/22/2024	S	-453.000	1.0000		453	453		
001050974201								
03/01/2024	S	-9,413.790	1.0000		9,414	9,414		
001050974200								
03/01/2024	S	-2,333.160	1.0000		2,333	2,333		
001050974201								

00263804
62-12-B-66C-008-04
0403 -14-02182-04



GAVILON GROUP D/B-COMPOSITE
ACCOUNT 001050974209

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
03/27/2024 001050974200	S	- 12,083.000	1.0000		12,083	12,083	
03/27/2024 001050974201	S	- 13,373.000	1.0000		13,373	13,373	
04/01/2024 001050974200	S	- 9,413.790	1.0000		9,414	9,414	
04/01/2024 001050974201	S	- 2,333.160	1.0000		2,333	2,333	
04/10/2024 001050974201	S	- 53.890	1.0000		54	54	
04/26/2024 001050974200	S	- 1,518.820	1.0000		1,519	1,519	
04/26/2024 001050974201	S	- 566.450	1.0000		566	566	
05/01/2024 001050974200	S	- 9,413.790	1.0000		9,414	9,414	
05/01/2024 001050974201	S	- 2,702.610	1.0000		2,703	2,703	
05/10/2024 001050974200	S	- 1,156.000	1.0000		1,156	1,156	
05/10/2024 001050974201	S	- 1,074.000	1.0000		1,074	1,074	
06/03/2024 001050974200	S	- 9,413.790	1.0000		9,414	9,414	
06/03/2024 001050974201	S	- 2,702.610	1.0000		2,703	2,703	
06/14/2024 001050974200	S	- 187.500	1.0000		188	188	

00263804
62-12-B-66C-008-04
0403 -14-02182-04

GAVILON GROUP D/B-COMPOSITE
ACCOUNT 001050974209



FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
06/14/2024 001050974201	S	- 187.500	1.0000		188	188	
06/17/2024 001050974200	S	- 4,072.000	1.0000		4,072	4,072	
06/17/2024 001050974201	S	- 10,551.000	1.0000		10,551	10,551	
06/27/2024 001050974200	S	- 1,433.500	1.0000		1,434	1,434	
06/27/2024 001050974201	S	- 1,433.500	1.0000		1,434	1,434	
07/01/2024 001050974200	S	- 9,413.790	1.0000		9,414	9,414	
07/01/2024 001050974201	S	- 2,702.610	1.0000		2,703	2,703	
07/03/2024 001050974200	S	- 62.500	1.0000		63	63	
07/03/2024 001050974201	S	- 62.500	1.0000		63	63	
07/25/2024 001050974200	S	- 6,250.000	1.0000		6,250	6,250	
07/25/2024 001050974201	S	- 6,250.000	1.0000		6,250	6,250	
07/26/2024 001050974200	S	- 39.410	1.0000		39	39	
07/26/2024 001050974201	S	- 38.520	1.0000		39	39	
08/01/2024 001050974200	S	- 9,197.640	1.0000		9,198	9,198	

00263804
62--12-B -66C-008-04
0403 -14-02182-04



GAVILON GROUP D/B-COMPOSITE
ACCOUNT 001050974209

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
08/01/2024 001050974201	S	- 2,702.610	1.0000		2,703	2,703	
09/03/2024 001050974200	S	- 9,197.640	1.0000		9,198	9,198	
09/03/2024 001050974201	S	- 2,597.800	1.0000		2,598	2,598	
09/09/2024 001050974200	S	- 166,000.000	1.0000		166,000 *	166,000	
09/09/2024 001050974201	S	- 372,000.000	1.0000		372,000 *	372,000	
09/18/2024 001050974201	S	- 35.570	1.0000		36	36	
09/20/2024 001050974200	S	- 82.000	1.0000		82	82	
09/20/2024 001050974201	S	- 82.000	1.0000		82	82	
09/23/2024 001050974200	S	- 3,735.000	1.0000		3,735	3,735	
09/23/2024 001050974201	S	- 3,748.760	1.0000		3,749	3,749	
10/01/2024 001050974200	S	- 9,305.720	1.0000		9,306	9,306	
10/01/2024 001050974201	S	- 2,702.610	1.0000		2,703	2,703	
10/03/2024 001050974200	S	- 6,250.000	1.0000		6,250	6,250	
10/03/2024 001050974201	S	- 6,250.000	1.0000		6,250	6,250	

00263804
62--12-B--66C-008-04
0403 -14-02182-04



GAVILON GROUP D/B-COMPOSITE
ACCOUNT 001050974209

Page 86 of 94
Period from January 1, 2024 to December 31, 2024

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
10/21/2024 001050974201	S	- 82.000	1.0000		82	82	
10/28/2024 001050974200	S	- 1,446.550	1.0000		1,447	1,447	
10/28/2024 001050974201	S	- 799.420	1.0000		799	799	
11/01/2024 001050974200	S	- 7,935.960	1.0000		7,936	7,936	
11/01/2024 001050974201	S	- 1,930.270	1.0000		1,930	1,930	
12/02/2024 001050974200	S	- 9,305.720	1.0000		9,306	9,306	
12/02/2024 001050974201	S	- 2,702.610	1.0000		2,703	2,703	
Total For Sells				0	767,119	767,119	0
Total First Am Govt Ob Fd Cl V				0	1,534,101	1,534,101	0
Issue: 921909818 - Vanguard Tot Int ST Idx Adm							
09/06/2024 001050974200	B	1,157.125	32.8400		- 38,000	38,000	
09/06/2024 001050974201	B	2,192.449	32.8400		- 72,000	72,000	
Total For Buys				0	110,000	110,000	0
03/15/2024 001050974200	R	35.136	31.9700		- 1,123	1,123	

00263804
62-12-B-66C-008-04
0403 -14-02182-04



GAVILON GROUP D/B-COMPOSITE
ACCOUNT 001050974209

Page 87 of 94
Period from January 1, 2024 to December 31, 2024

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
03/15/2024	R	12.241	31.9700		-391	391	
06/21/2024	R	75.319	32.2700		-2,431	2,431	
06/21/2024	R	24.762	32.2700		-799	799	
09/20/2024	R	43.084	33.8900		-1,460	1,460	
09/20/2024	R	22.082	33.8900		-748	748	
12/20/2024	R	170.991	31.6200		-5,407	5,407	
12/20/2024	R	89.189	31.6200		-2,820	2,820	
Total For Reinvestments				0	15,179	15,179	0
05/09/2024	S	-33.639	32.7000		1,100	870	230
05/09/2024	S	-32.875	32.7000		1,075	807	268
05/24/2024	S	-81.620	33.0800		2,700	2,004	696
06/13/2024	S	-130.128	32.6600		4,250	3,367	883
06/13/2024	S	-128.598	32.6600		4,200	3,158	1,042
07/02/2024	S	-1.536	32.5400		50	40	10

00263804
62--12-B -66C-008-04
0403 -14-02182-04



GAVILON GROUP D/B-COMPOSITE
ACCOUNT 001050974209

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
07/02/2024 001050974201	S	- 1.537	32.5400		50	38	12
07/29/2024 001050974200	S	- 334.862	32.7000		10,950	8,682	2,268
07/29/2024 001050974201	S	- 100.153	32.7000		3,275	2,465	810
09/19/2024 001050974200	S	- 164.819	34.2800		5,650	4,400	1,250
10/02/2024 001050974200	S	- 178.059	34.8200		6,200	4,759	1,441
Total For Sells				0	39,500	30,590	8,910

Total Vanguard Tot Int ST Idx Adm							
Total Vanguard Tot Int ST Idx Adm				0	164,679	155,769	8,910
Issue: 921937603 - Vanguard Total Bond Market Index Adm							
01/31/2024 001050974201	B	766.046	9.6600		- 7,400	7,400	
09/06/2024 001050974200	B	6,774.520	9.8900		- 67,000	67,000	
09/06/2024 001050974201	B	15,166.835	9.8900		- 150,000 *	150,000	
Total For Buys				0	224,400	224,400	0
01/31/2024 001050974200	R	176.385	9.6600		- 1,704	1,704	
01/31/2024 001050974201	R	60.424	9.6600		- 584	584	

00263804
62--12-B-66C-008-04
0403 -14-02182-04



GAVILON GROUP D/B-COMPOSITE
ACCOUNT 001050974209

Page 89 of 94
Period from January 1, 2024 to December 31, 2024

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
02/29/2024 001050974200	R	172.843	9.5000		- 1,642	1,642	
02/29/2024 001050974201	R	61.356	9.5000		- 583	583	
03/31/2024 001050974200	R	184.202	9.5500		- 1,759	1,759	
03/31/2024 001050974201	R	65.392	9.5500		- 624	624	
04/30/2024 001050974200	R	186.797	9.2900		- 1,735	1,735	
04/30/2024 001050974201	R	66.101	9.2900		- 614	614	
05/31/2024 001050974200	R	190.586	9.4200		- 1,795	1,795	
05/31/2024 001050974201	R	66.743	9.4200		- 629	629	
06/30/2024 001050974200	R	188.667	9.4800		- 1,789	1,789	
06/30/2024 001050974201	R	64.884	9.4800		- 615	615	
07/31/2024 001050974200	R	191.604	9.6700		- 1,853	1,853	
07/31/2024 001050974201	R	64.986	9.6700		- 628	628	
08/31/2024 001050974200	R	191.427	9.7700		- 1,870	1,870	
08/31/2024 001050974201	R	64.822	9.7700		- 633	633	

00263804
62-12-B-66C-008-04
0403 -14-02182-04



GAVILON GROUP D/B-COMPOSITE
ACCOUNT 001050974209

Page 90 of 94
Period from January 1, 2024 to December 31, 2024

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
09/30/2024 001050974200	R	200.433	9.8700		- 1,978	1,978	
09/30/2024 001050974201	R	95.111	9.8700		- 939	939	
10/31/2024 001050974200	R	218.835	9.6000		- 2,101	2,101	
10/31/2024 001050974201	R	113.839	9.6000		- 1,093	1,093	
11/30/2024 001050974200	R	214.071	9.6800		- 2,072	2,072	
11/30/2024 001050974201	R	111.361	9.6800		- 1,078	1,078	
12/01/2024 001050974200	R	227.831	9.4800		- 2,160	2,160	
12/01/2024 001050974201	R	118.526	9.4800		- 1,124	1,124	
Total For Reinvestments				0	31,602	31,602	0
04/23/2024 001050974201	S	- 300.107	9.3300		2,800	3,185	- 385
06/13/2024 001050974201	S	- 685.146	9.5600		6,550	7,266	- 716
08/27/2024 001050974201	S	- 264.766	9.8200		2,600	2,806	- 206
Total For Sells				0	11,950	13,257	- 1,307

00263804
62--12-B-66C-008-04
0403 -14-02182-04



GAVILON GROUP D/B-COMPOSITE
ACCOUNT 001050974209

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
Total Vanguard Total Bond Market Index Adm				0	267,952	269,259	- 1,307
Issue: 922908728 - Vanguard Total Stock Mkt Idx Adm							
09/06/2024	B	470.497	129.6500		- 61,000	61,000	
001050974200							
09/06/2024	B	1,156.962	129.6500		- 150,000 *	150,000	
001050974201							
Total For Buys				0	211,000	211,000	0
03/22/2024	R	17.545	125.8500		- 2,208	2,208	
001050974200							
03/22/2024	R	6.094	125.8500		- 767	767	
001050974201							
06/28/2024	R	16.723	130.2500		- 2,178	2,178	
001050974200							
06/28/2024	R	5.596	130.2500		- 729	729	
001050974201							
09/27/2024	R	15.479	137.3200		- 2,126	2,126	
001050974200							
09/27/2024	R	8.079	137.3200		- 1,109	1,109	
001050974201							
12/23/2024	R	15.664	143.1100		- 2,242	2,242	
001050974200							
12/23/2024	R	8.129	143.1100		- 1,163	1,163	
001050974201							
Total For Reinvestments				0	12,522	12,522	0

00263804
62-112-B-66C-008-04
0403 -14-02182-04

GAVILON GROUP D/B-COMPOSITE
ACCOUNT 001050974209



FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
01/31/2024 001050974200	S	- 51.379	116.7800		6,000	2,465	3,535
02/08/2024 001050974201	S	- 4.153	120.3900		500	160	340
02/21/2024 001050974200	S	- 3.329	120.1800		400	160	240
02/21/2024 001050974201	S	- 3.328	120.1800		400	128	272
02/23/2024 001050974200	S	- 76.635	122.6600		9,400	3,677	5,723
02/23/2024 001050974201	S	- 18.751	122.6600		2,300	722	1,578
03/25/2024 001050974200	S	- 51.780	125.5300		6,500	2,498	4,002
03/25/2024 001050974201	S	- 125.468	125.5300		15,750	4,868	10,882
04/16/2024 001050974201	S	- 3.297	121.3100		400	128	272
04/16/2024 001050974201	S	- 3.298	121.3100		400	128	272
04/23/2024 001050974200	S	- 89.359	121.9800		10,900	4,311	6,589
05/24/2024 001050974200	S	- 74.147	127.4500		9,450	3,577	5,873
06/25/2024 001050974200	S	- 71.915	130.7100		9,400	3,470	5,930
06/25/2024 001050974201	S	- 20.656	130.7100		2,700	801	1,899

00263804
62-12-B-66C-008-04
0403 -14-02182-04



GAVILON GROUP D/B-COMPOSITE
ACCOUNT 001050974209

Page 93 of 94
Period from January 1, 2024 to December 31, 2024

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
06/27/2024 001050974200	S	- 11.060	131.1000		1,450	534	916
06/27/2024 001050974201	S	- 11.060	131.1000		1,450	429	1,021
07/09/2024 001050974200	S	- 47.134	132.6000		6,250	2,288	3,962
07/09/2024 001050974201	S	- 47.134	132.6000		6,250	1,844	4,406
08/27/2024 001050974200	S	- 66.726	134.8800		9,000	3,239	5,761
09/19/2024 001050974201	S	- 28.405	137.3000		3,900	2,213	1,687
09/25/2024 001050974200	S	- 53.920	137.2400		7,400	3,020	4,380
09/25/2024 001050974201	S	- 33.518	137.2400		4,600	2,612	1,988
10/02/2024 001050974201	S	- 43.927	136.5900		6,000	3,431	2,569
10/18/2024 001050974201	S	- .711	140.6100		100	56	44
10/23/2024 001050974200	S	- 67.013	138.7800		9,300	3,770	5,530
10/23/2024 001050974201	S	- 19.455	138.7800		2,700	1,519	1,181
11/05/2024 001050974200	S	- 10.082	138.8500		1,400	567	833
11/05/2024 001050974201	S	- 5.762	138.8500		800	450	350

00263804
62--12-B-66C-008-04
0403 -14-02182-04

GAVILON GROUP D/B-COMPOSITE
ACCOUNT 001050974209



FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
11/27/2024 001050974200	S	- 64.076	145.1400		9,300	3,605	5,695
11/27/2024 001050974201	S	- 18.603	145.1400		2,700	1,453	1,247
12/27/2024 001050974200	S	- 64.999	143.0800		9,300	3,674	5,626
12/27/2024 001050974201	S	- 18.871	143.0800		2,700	1,478	1,222
Total For Sells				0	159,100	63,275	95,825
Total Vanguard Total Stock Mkt Idx Adm				0	382,622	286,797	95,825
GRAND TOTAL				0	2,349,354	2,245,926	103,428

CATEGORY 4 - SINGLE TRANSACTION WITH ONE BROKER EXCEEDS 5% OF VALUE

NO TRANSACTIONS QUALIFIED FOR THIS SECTION