

|   |   |   |
|---|---|---|
| <p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor<br/>Employee Benefits Security<br/>Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p> | <p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | <p style="font-size: x-small;">OMB Nos. 1210-0110<br/>1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="font-weight: bold; text-align: center;">This Form is Open to Public Inspection</p> |
|---|---|---|

**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) \_\_\_\_\_

**B** This return/report is:  the first return/report  the final return/report

an amended return/report  a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. . . . . ▶

**D** Check box if filing under:  Form 5558  automatic extension  the DFVC program

special extension (enter description)

**E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶

**Part II Basic Plan Information—enter all requested information**

|   |  |
|---|--|
| <p><b>1a</b> Name of plan<br/><u>G. F. MANAGEMENT, LLC 401K PLAN</u></p>  | <p><b>1b</b> Three-digit plan number (PN) ▶ <u>001</u></p>   |
| <p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br/>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br/>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br/><u>G. F. MANAGEMENT, LLC</u></p> <p style="margin-top: 20px;"><u>8 PENN CENTER</u><br/><u>PHILADELPHIA, PA 19103-2125</u></p> <p style="margin-left: 300px;"><u>1628 JFK BLVD</u><br/><u>PHILADELPHIA, PA 19103-2125</u></p> | <p><b>1c</b> Effective date of plan<br/><u>08/01/1997</u></p> <p><b>2b</b> Employer Identification Number (EIN)<br/><u>20-2277319</u></p> <p><b>2c</b> Plan Sponsor's telephone number<br/><u>215-972-2222</u></p> <p><b>2d</b> Business code (see instructions)<br/><u>721110</u></p> |

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

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

|                  |   |            |  |
|------------------|---|------------|--|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/14/2025 | JOSEPH WELLENBUSER   |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |   |            |  |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |   |            |  |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

|  |   |
|--|---|
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor<br><br>G. F. MANAGEMENT, LLC<br><br>8 PENN CENTER<br>PHILADELPHIA, PA 19103-2125 | <b>3b</b> Administrator's EIN<br>20-2277319<br><br><b>3c</b> Administrator's telephone number<br>215-972-2222 |
|--|---|

|  |                                   |
|--|-----------------------------------|
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name | <b>4b</b> EIN<br><br><b>4d</b> PN |
|--|-----------------------------------|

|   |          |     |
|---|----------|-----|
| <b>5</b> Total number of participants at the beginning of the plan year | <b>5</b> | 882 |
|---|----------|-----|

|  |              |     |
|--|--------------|-----|
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). |              |     |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year .....  | <b>6a(1)</b> | 751 |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....  | <b>6a(2)</b> | 810 |
| <b>b</b> Retired or separated participants receiving benefits .....  | <b>6b</b>    | 0   |
| <b>c</b> Other retired or separated participants entitled to future benefits .....   | <b>6c</b>    | 136 |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....  | <b>6d</b>    | 946 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....   | <b>6e</b>    | 0   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....  | <b>6f</b>    | 946 |
| <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....   | <b>6g(1)</b> | 300 |
| <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....   | <b>6g(2)</b> | 325 |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....  | <b>6h</b>    | 10  |

|  |          |  |
|--|----------|--|
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) ..... | <b>7</b> |  |
|--|----------|--|

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
 2E 2F 2G 2J 2K 2T 3D 3H

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

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

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

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

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**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 \_\_\_\_\_

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|   |  |  |
|---|--|--|
| <p style="text-align: center;"><b>SCHEDULE A</b><br/><b>(Form 5500)</b></p> <p style="font-size: small;">Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor<br/>Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p> | <p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></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 style="font-size: large;"><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p> |
|---|--|--|

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

|  |   |  |
|--|---|--|
| <p><b>A</b> Name of plan<br/><span style="color: blue;">G. F. MANAGEMENT, LLC 401K PLAN</span></p>                               | <p><b>B</b> Three-digit plan number (PN) ▶</p>  | <p><span style="color: blue;">001</span></p> |
| <p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br/><span style="color: blue;">G. F. MANAGEMENT, LLC</span></p> | <p><b>D</b> Employer Identification Number (EIN)<br/><span style="color: blue;">20-2277319</span></p> |  |

**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  
JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.

| (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     |
| 01-0233346 | 65838         | 86661                                 | 422   | 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.

|  |  |
|--|--|
| <p><b>(a)</b> Total amount of commissions paid<br/><span style="color: blue;">25420</span></p> | <p><b>(b)</b> Total amount of fees paid<br/><span style="color: blue;">7772</span></p> |
|--|--|

**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  
OSAIC INSTITUTIONS, INC. 538 PRESTON AVE  
MERIDEN, CT 06450

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |                   | (e) Organization code |
|---|---------------------------------|-------------------|-----------------------|
|   | (c) Amount                      | (d) Purpose       |                       |
| 25420   | 0                               | BROKER COMMISSION | 4                     |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid  
ATLANTIC PENSION SERVICES INC. 220 N. UNION STREET  
BOX 758  
KENNETT SQUARE, PA 19348

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
| 0   | 7772                            | TPA FEES    | 5                     |

(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 |                       |
|   |                                 |             |                       |

| <b>Part II</b>             | <b>Investment and Annuity Contract Information</b>  |                    |
|----------------------------|---|--------------------|
|                            | 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.  |                    |
| <b>4</b>                   | Current value of plan's interest under this contract in the general account at year end .....   | 60687              |
| <b>5</b>                   | Current value of plan's interest under this contract in separate accounts at year end.....  | 8650949            |
| <b>6</b>                   | <b>Contracts With Allocated Funds:</b>  |                    |
| <b>a</b>                   | State the basis of premium rates ▶  |                    |
| <b>b</b>                   | Premiums paid to carrier .....  | <b>6b</b>          |
| <b>c</b>                   | Premiums due but unpaid at the end of the year .....  | <b>6c</b>          |
| <b>d</b>                   | 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. ....<br>Specify nature of costs ▶   | <b>6d</b>          |
| <b>e</b>                   | Type of contract: (1) <input type="checkbox"/> individual policies                      (2) <input type="checkbox"/> group deferred annuity<br>(3) <input type="checkbox"/> other (specify) ▶   |                    |
| <b>f</b>                   | If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>   |                    |
| <b>7</b>                   | <b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>  |                    |
| <b>a</b>                   | Type of contract: (1) <input type="checkbox"/> deposit administration                      (2) <input type="checkbox"/> immediate participation guarantee<br>(3) <input type="checkbox"/> guaranteed investment                      (4) <input checked="" type="checkbox"/> other ▶ <b>GROUP ANNUITY</b> |                    |
| <b>b</b>                   | Balance at the end of the previous year .....   | <b>7b</b> 53608    |
| <b>c</b>                   | (1) Contributions deposited during the year .....   | <b>7c(1)</b> 13317 |
|                            | (2) Dividends and credits.....  | <b>7c(2)</b> 55    |
|                            | (3) Interest credited during the year.....  | <b>7c(3)</b> 600   |
|                            | (4) Transferred from separate account .....   | <b>7c(4)</b>       |
|                            | (5) Other (specify below).....<br>▶ <b>LOAN REPAYMENTS</b>  | <b>7c(5)</b> 2679  |
|                            | (6) Total additions .....   | <b>7c(6)</b> 16651 |
| <b>d</b>                   | Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....  | <b>7d</b> 70259    |
| <b>e</b>                   | <b>Deductions:</b>  |                    |
|                            | (1) Disbursed from fund to pay benefits or purchase annuities during year .....   | <b>7e(1)</b>       |
|                            | (2) Administration charge made by carrier.....  | <b>7e(2)</b> 338   |
|                            | (3) Transferred to separate account .....   | <b>7e(3)</b>       |
|                            | (4) Other (specify below).....<br>▶ <b>PARTICIPANT LOANS</b>  | <b>7e(4)</b> 9234  |
| (5) Total deductions ..... | <b>7e(5)</b> 9572   |                    |
| <b>f</b>                   | Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....   | <b>7f</b> 60687    |

**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:

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

**10** Nonexperience-rated contracts:

|   |            |  |
|---|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....   | <b>10a</b> |  |
| <b>b</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. .... | <b>10b</b> |  |

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. ▶

|  |  |   |
|--|--|---|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|--|---|

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

|   |  |            |
|---|--|------------|
| <b>A</b> Name of plan<br><b>G. F. MANAGEMENT, LLC 401K PLAN</b>                               | <b>B</b> Three-digit plan number (PN) ▶                            | <b>001</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>G. F. MANAGEMENT, LLC</b> | <b>D</b> Employer Identification Number (EIN)<br><b>20-2277319</b> |            |

**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

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**(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)

JOHN HANCOCK LIFE INSURANCE COMPANY

01-0233346

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 15                     | RECORDKEEPER  | 2232   | 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)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>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)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>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.

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

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

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

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

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

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

| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> 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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|   |  |  |
|---|--|--|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>▶ File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><hr/> <b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---|--|--|

|  |   |
|--|---|
| For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u> |   |
| <b>A</b> Name of plan<br><u>G. F. MANAGEMENT, LLC 401K PLAN</u>  | <b>B</b> Three-digit plan number (PN) <span style="float: right;">▶</span> <u>001</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>G. F. MANAGEMENT, LLC</u>     | <b>D</b> Employer Identification Number (EIN)<br><u>20-2277319</u>                    |

|               |  |
|---------------|--|
| <b>Part I</b> | <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(Complete as many entries as needed to report all interests in DFEs) |
|---------------|--|

|   |                               |  |
|---|-------------------------------|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH MULTIMANAGER 2065 LIFETIME</u> |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>           |                               |  |
| <b>c</b> EIN-PN <u>01-0233346-000</u>   | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>22774</u>   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH MULTIMANAGER 2060 LIFETIME</u> |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>           |                               |  |
| <b>c</b> EIN-PN <u>01-0233346-000</u>   | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>167723</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH MULTIMANAGER 2055 LIFETIME</u> |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>           |                               |  |
| <b>c</b> EIN-PN <u>01-0233346-000</u>   | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>149469</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH MULTIMANAGER 2050 LIFETIME</u> |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>           |                               |  |
| <b>c</b> EIN-PN <u>01-0233346-000</u>   | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>257148</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH MULTIMANAGER 2045 LIFETIME</u> |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>           |                               |  |
| <b>c</b> EIN-PN <u>01-0233346-000</u>   | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>340387</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH MULTIMANAGER 2040 LIFETIME</u> |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>           |                               |  |
| <b>c</b> EIN-PN <u>01-0233346-000</u>   | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>467688</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH MULTIMANAGER 2035 LIFETIME</u> |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>           |                               |  |
| <b>c</b> EIN-PN <u>01-0233346-000</u>   | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1209328</u> |

|  |                        |  |
|--|------------------------|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER 2030 LIFETIME |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA           |                        |  |
| <b>c</b> EIN-PN 01-0233346-000   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 472788 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER 2025 LIFETIME |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA           |                        |  |
| <b>c</b> EIN-PN 01-0233346-000   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 184006 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER 2020 LIFETIME |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA           |                        |  |
| <b>c</b> EIN-PN 01-0233346-000   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 96383  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER 2015 LIFETIME |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA           |                        |  |
| <b>c</b> EIN-PN 01-0233346-000   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 90115  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER 2010 LIFETIME |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA           |                        |  |
| <b>c</b> EIN-PN 01-0233346-000   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 149069 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER AGGRESSIVE LS |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA           |                        |  |
| <b>c</b> EIN-PN 01-0233346-000   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 338610 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER GROWTH LS     |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA           |                        |  |
| <b>c</b> EIN-PN 01-0233346-000   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 661532 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER BALANCED LS   |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA           |                        |  |
| <b>c</b> EIN-PN 01-0233346-000   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 652621 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER MODERATE LS   |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA           |                        |  |
| <b>c</b> EIN-PN 01-0233346-000   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 59588  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER CONSERV LS    |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA           |                        |  |
| <b>c</b> EIN-PN 01-0233346-000   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 256113 |

|  |                        |   |
|--|------------------------|---|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY HERITAGE   |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA         |                        |   |
| <b>c</b> EIN-PN 01-0233346-000   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1263  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: DFA EMERGING MARKETS VALUE  |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA         |                        |   |
| <b>c</b> EIN-PN 01-0233346-000   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14484 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: DFA U.S. SMALL CAP FUND     |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA         |                        |   |
| <b>c</b> EIN-PN 01-0233346-000   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 69652 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN SMALL-MID GROWTH   |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA         |                        |   |
| <b>c</b> EIN-PN 01-0233346-000   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9845  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO SMALL CAP GROWTH    |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA         |                        |   |
| <b>c</b> EIN-PN 01-0233346-000   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 68922 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK MID CAP GROWTH |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA         |                        |   |
| <b>c</b> EIN-PN 01-0233346-000   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 44686 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP INDEX FUND          |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA         |                        |   |
| <b>c</b> EIN-PN 01-0233346-000   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 55562 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MID VALUE FUND              |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA         |                        |   |
| <b>c</b> EIN-PN 01-0233346-000   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 93223 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: REAL EST. SECURITIES FUND   |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA         |                        |   |
| <b>c</b> EIN-PN 01-0233346-000   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 54412 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: ROYCE SMALL-CAP OPPORTUNITY |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA         |                        |   |
| <b>c</b> EIN-PN 01-0233346-000   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 32150 |

|   |                               |   |
|---|-------------------------------|---|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>SCIENCE &amp; TECHNOLOGY FUND</b> |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>           |                               |   |
| <b>c</b> EIN-PN <b>01-0233346-000</b>   | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>112357</b> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>SMALL CAP INDEX FUND</b>          |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>           |                               |   |
| <b>c</b> EIN-PN <b>01-0233346-000</b>   | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>18100</b>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>SMALL CAP STOCK FUND</b>          |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>           |                               |   |
| <b>c</b> EIN-PN <b>01-0233346-000</b>   | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>31917</b>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>T. ROWE PRICE HEALTH SCI</b>      |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>           |                               |   |
| <b>c</b> EIN-PN <b>01-0233346-000</b>   | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>142211</b> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>T. ROWE PRICE SCI &amp; TECH</b>  |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>           |                               |   |
| <b>c</b> EIN-PN <b>01-0233346-000</b>   | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>35870</b>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>VANGUARD ENERGY FUND</b>          |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>           |                               |   |
| <b>c</b> EIN-PN <b>01-0233346-000</b>   | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>27049</b>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>VANGUARD MID-CAP GROWTH ETF</b>   |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>           |                               |   |
| <b>c</b> EIN-PN <b>01-0233346-000</b>   | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>44641</b>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>VANGUARD MID-CAP VALUE ETF</b>    |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>           |                               |   |
| <b>c</b> EIN-PN <b>01-0233346-000</b>   | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>29906</b>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>VANGUARD SMALL CAP GROW INDEX</b> |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>           |                               |   |
| <b>c</b> EIN-PN <b>01-0233346-000</b>   | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>29427</b>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>500 INDEX FUND</b>                |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>           |                               |   |
| <b>c</b> EIN-PN <b>01-0233346-000</b>   | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>410570</b> |

|  |                        |  |
|--|------------------------|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS EUROPAC GROWTH |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA           |                        |  |
| <b>c</b> EIN-PN 01-0233346-000   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 75423  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AF THE GROWTH FUND OF AMERICA |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA           |                        |  |
| <b>c</b> EIN-PN 01-0233346-000   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 319341 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: INVESTMENT COMPANY OF AMERICA |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA           |                        |  |
| <b>c</b> EIN-PN 01-0233346-000   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2473   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: WASHINGTON MUTUAL INVESTORS   |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA           |                        |  |
| <b>c</b> EIN-PN 01-0233346-000   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3314   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: BLUE CHIP GROWTH FUND         |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA           |                        |  |
| <b>c</b> EIN-PN 01-0233346-000   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 205629 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL APPRECIATION FUND     |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA           |                        |  |
| <b>c</b> EIN-PN 01-0233346-000   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9196   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADV NEW INSIGHTS     |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA           |                        |  |
| <b>c</b> EIN-PN 01-0233346-000   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 44102  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MUTUAL GLOBAL DISCOVERY       |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA           |                        |  |
| <b>c</b> EIN-PN 01-0233346-000   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 28     |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FUNDAMENTAL ALL CAP CORE FUND |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA           |                        |  |
| <b>c</b> EIN-PN 01-0233346-000   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 43034  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FUNDAMENTAL LARGE CAP VALUE   |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA           |                        |  |
| <b>c</b> EIN-PN 01-0233346-000   | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 203012 |

|   |                        |  |
|---|------------------------|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: INTL EQUITY INDEX FUND         |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA            |                        |  |
| <b>c</b> EIN-PN 01-0233346-000  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4778   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO GLOBAL FUND            |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA            |                        |  |
| <b>c</b> EIN-PN 01-0233346-000  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 30711  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK DISCIPLINED VALUE |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA            |                        |  |
| <b>c</b> EIN-PN 01-0233346-000  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 52895  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK INTL GROWTH       |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA            |                        |  |
| <b>c</b> EIN-PN 01-0233346-000  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 37560  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN U.S. EQUITY FUND      |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA            |                        |  |
| <b>c</b> EIN-PN 01-0233346-000  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13232  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE EQUITY INC       |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA            |                        |  |
| <b>c</b> EIN-PN 01-0233346-000  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 32152  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TEMPLETON WORLD                |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA            |                        |  |
| <b>c</b> EIN-PN 01-0233346-000  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8040   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TOTAL STOCK MARKET INDEX FUND  |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA            |                        |  |
| <b>c</b> EIN-PN 01-0233346-000  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4443   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD GROWTH INDEX FUND     |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA            |                        |  |
| <b>c</b> EIN-PN 01-0233346-000  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 215130 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD VALUE INDEX FUND      |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA            |                        |  |
| <b>c</b> EIN-PN 01-0233346-000  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 27307  |

|   |                               |  |
|---|-------------------------------|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>AF AMERICAN BALANCED FUND</b>   |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>         |                               |  |
| <b>c</b> EIN-PN <b>01-0233346-000</b>   | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>26579</b> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>BLACKROCK GLOBAL ALLOCATION</b> |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>         |                               |  |
| <b>c</b> EIN-PN <b>01-0233346-000</b>   | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>14944</b> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>MFS UTILITIES FUND</b>          |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>         |                               |  |
| <b>c</b> EIN-PN <b>01-0233346-000</b>   | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>10348</b> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>PIMCO ALL ASSET</b>             |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>         |                               |  |
| <b>c</b> EIN-PN <b>01-0233346-000</b>   | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>1125</b>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>HIGH YIELD FUND</b>             |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>         |                               |  |
| <b>c</b> EIN-PN <b>01-0233346-000</b>   | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>8223</b>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>INVESCO INTERNATIONAL BOND</b>  |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>         |                               |  |
| <b>c</b> EIN-PN <b>01-0233346-000</b>   | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>21562</b> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>OPPORTUNISTIC FIXED INCOME</b>  |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>         |                               |  |
| <b>c</b> EIN-PN <b>01-0233346-000</b>   | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>4337</b>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>PIMCO REAL RETURN</b>           |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>         |                               |  |
| <b>c</b> EIN-PN <b>01-0233346-000</b>   | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>24995</b> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>STRATEGIC INCOME OPP FUND</b>   |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>         |                               |  |
| <b>c</b> EIN-PN <b>01-0233346-000</b>   | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>5009</b>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>T. ROWE PRICE SPECTRUM INC</b>  |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>         |                               |  |
| <b>c</b> EIN-PN <b>01-0233346-000</b>   | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>2615</b>  |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TOTAL BOND MARKET FUND

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

|                                |                        |   |
|--------------------------------|------------------------|---|
| <b>c</b> EIN-PN 01-0233346-000 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29488 |
|--------------------------------|------------------------|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: MONEY MARKET FUND

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

|                                |                        |  |
|--------------------------------|------------------------|--|
| <b>c</b> EIN-PN 01-0233346-000 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 259876 |
|--------------------------------|------------------------|--|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SHORT-TERM FEDERAL

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

|                                |                        |  |
|--------------------------------|------------------------|--|
| <b>c</b> EIN-PN 01-0233346-000 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8459 |
|--------------------------------|------------------------|--|

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

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

|                 |                      |   |
|-----------------|----------------------|---|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |   |
|-----------------|----------------------|---|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |   |
|-----------------|----------------------|---|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |   |
|-----------------|----------------------|---|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |   |
|-----------------|----------------------|---|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |   |
|-----------------|----------------------|---|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |   |
|-----------------|----------------------|---|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|



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| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
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|  |  |
|--|--|
| For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b> |  |
| <b>A</b> Name of plan<br><b>G. F. MANAGEMENT, LLC 401K PLAN</b>  | <b>B</b> Three-digit plan number (PN) <b>001</b>                   |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>G. F. MANAGEMENT, LLC</b>            | <b>D</b> Employer Identification Number (EIN)<br><b>20-2277319</b> |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|--|-----------------|-----------------------|-----------------|
| <b>Assets</b>  |                 |                       |                 |
| <b>a</b> Total noninterest-bearing cash .....  | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                       |                 |                       |                 |
| <b>(1)</b> Employer contributions .....  | <b>1b(1)</b>    | 244723                | 293882          |
| <b>(2)</b> Participant contributions .....   | <b>1b(2)</b>    | 4365                  | 4273            |
| <b>(3)</b> Other .....   | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:  |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b>    | 793                   | 5794            |
| <b>(2)</b> U.S. Government securities .....  | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                            |                 |                       |                 |
| <b>(A)</b> Preferred .....   | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....   | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                      |                 |                       |                 |
| <b>(A)</b> Preferred .....   | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....  | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....   | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                   | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....  | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....   | <b>1c(8)</b>    | 47295                 | 74017           |
| <b>(9)</b> Value of interest in common/collective trusts .....                                     | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                    | <b>1c(10)</b>   | 7514174               | 8650949         |
| <b>(11)</b> Value of interest in master trust investment accounts .....                            | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                  | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....        | <b>1c(13)</b>   |                       |                 |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) ..... | <b>1c(14)</b>   | 53610                 | 60687           |
| <b>(15)</b> Other .....  | <b>1c(15)</b>   |                       |                 |

| <b>1d</b> Employer-related investments:                                  |              | <b>(a)</b> Beginning of Year | <b>(b)</b> End of Year |
|--|--------------|------------------------------|------------------------|
| (1) Employer securities.....   | <b>1d(1)</b> |                              |                        |
| (2) Employer real property.....  | <b>1d(2)</b> |                              |                        |
| <b>e</b> Buildings and other property used in plan operation.....        | <b>1e</b>    |                              |                        |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e).....      | <b>1f</b>    | 7864960                      | 9089602                |
| <b>Liabilities</b>   |              |                              |                        |
| <b>g</b> Benefit claims payable.....                                     | <b>1g</b>    |                              |                        |
| <b>h</b> Operating payables.....   | <b>1h</b>    |                              |                        |
| <b>i</b> Acquisition indebtedness.....                                   | <b>1i</b>    |                              |                        |
| <b>j</b> Other liabilities.....  | <b>1j</b>    | 89401                        | 145878                 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j)..... | <b>1k</b>    | 89401                        | 145878                 |
| <b>Net Assets</b>  |              |                              |                        |
| <b>l</b> Net assets (subtract line 1k from line 1f).....                 | <b>1l</b>    | 7775559                      | 8943724                |

**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.

| <b>Income</b>  |                 | <b>(a)</b> Amount | <b>(b)</b> Total |
|--|-----------------|-------------------|------------------|
| <b>a Contributions:</b>  |                 |                   |                  |
| (1) Received or receivable in cash from: <b>(A)</b> Employers.....   | <b>2a(1)(A)</b> | 293882            |                  |
| <b>(B)</b> Participants.....   | <b>2a(1)(B)</b> | 782350            |                  |
| <b>(C)</b> Others (including rollovers).....   | <b>2a(1)(C)</b> | 262884            |                  |
| (2) Noncash contributions.....   | <b>2a(2)</b>    |                   |                  |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |                   | 1339116          |
| <b>b Earnings on investments:</b>  |                 |                   |                  |
| (1) Interest:  |                 |                   |                  |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....        | <b>2b(1)(A)</b> | 600               |                  |
| <b>(B)</b> U.S. Government securities.....   | <b>2b(1)(B)</b> |                   |                  |
| <b>(C)</b> Corporate debt instruments.....   | <b>2b(1)(C)</b> |                   |                  |
| <b>(D)</b> Loans (other than to participants).....   | <b>2b(1)(D)</b> |                   |                  |
| <b>(E)</b> Participant loans.....  | <b>2b(1)(E)</b> | 4468              |                  |
| <b>(F)</b> Other.....  | <b>2b(1)(F)</b> |                   |                  |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |                   | 5068             |
| (2) Dividends: <b>(A)</b> Preferred stock.....   | <b>2b(2)(A)</b> |                   |                  |
| <b>(B)</b> Common stock.....   | <b>2b(2)(B)</b> |                   |                  |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                                   | <b>2b(2)(C)</b> |                   |                  |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |                   |                  |
| (3) Rents.....   | <b>2b(3)</b>    |                   |                  |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds.....                                  | <b>2b(4)(A)</b> |                   |                  |
| <b>(B)</b> Aggregate carrying amount (see instructions).....   | <b>2b(4)(B)</b> |                   |                  |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....                   | <b>2b(4)(C)</b> |                   |                  |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate.....                          | <b>2b(5)(A)</b> |                   |                  |
| <b>(B)</b> Other.....  | <b>2b(5)(B)</b> |                   |                  |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |                   |                  |

|   |               | (a) Amount | (b) Total |
|---|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | <b>2b(6)</b>  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  |            | 1018012   |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | <b>2b(8)</b>  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | <b>2b(9)</b>  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            |           |
| <b>c</b> Other income .....   | <b>2c</b>     |            | 8576      |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....         | <b>2d</b>     |            | 2370772   |

**Expenses**

|  |               |         |         |
|--|---------------|---------|---------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |               |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers.....             | <b>2e(1)</b>  | 1179325 |         |
| (2) To insurance carriers for the provision of benefits .....                              | <b>2e(2)</b>  |         |         |
| (3) Other.....   | <b>2e(3)</b>  |         |         |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                | <b>2e(4)</b>  |         | 1179325 |
| <b>f</b> Corrective distributions (see instructions) .....                                 | <b>2f</b>     |         | 14870   |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | <b>2g</b>     |         |         |
| <b>h</b> Interest expense.....   | <b>2h</b>     |         |         |
| <b>i</b> Administrative expenses:  |               |         |         |
| (1) Salaries and allowances .....  | <b>2i(1)</b>  |         |         |
| (2) Contract administrator fees .....  | <b>2i(2)</b>  | 8412    |         |
| (3) Recordkeeping fees .....   | <b>2i(3)</b>  |         |         |
| (4) IQPA audit fees .....  | <b>2i(4)</b>  |         |         |
| (5) Investment advisory and investment management fees .....                               | <b>2i(5)</b>  |         |         |
| (6) Bank or trust company trustee/custodial fees .....                                     | <b>2i(6)</b>  |         |         |
| (7) Actuarial fees .....   | <b>2i(7)</b>  |         |         |
| (8) Legal fees .....   | <b>2i(8)</b>  |         |         |
| (9) Valuation/appraisal fees .....   | <b>2i(9)</b>  |         |         |
| (10) Other trustee fees and expenses .....   | <b>2i(10)</b> |         |         |
| (11) Other expenses.....   | <b>2i(11)</b> |         |         |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....       | <b>2i(12)</b> |         | 8412    |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | <b>2j</b>     |         | 1202607 |

**Net Income and Reconciliation**

|   |              |  |         |
|---|--------------|--|---------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 1168165 |
| <b>l</b> Transfers of assets:   |              |  |         |
| (1) To this plan.....   | <b>2l(1)</b> |  |         |
| (2) From this plan .....  | <b>2l(2)</b> |  |         |

**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: RSM US LLP

(2) EIN: 42-0714325

**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 |
|--|-------------------------------------|-------------------------------------|--------|
| <b>a</b> 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"/>            | 5242   |
| <b>b</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"/> |        |
| <b>c</b> 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"/> |        |
| <b>d</b> 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"/> |        |
| <b>e</b> Was this plan covered by a fidelity bond?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 500000 |
| <b>f</b> 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"/> |        |
| <b>g</b> 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"/> |        |
| <b>h</b> 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"/> |        |
| <b>i</b> 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"/>            |        |
| <b>j</b> 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"/> |        |
| <b>k</b> 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"/> |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>m</b> 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"/> |        |
| <b>n</b> 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.)

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> 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 \_\_\_\_\_.

|  |   |  |
|--|---|--|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Retirement Plan Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|---|--|

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

|   |  |            |
|---|--|------------|
| <b>A</b> Name of plan<br><b>G. F. MANAGEMENT, LLC 401K PLAN</b>                               | <b>B</b> Three-digit plan number (PN)                              | <b>001</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>G. F. MANAGEMENT, LLC</b> | <b>D</b> Employer Identification Number (EIN)<br><b>20-2277319</b> |            |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

**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): 01-0233346

**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**

|                |   |
|----------------|---|
| <b>Part II</b> | <b>Funding Information</b> (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.**

|   |           |  |
|---|-----------|--|
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....    | <b>6a</b> |  |
| <b>6 b</b> Enter the amount contributed by the employer to the plan for this plan year .....  | <b>6b</b> |  |
| <b>6 c</b> 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)..... | <b>6c</b> |  |

**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

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

**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

|                |   |
|----------------|---|
| <b>Part IV</b> | <b>ESOPs</b> (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:

|   |            |  |
|---|------------|--|
| <b>a</b> 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)..... | <b>14a</b> |  |
| <b>b</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).....   | <b>14b</b> |  |
| <b>c</b> 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).....  | <b>14c</b> |  |

**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:

|   |            |  |
|---|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

|   |            |  |
|---|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....  | <b>16a</b> |  |
| <b>b</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..... | <b>16b</b> |  |

**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 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q703402A.

|  |   |   |
|--|---|---|
| <p><b>SCHEDULE MEP<br/>(Form 5500)</b></p> <p>Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p>Department of Labor<br/>Employee Benefits Security Administration</p> | <p><b>MULTIPLE-EMPLOYER RETIREMENT<br/>PLAN INFORMATION</b></p> <p>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)</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> | <p>OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: 24pt;"><b>2024</b></p> <hr/> <p style="text-align: center;"><b>This Form is Open to Public Inspection</b></p> |
|--|---|---|

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

|  |   |                   |
|--|---|-------------------|
| <p><b>A</b> Name of plan<br/><b>G. F. MANAGEMENT, LLC 401K PLAN</b></p>  | <p><b>B</b> Three-digit Plan number (PN)..... ▶</p>       | <p><b>001</b></p> |
| <p><b>C</b> Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF<br/><b>G. F. MANAGEMENT, LLC</b></p> | <p><b>D</b> Administrator's EIN<br/><b>20-2277319</b></p> |                   |

**Part I Type of Multiple-Employer Pension Plan.** All multiple-employer pension plans must complete.

**1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).**

- a  association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)
- b  professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)
- c  pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)
- d  other multiple-employer pension plan (Describe) **DEFINED CONTRIBUTION PLAN** (Complete Part II)

**Part II Participating Employer Information.**

**2** All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. **Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

| 2a Name of Participating Employer | 2b EIN            | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
|-----------------------------------|-------------------|--|--|
| <b>SBN PARTNERS LP</b>            | <b>23-2672038</b> | <b>6.63</b>  | <b>422107</b>  |
| <b>WW MARKETING LLC</b>           | <b>27-4476922</b> | <b>1.87</b>  | <b>234305</b>  |

**CAUTION** Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

|   |                  |  |
|---|------------------|--|
| <p><b>2e</b> Does the plan include any individuals not participating through an employer or who are individual working owners?</p>  | <p><b>2e</b></p> | <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> |
| <p><b>2f</b> If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.</p> | <p><b>2f</b></p> |  |
| <p><b>2g</b> If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.</p>  | <p><b>2g</b></p> |  |

**For Paperwork Reduction Act Notice, see the Instructions for Form 5500.**

**Schedule MEP (2024)  
v. 240311**

**Part II Participating Employer Information (Continued).**

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

**Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

| 2a Name of Participating Employer | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
|-----------------------------------|------------|--|--|
| CENTER CITY HOTEL PARTNERS LP     | 56-1679670 | 3.28   | 748650   |
| KBK-HR ASSOCIATES LLC             | 35-2315770 | 0.73   | 11220  |
| 2a Name of Participating Employer | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| 2a Name of Participating Employer | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| 2a Name of Participating Employer | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
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| 2a Name of Participating Employer | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| 2a Name of Participating Employer | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |

**CAUTION** Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

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|                 |   |
|-----------------|---|
| <b>Part III</b> | <b>Pooled Employer Plan Information</b> |
|-----------------|---|

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**Line 3.** All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

**3a** Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44).....  Yes  No

**3b** If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)  
ACK ID \_\_\_\_\_

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# **G.F. Management, LLC**

## **401(k) Plan**

Financial Report  
December 31, 2024

## Contents

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|  |       |
|--|-------|
| Independent auditor's report   | 1-3   |
| <hr/>  |       |
| Financial statements   |       |
| Statements of net assets available for benefits                      | 4     |
| Statement of changes in net assets available for benefits            | 5     |
| Notes to financial statements  | 6-13  |
| Supplementary information  |       |
| Schedule H, line 4a—schedule of delinquent participant contributions | 14    |
| Schedule H, line 4i—schedule of assets (held at end of year)         | 15-17 |

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## Independent Auditor's Report

Trustees and Plan Administrator  
G.F. Management, LLC 401(k) Plan

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

We have performed audits of the financial statements of G.F. Management, LLC 401(k) Plan (the 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 as of December 31, 2024 and 2023, the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan 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 (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

### Opinion

In our opinion, based on our audits 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 accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).
- The information in the accompanying 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 for Opinion on the Financial Statements**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). 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 Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. 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.

### **Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. GAAP 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 the Plan's ability to continue as a going concern within one year after the date that the financial statements are issued or 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 Responsibilities for the Audit of the Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the Financial Statements 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 GAAS 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 GAAS, 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 the 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 the 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 U.S. GAAP.

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 U.S. GAAP.

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.

#### **Other Matters—Supplemental Schedules Required by ERISA**

The supplemental schedules of delinquent participant contributions for the year ended December 31, 2024, and assets (held at end of year) as of December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL'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 schedules, 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 GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules 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).

*RSM US LLP*

Blue Bell, Pennsylvania  
October 14, 2025

**G.F. Management, LLC 401(k) Plan**

**Statements of Net Assets Available for Benefits  
December 31, 2024 and 2023**

|  | <b>2024</b>         | <b>2023</b>         |
|--|---------------------|---------------------|
| <b>Assets</b>                            |                     |                     |
| Investments at fair value                | \$ 8,650,949        | \$ 7,514,174        |
| Investments at contract value            | 60,687              | 53,610              |
|  | <u>8,711,636</u>    | <u>7,567,784</u>    |
| Cash                                     | <u>5,794</u>        | 793                 |
| Receivables:                             |                     |                     |
| Participants' contributions              | 4,273               | 4,365               |
| Employers' contributions                 | 293,882             | 244,723             |
| Notes receivable from participants       | 74,017              | 47,295              |
|  | <u>372,172</u>      | <u>296,383</u>      |
| <b>Total assets</b>                      | <b>9,089,602</b>    | <b>7,864,960</b>    |
| <b>Liabilities</b>                       |                     |                     |
| Excess contributions payable             | <u>145,878</u>      | 89,401              |
| <b>Net assets available for benefits</b> | <b>\$ 8,943,724</b> | <b>\$ 7,775,559</b> |

See notes to financial statements.

## G.F. Management, LLC 401(k) Plan

### Statement of Changes in Net Assets Available for Benefits Year Ended December 31, 2024

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Additions:

Investment income:

|   |              |
|---|--------------|
| Net appreciation in fair value of investments | \$ 1,018,012 |
| Interest                                      | 9,176        |
|   | <hr/>        |
|   | 1,027,188    |

|   |       |
|---|-------|
| Interest income on notes receivable from participants | 4,468 |
|---|-------|

Contributions:

|               |         |
|---------------|---------|
| Participants' | 782,350 |
| Employers'    | 293,882 |
| Rollovers     | 262,884 |
|               | <hr/>   |

|                        |                  |
|------------------------|------------------|
| <b>Total additions</b> | <b>2,370,772</b> |
|------------------------|------------------|

Deductions from net assets attributed to:

|                               |           |
|-------------------------------|-----------|
| Benefits paid to participants | 1,179,325 |
| Corrective distributions      | 14,870    |
| Administrative expenses       | 8,412     |
|                               | <hr/>     |

|                         |                  |
|-------------------------|------------------|
| <b>Total deductions</b> | <b>1,202,607</b> |
|-------------------------|------------------|

|  |                  |
|--|------------------|
| <b>Net increase in net assets available for benefits</b> | <b>1,168,165</b> |
|--|------------------|

Net assets available for benefits:

|                   |           |
|-------------------|-----------|
| Beginning of year | <hr/>     |
|                   | 7,775,559 |

|             |              |
|-------------|--------------|
| End of year | <hr/>        |
|             | \$ 8,943,724 |
|             | <hr/>        |

See notes to financial statements.

## G.F. Management, LLC 401(k) Plan

### Notes to Financial Statements

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#### Note 1. Plan Description

The following description of G.F. Management, LLC 401(k) Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

**Participating employers:** The Plan's participating employers (collectively, the Company) are:

- G.F. Management, LLC (Lead Plan Sponsor)
- UPH Lakeside Limited Partnership (d/b/a Hilton University Place)
- ESLBV Property Owner LLC (d/b/a Embassy Suites Lake Buena Vista)
- HGILM Associates LLC
- UPHIC Associates LLC
- DHCS Associates LLC (d/b/a DoubleTree Colorado Springs)
- SBN Partners LP (d/b/a Sheraton Baltimore North)
- Center City Hotel Partners LP (d/b/a DoubleTree by Hilton Center City)
- DHMCO Associates LLC (d/b/a DoubleTree by Hilton)
- CLBV Associates LLC
- WW Marketing, LLC
- KBK-HR Associates LLC
- GF Hospitality Orlando Celebration LLC (effective 7/1/2024)

**General:** The Plan is a defined contribution plan covering non-union employees of the participating employers who have attained 21 years of age and who have completed 120 days of service. The trustees are responsible for oversight of the Plan and determine the appropriateness of the Plan's investment offerings and monitor investment performance. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

**Plan amendments:** Effective July 1, 2024, the Plan was amended to include GF Hospitality Orlando Celebration LLC as a participating employer.

**Contributions:** Participants may contribute up to 100% of their pretax annual compensation, as defined in the Plan. Participants are also permitted to contribute Roth after-tax deferrals to the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans (rollovers). The Company may make matching contributions at its discretion. For the year ended December 31, 2024, the Company elected to make a discretionary matching contribution equal to 50% of participants' elective deferrals, not to exceed 4% of the participants' compensation. Participants are eligible to share in the discretionary matching contributions if they are employed on the last day of the Plan year or if they terminated employment with more than 500 hours of service during the Plan year. Contributions are subject to certain Internal Revenue Service (IRS) limitations.

## G.F. Management, LLC 401(k) Plan

### Notes to Financial Statements

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#### Note 1. Plan Description (Continued)

**Investment options:** Upon enrollment in the Plan, a participant may direct all contributions to selected investments as made available and determined by the Plan Administrator in 1% increments. Participants may change their investment options daily.

**Participant accounts:** Each participant's account is credited with the participant's contribution and the Company's discretionary matching contribution, as well as allocations of Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

**Vesting:** Participants are immediately vested in their contributions plus actual earnings thereon. Participants are vested in the Company's contributions plus earnings thereon based on years of continuous service. A participant is 100% vested after three years of service.

**Payment of benefits:** The Plan permits withdrawals when a participant terminates employment, reaches retirement age, or becomes disabled or deceased. In-service withdrawals are also permitted for certain financial hardships or when a participant attains age 59½. Benefits are payable in lump-sum payments with certain exceptions allowed.

**Forfeitures:** Forfeitures are used to reduce future employer contributions or to pay Plan expenses. Forfeited nonvested accounts totaled \$5,741 and \$793 at December 31, 2024 and 2023. No forfeitures were used during 2024.

**Notes receivable from participants:** Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Loan terms range up to five years or over a reasonable period of time for the purchase of a participant's primary residence, as established by the Plan Administrator at the time of the loan. The loans are collateralized by the vested balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the Plan Administrator. These rates range from 4.25% to 9.50% on loans outstanding at December 31, 2024, and mature through 2029. Principal and interest are paid ratably through biweekly payroll deductions.

#### Note 2. Summary of Significant Accounting Policies

**Basis of accounting:** The financial statements of the Plan are prepared on the accrual basis of accounting.

**Use of estimates:** The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) requires the Plan's management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Actual results could differ from those estimates.

## G.F. Management, LLC 401(k) Plan

### Notes to Financial Statements

---

#### Note 2. Summary of Significant Accounting Policies (Continued)

**Investment valuation and income recognition:** Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's trustees determine the Plan's valuation policies utilizing information provided by the investment advisors and investment custodian. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold, as well as held, during the year.

**Notes receivable from participants:** Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred.

**Contributions:** Contributions from Plan participants and the matching contributions from the employer are recorded in the year in which the employee contributions are withheld from compensation. Participant contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction in contributions.

**Payment of benefits:** Benefits are recorded when paid.

**Expenses:** Certain expenses of maintaining the Plan are paid directly by the Company and excluded from these financial statements. Administrative expenses include fees related to the administration of notes receivable that are charged directly to the participant's account and certain recordkeeping fees paid by the Plan. Investment-related expenses are included in the net appreciation in fair value of investments.

**Subsequent events:** The Plan has evaluated subsequent events (events occurring after December 31, 2024) through October 14, 2025, the date the financial statements were available to be issued. Effective June 1, 2025, the Plan changed its custodian from John Hancock Life Insurance Company (U.S.A.) (John Hancock) to ADP Retirement Trust Services, LLC.

## G.F. Management, LLC 401(k) Plan

### Notes to Financial Statements

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#### Note 3. Information Certified or Provided by John Hancock Life Insurance Company (U.S.A.) (Custodian)

The following is a summary of the Plan's asset information as of December 31, 2024 and 2023, and for the year ended December 31, 2024, included throughout the Plan's financial statements and ERISA-required supplemental schedules, obtained by management and agreed to or derived from information certified as complete and accurate by John Hancock, a qualified institution.

|                                    | December 31  |              |
|------------------------------------|--------------|--------------|
|                                    | 2024         | 2023         |
| Investments at fair value:         |              |              |
| Pooled separate accounts           | \$ 8,650,949 | \$ 7,514,174 |
| Investments at contract value:     |              |              |
| Guaranteed interest accounts       | \$ 60,687    | \$ 53,610    |
| Cash                               | \$ 5,794     | \$ 793       |
| Notes receivable from participants | \$ 74,017    | \$ 47,295    |

John Hancock also certified to the completeness and accuracy of \$1,018,012 of net appreciation in fair value of investments and \$9,176 of interest and \$4,468 of interest income on notes receivable from participants related to the aforementioned Plan assets for the year ended December 31, 2024.

#### Note 4. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described below:

**Level 1:** Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

**Level 2:** Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets
- Quoted prices for identical or similar assets or liabilities in inactive markets
- Inputs other than quoted prices that are observable for the asset or liability
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

**Level 3:** Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

## G.F. Management, LLC 401(k) Plan

### Notes to Financial Statements

#### Note 4. Fair Value Measurements (Continued)

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodology used for assets measured at fair value. There have been no changes in the methodology used at December 31, 2024 and 2023.

**Pooled separate accounts:** Valued at the net asset value (NAV) of shares in each account held by the Plan at year-end. The NAV is not a publicly quoted price in an active market. The NAV, as provided by the insurance carrier, is used as a practical expedient to estimating fair value.

In accordance with the Fair Value Measurements topic, certain investments that were measured at NAV per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

The following table summarizes investments for which fair value is estimated using NAV per share (or its equivalent) as a practical expedient as of December 31, 2024 and 2023.

| Investment                      | Fair Value Estimated Using NAV Per Share |                     |                        |                         |                             |
|---------------------------------|--|---------------------|------------------------|-------------------------|-----------------------------|
|                                 | Fair Value                               |                     | Unfunded<br>Commitment | Redemption<br>Frequency | Redemption<br>Notice Period |
|                                 | 2024                                     | 2023                |                        |                         |                             |
| Pooled separate accounts:       |  |                     |                        |                         |                             |
| Asset Allocation—Life cycle (a) | \$ 3,606,878                             | \$ 3,022,950        | None                   | Immediate               | None                        |
| Asset Allocation—Lifestyle (b)  | 1,968,464                                | 1,580,843           | None                   | Immediate               | None                        |
| Balanced (c)                    | 73,211                                   | 90,702              | None                   | Immediate               | None                        |
| Bond (d)                        | 104,688                                  | 563,930             | None                   | Immediate               | None                        |
| Fixed income (e)                | 259,876                                  | 27,907              | None                   | Immediate               | None                        |
| Index (f)                       | 442,320                                  | 232,705             | None                   | Immediate               | None                        |
| International (g)               | 185,968                                  | 151,933             | None                   | Immediate               | None                        |
| Large Cap (h)                   | 1,084,771                                | 960,375             | None                   | Immediate               | None                        |
| Mid Cap (i)                     | 269,281                                  | 176,017             | None                   | Immediate               | None                        |
| Sector (j)                      | 382,247                                  | 317,416             | None                   | Immediate               | None                        |
| Small Cap (k)                   | 260,013                                  | 230,303             | None                   | Immediate               | None                        |
| Large Blend (l)                 | 13,232                                   | 159,093             | None                   | Immediate               | None                        |
|                                 | <u>\$ 8,650,949</u>                      | <u>\$ 7,514,174</u> |                        |                         |                             |

- (a) **Asset allocation—life cycle:** Life cycle accounts combine fixed income and equity components to provide a combination of the stability of interest income and the growth potential of equity investments. These funds invest based on the life cycle theory of investing, providing a bond/equity mix as appropriate for individuals in terms of risk throughout the different stages in their lives.
- (b) **Asset allocation—lifestyle:** Lifestyle accounts are designed to allocate investments based upon the participants' risk profile, in which participants with high risk tolerance are invested in aggressive investments while more conservative investors are invested in lower risk funds.
- (c) **Balanced:** Balanced accounts combine fixed income and equity components to provide a combination of the stability of interest income and the growth potential of equity investments.

## G.F. Management, LLC 401(k) Plan

### Notes to Financial Statements

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#### Note 4. Fair Value Measurements (Continued)

- (d) **Bond:** Bond accounts primarily invest in a diversified portfolio of fixed income securities of varying maturities.
- (e) **Fixed income:** Fixed income accounts invest primarily in corporate and government bonds with a variety of durations and interest rate exposures.
- (f) **Index:** Index accounts invest in companies that follow the various indexes (i.e., Russell 2000, S&P 500, Dow Jones Industrial).
- (g) **International:** International accounts invest a significant portion of net assets in equity issuers outside of the United States.
- (h) **Large cap:** Large cap accounts invest the majority of net assets in equity securities issued by companies with large market capitalizations generally over \$10 billion.
- (i) **Mid cap:** Mid cap accounts invest the majority of net assets in equity securities issued by companies with mid-market capitalizations generally between \$1 billion and \$10 billion.
- (j) **Sector:** Sector accounts invest the majority of net assets in a specific sector of the market (i.e., real estate, energy, utilities).
- (k) **Small cap:** Small cap accounts invest the majority of net assets in equity securities issued by companies with large market capitalizations generally below \$1 billion.
- (l) **Large blend:** Large blend accounts seek to provide high total return from a portfolio of selected equity securities.

#### Note 5. Fully Benefit-Responsive Investment Contracts

The Plan has traditional, fully benefit-responsive guaranteed interest accounts with John Hancock that are reported at contract value. John Hancock maintains the contributions in a general account. The account is credited with contributions, earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting interest rate is based on a formula agreed upon with the issuer. There is no minimum floor for the crediting interest rate and such interest rate is not available for resetting. The contract cannot be terminated before the scheduled maturity date.

The Plan's ability to receive amounts due in accordance with fully benefit-responsive investment contracts is dependent on the third-party issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

## **G.F. Management, LLC 401(k) Plan**

### **Notes to Financial Statements**

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#### **Note 5. Fully Benefit-Responsive Investment Contracts (Continued)**

Certain events might limit the ability of the Plan to transact at contract value with the contract issuer. These events may be different under each contract. Examples of such events include the following:

1. The Plan's failure to qualify under Section 401(a) of the Internal Revenue Code (IRC) or the failure of the trust to be tax-exempt under Section 501(a) of the IRC
2. Premature termination of the contracts
3. Plan termination or merger
4. Changes to the Plan's prohibition on competing investment options
5. Bankruptcy of the Company or other Company events (for example, divestitures or spin-offs of a subsidiary) that significantly affect the Plan's normal operations

No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Those events may be different under each contract. Examples of such events include the following:

1. An uncured violation of the Plan's investment guidelines
2. A breach of material obligation under the contract
3. A material misrepresentation
4. A material amendment to the agreements without the consent of the issuer

#### **Note 6. Related-Party and Party-in-Interest Transactions**

John Hancock is the custodian of the Plan; therefore, transactions with the custodian qualify as party-in-interest transactions. The Company also paid certain administrative expenses of the Plan.

#### **Note 7. Plan Termination**

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their employer contributions.

## G.F. Management, LLC 401(k) Plan

### Notes to Financial Statements

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#### Note 8. Tax Status

The Plan adopted a nonstandardized form of a pre-approved plan sponsored by Atlantic Pension Services, Inc. The prototype plan has received an opinion letter dated June 30, 2020, from the IRS as to the prototype plan's qualified status. The prototype plan opinion letter has been relied upon by the Plan. The Plan Administrator believes the Plan is designed and is being operated in compliance with the applicable provisions of the IRC.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken any significant uncertain tax positions that more likely than not would not be sustained upon examination. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

#### Note 9. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to net assets per the Form 5500:

|  | December 31         |                     |
|--|---------------------|---------------------|
|  | 2024                | 2023                |
| Net assets available for benefits per the financial statements | \$ 8,943,724        | \$ 7,775,559        |
| Differences in:  |                     |                     |
| Investments—participant loans                                  | 74,017              | 47,295              |
| Receivables—notes receivable from participants                 | (74,017)            | (47,295)            |
| Net assets per the Form 5500                                   | <u>\$ 8,943,724</u> | <u>\$ 7,775,559</u> |

#### Note 10. Nonexempt Transactions

During 2024, the Company inadvertently failed to deposit \$5,242 of participant deferrals within the required time frame as stated by DOL regulations. The Company intends to reimburse the Plan for lost interest. The Company intends to file Form 5330 and intends to pay the applicable excise tax in 2025. The excise tax payments will be made from the Company's assets and not from assets of the Plan.

During 2023, the Company inadvertently failed to deposit \$1,630 of participant deferrals within the required time frame as stated by DOL regulations. The Company intends to reimburse the Plan for lost interest. The Company intends to file Form 5330 and paid the applicable excise tax in 2024. The excise tax payments will be made from the Company's assets and not from assets of the Plan.

**G.F. Management, LLC 401(k) Plan**

**Schedule H, Line 4a—Schedule of Delinquent Participant Contributions  
Year Ended December 31, 2024**

Employer Identification Number: 20-2277319

Plan Number: 001

| Participant Contributions<br>Transferred Late to Plan | Totals That Constitute Nonexempt Prohibited Transactions              |                                |  |  |  |
|---|---|--------------------------------|--|--|--|
|   | Check Here if Late<br>Participant Loan Repayments<br>are Included [X] | Contributions<br>Not Corrected | Contributions<br>Corrected<br>Outside VFCP | Contributions<br>Pending<br>Correction in VFCP | Total Fully Corrected<br>Under VFCP and<br>PTE 2002-51 |
| 2024  |   | \$ 5,242                       | \$ -                                       | \$ -   | \$ -   |
| 2023  |   | -                              | 1,630                                      | -  | -  |

Participant deferrals were not remitted timely during the years ended December 31, 2024 and 2023, but were subsequently deposited into the Plan. Lost earnings were/will be deposited into the Plan and Forms 5330 were/will be filed with the applicable excise taxes paid in 2025 or 2024.

**G.F. Management, LLC 401(k) Plan**

**Schedule H, Line 4i—Schedule of Assets (Held at End of Year)  
December 31, 2024**

Employer Identification Number: 20-2277319

Plan Number: 001

| (a)  | (b)  | (c)  | (d)    | (e)              |
|--|--|--|--------|------------------|
| Identity of Issue, Borrower,<br>Lessor, or Similar Party |  | Description of Investment, Including<br>Maturity Date, Rate of Interest, Collateral<br>Par, Maturity Value | Cost** | Current<br>Value |
| Pooled separate accounts:                                |  |  |        |                  |
| *  | John Hancock Life Insurance Company (U.S.A.) | John Hancock Multimanager 2010 Lifetime Portfolio  | \$     | 149,069          |
| *  | John Hancock Life Insurance Company (U.S.A.) | John Hancock Multimanager 2015 Lifetime Portfolio  |        | 90,115           |
| *  | John Hancock Life Insurance Company (U.S.A.) | John Hancock Multimanager 2020 Lifetime Portfolio  |        | 96,383           |
| *  | John Hancock Life Insurance Company (U.S.A.) | John Hancock Multimanager 2025 Lifetime Portfolio  |        | 184,006          |
| *  | John Hancock Life Insurance Company (U.S.A.) | John Hancock Multimanager 2030 Lifetime Portfolio  |        | 472,788          |
| *  | John Hancock Life Insurance Company (U.S.A.) | John Hancock Multimanager 2035 Lifetime Portfolio  |        | 1,209,328        |
| *  | John Hancock Life Insurance Company (U.S.A.) | John Hancock Multimanager 2040 Lifetime Portfolio  |        | 467,688          |
| *  | John Hancock Life Insurance Company (U.S.A.) | John Hancock Multimanager 2045 Lifetime Portfolio  |        | 340,387          |
| *  | John Hancock Life Insurance Company (U.S.A.) | John Hancock Multimanager 2050 Lifetime Portfolio  |        | 257,148          |
| *  | John Hancock Life Insurance Company (U.S.A.) | John Hancock Multimanager 2055 Lifetime Portfolio  |        | 149,469          |
| *  | John Hancock Life Insurance Company (U.S.A.) | John Hancock Multimanager 2060 Lifetime Portfolio  |        | 167,723          |
| *  | John Hancock Life Insurance Company (U.S.A.) | John Hancock Multimanager 2065 Lifetime Portfolio  |        | 22,774           |
| *  | John Hancock Life Insurance Company (U.S.A.) | John Hancock Multimanager Conservative Lifestyle Portfolio   |        | 256,113          |
| *  | John Hancock Life Insurance Company (U.S.A.) | John Hancock Multimanager Moderate Lifestyle Portfolio   |        | 59,588           |
| *  | John Hancock Life Insurance Company (U.S.A.) | John Hancock Multimanager Balanced Lifestyle Portfolio   |        | 652,621          |
| *  | John Hancock Life Insurance Company (U.S.A.) | John Hancock Multimanager Growth Lifestyle Portfolio   |        | 661,532          |
| *  | John Hancock Life Insurance Company (U.S.A.) | John Hancock Multimanager Aggressive Lifestyle Portfolio   |        | 338,610          |
| *  | John Hancock Life Insurance Company (U.S.A.) | Vanguard—Short-Term Federal  |        | 8,459            |
| *  | John Hancock Life Insurance Company (U.S.A.) | Money Market Fund  |        | 259,876          |
| *  | John Hancock Life Insurance Company (U.S.A.) | Total Bond Market Fund   |        | 29,488           |
| *  | John Hancock Life Insurance Company (U.S.A.) | T. Rowe Price Spectrum Income Fund   |        | 2,615            |
| *  | John Hancock Life Insurance Company (U.S.A.) | Strategic Income Opportunity Fund  |        | 5,009            |
| *  | John Hancock Life Insurance Company (U.S.A.) | PIMCO—Real Return  |        | 24,995           |
| *  | John Hancock Life Insurance Company (U.S.A.) | Western Asset Mgmt.—High Yield Fund  |        | 8,223            |
| *  | John Hancock Life Insurance Company (U.S.A.) | Opportunistic Fixed Income   |        | 4,337            |
| *  | John Hancock Life Insurance Company (U.S.A.) | PIMCO All Assets   |        | 1,125            |
| *  | John Hancock Life Insurance Company (U.S.A.) | Utilities Fund   |        | 10,348           |
| *  | John Hancock Life Insurance Company (U.S.A.) | Invesco Advisers—International Bond Fund   |        | 21,562           |
| *  | John Hancock Life Insurance Company (U.S.A.) | BlackRock—Global Allocation  |        | 14,944           |
| *  | John Hancock Life Insurance Company (U.S.A.) | American Balanced Fund   |        | 26,579           |
| *  | John Hancock Life Insurance Company (U.S.A.) | American Funds—Washington Mutual Investors   |        | 3,314            |
| *  | John Hancock Life Insurance Company (U.S.A.) | Vanguard—Value Index Fund  |        | 27,307           |
| *  | John Hancock Life Insurance Company (U.S.A.) | Total Stock Market Index Fund  |        | 4,443            |
| *  | John Hancock Life Insurance Company (U.S.A.) | Investment Company of America  |        | 2,473            |
| *  | John Hancock Life Insurance Company (U.S.A.) | Templeton Global—Templeton World   |        | 8,040            |
| *  | John Hancock Life Insurance Company (U.S.A.) | T. Rowe Price Equity Inc.  |        | 32,152           |
| *  | John Hancock Life Insurance Company (U.S.A.) | JPMorgan US Equity Fund  |        | 13,232           |
| *  | John Hancock Life Insurance Company (U.S.A.) | John Hancock Disciplined Value   |        | 52,895           |
| *  | John Hancock Life Insurance Company (U.S.A.) | Invesco Advisers—Global Fund   |        | 30,711           |

(Continued)

**G.F. Management, LLC 401(k) Plan**

**Schedule H, Line 4i—Schedule of Assets (Held at End of Year) (Continued)  
December 31, 2024**

Employer Identification Number: 20-2277319

Plan Number: 001

| (a)  | (b)  | (c)  | (d)    | (e)              |
|--|--|--|--------|------------------|
| Identity of Issue, Borrower,<br>Lessor, or Similar Party |  | Description of Investment, Including<br>Maturity Date, Rate of Interest, Collateral<br>Par, Maturity Value | Cost** | Current<br>Value |
| Pooled separate accounts (continued):                    |  |  |        |                  |
| *  | John Hancock Life Insurance Company (U.S.A.) | Fundamental Large Cap Value  | \$     | 203,012          |
| *  | John Hancock Life Insurance Company (U.S.A.) | Mutual Global Discovery  |        | 28               |
| *  | John Hancock Life Insurance Company (U.S.A.) | 500 Index Fund   |        | 410,570          |
| *  | John Hancock Life Insurance Company (U.S.A.) | Vanguard—Small Cap Growth Index  |        | 29,427           |
| *  | John Hancock Life Insurance Company (U.S.A.) | Vanguard—Mid Cap Value ETF   |        | 29,906           |
| *  | John Hancock Life Insurance Company (U.S.A.) | Vanguard—Mid Cap Growth ETF  |        | 44,641           |
| *  | John Hancock Life Insurance Company (U.S.A.) | Vanguard—Growth Index Fund   |        | 215,130          |
| *  | John Hancock Life Insurance Company (U.S.A.) | Vanguard—Energy Fund   |        | 27,049           |
| *  | John Hancock Life Insurance Company (U.S.A.) | American Funds—The Growth Fund of America  |        | 319,341          |
| *  | John Hancock Life Insurance Company (U.S.A.) | T. Rowe Price—Science & Technology Fund  |        | 35,870           |
| *  | John Hancock Life Insurance Company (U.S.A.) | T. Rowe Price—Health Sciences Fund   |        | 142,211          |
| *  | John Hancock Life Insurance Company (U.S.A.) | Wellington—Small Cap Stock Fund  |        | 31,917           |
| *  | John Hancock Life Insurance Company (U.S.A.) | Small Cap Index Fund   |        | 18,100           |
| *  | John Hancock Life Insurance Company (U.S.A.) | Science & Technology Fund  |        | 112,357          |
| *  | John Hancock Life Insurance Company (U.S.A.) | Royce Opportunity  |        | 32,150           |
| *  | John Hancock Life Insurance Company (U.S.A.) | Real Estate Securities Fund  |        | 54,412           |
| *  | John Hancock Life Insurance Company (U.S.A.) | Mid Value Fund   |        | 93,223           |
| *  | John Hancock Life Insurance Company (U.S.A.) | Mid Cap Growth Fund  |        | 44,686           |
| *  | John Hancock Life Insurance Company (U.S.A.) | Mid Cap Index Fund   |        | 55,562           |
| *  | John Hancock Life Insurance Company (U.S.A.) | International Growth   |        | 37,560           |
| *  | John Hancock Life Insurance Company (U.S.A.) | Invesco Small Cap Growth   |        | 68,922           |
| *  | John Hancock Life Insurance Company (U.S.A.) | International Equity Index Fund  |        | 4,778            |
| *  | John Hancock Life Insurance Company (U.S.A.) | Fundamental All Cap Core Fund  |        | 43,034           |
| *  | John Hancock Life Insurance Company (U.S.A.) | Franklin Templeton—Small-Mid Growth  |        | 9,845            |
| *  | John Hancock Life Insurance Company (U.S.A.) | American Century Heritage  |        | 1,263            |
| *  | John Hancock Life Insurance Company (U.S.A.) | Fidelity Advisor New Insights Fund   |        | 44,102           |
| *  | John Hancock Life Insurance Company (U.S.A.) | American Funds—EuroPacific Growth Fund   |        | 75,423           |
| *  | John Hancock Life Insurance Company (U.S.A.) | DFA—U.S. Small Cap Fund  |        | 69,652           |
| *  | John Hancock Life Insurance Company (U.S.A.) | DFA—Emerging Markets Value   |        | 14,484           |
| *  | John Hancock Life Insurance Company (U.S.A.) | Capital Appreciation Fund  |        | 9,196            |
| *  | John Hancock Life Insurance Company (U.S.A.) | Blue Chip Growth Fund  |        | 205,629          |
|  |  |  |        | 8,650,949        |

(Continued)

**G.F. Management, LLC 401(k) Plan**

**Schedule H, Line 4i—Schedule of Assets (Held at End of Year) (Continued)  
December 31, 2024**

Employer Identification Number: 20-2277319

Plan Number: 001

| (a) | (b)  | (c)  | (d)       | (e)              |
|-----|--|--|-----------|------------------|
|     | Identity of Issue, Borrower,<br>Lessor, or Similar Party | Description of Investment, Including<br>Maturity Date, Rate of Interest, Collateral<br>Par, Maturity Value | Cost**    | Current<br>Value |
|     |  | Guaranteed interest accounts:  |           |                  |
| *   | John Hancock Life Insurance Company (U.S.A.)             | 3-Year Compound  | \$        | 3,737            |
| *   | John Hancock Life Insurance Company (U.S.A.)             | 5-Year Compound  |           | 3,180            |
| *   | John Hancock Life Insurance Company (U.S.A.)             | 10-Year Compound   |           | 53,770           |
|     |  |  |           | <u>60,687</u>    |
| *   | John Hancock Life Insurance Company (U.S.A.)             | Cash   |           | <u>5,794</u>     |
|     |  | Participant loans:   |           |                  |
| *   | Participants   | 4.25% to 9.50%; maturing through 2029  |           | <u>74,017</u>    |
|     |  |  | <u>\$</u> | <u>8,791,447</u> |

\* Designates party-in-interest.

\*\* All investments are participant-directed; therefore, cost information has not been presented.

The above information has been certified by John Hancock Life Insurance Company (U.S.A.), the custodian, to be complete and accurate with respect to the records maintained under the contract.

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 [x] 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) \_\_\_\_
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: [x] Form 5558 [ ] automatic extension [ ] the DFVC program [ ] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan: G. F. MANAGEMENT, LLC 401K PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 08/01/1997
2a Plan sponsor's name (employer, if for a single-employer plan): G. F. MANAGEMENT, LLC
2b Employer Identification Number (EIN): 20-2277319
2c Plan Sponsor's telephone number: 215-972-2222
2d Business code (see instructions): 721110

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 signature of Joseph Wellenbusher and date 10/14/2025.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

|   |   |
|---|---|
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor<br>G. F. MANAGEMENT, LLC<br><br>8 PENN CENTER<br><br>PHILADELPHIA PA 19103-2125 | <b>3b</b> Administrator's EIN<br>20-2277319<br><br><b>3c</b> Administrator's telephone number<br>215-972-2222 |
|---|---|

|  |                                   |
|--|-----------------------------------|
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name | <b>4b</b> EIN<br><br><b>4d</b> PN |
|--|-----------------------------------|

|   |          |     |
|---|----------|-----|
| <b>5</b> Total number of participants at the beginning of the plan year | <b>5</b> | 882 |
|---|----------|-----|

|  |              |     |
|--|--------------|-----|
| <b>6</b> 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). |              |     |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year .....  | <b>6a(1)</b> | 751 |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....  | <b>6a(2)</b> | 810 |
| <b>b</b> Retired or separated participants receiving benefits .....  | <b>6b</b>    | 0   |
| <b>c</b> Other retired or separated participants entitled to future benefits .....   | <b>6c</b>    | 136 |
| <b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c. ....   | <b>6d</b>    | 946 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....   | <b>6e</b>    | 0   |
| <b>f</b> Total. Add lines 6d and 6e. ....  | <b>6f</b>    | 946 |
| <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... | <b>6g(1)</b> | 300 |
| <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....       | <b>6g(2)</b> | 325 |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....               | <b>6h</b>    | 10  |

|   |          |  |
|---|----------|--|
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)..... | <b>7</b> |  |
|---|----------|--|

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
 2E 2F 2G 2J 2K 2T 3D 3H

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

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

- (1)  **R** (Retirement Plan Information)
- (2)  **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)  **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4)  **DCG** (Individual Plan Information) – Number Attached \_\_\_\_\_
- (5)  **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

- (1)  **H** (Financial Information)
- (2)  **I** (Financial Information – Small Plan)
- (3)  **A** (Insurance Information) – Number Attached   1
- (4)  **C** (Service Provider Information)
- (5)  **D** (DFE/Participating Plan Information)
- (6)  **G** (Financial Transaction Schedules)

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

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**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.

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**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 \_\_\_\_\_

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**G.F. Management, LLC 401(k) Plan**

**Schedule H, Line 4i—Schedule of Assets (Held at End of Year)  
December 31, 2024**

Employer Identification Number: 20-2277319

Plan Number: 001

| (a) | (b)  | (c)  | (d)    | (e)              |
|-----|--|--|--------|------------------|
|     | Identity of Issue, Borrower,<br>Lessor, or Similar Party | Description of Investment, Including<br>Maturity Date, Rate of Interest, Collateral<br>Par, Maturity Value | Cost** | Current<br>Value |
|     |  | Pooled separate accounts:  |        |                  |
| *   | John Hancock Life Insurance Company (U.S.A.)             | John Hancock Multimanager 2010 Lifetime Portfolio  | \$     | 149,069          |
| *   | John Hancock Life Insurance Company (U.S.A.)             | John Hancock Multimanager 2015 Lifetime Portfolio  |        | 90,115           |
| *   | John Hancock Life Insurance Company (U.S.A.)             | John Hancock Multimanager 2020 Lifetime Portfolio  |        | 96,383           |
| *   | John Hancock Life Insurance Company (U.S.A.)             | John Hancock Multimanager 2025 Lifetime Portfolio  |        | 184,006          |
| *   | John Hancock Life Insurance Company (U.S.A.)             | John Hancock Multimanager 2030 Lifetime Portfolio  |        | 472,788          |
| *   | John Hancock Life Insurance Company (U.S.A.)             | John Hancock Multimanager 2035 Lifetime Portfolio  |        | 1,209,328        |
| *   | John Hancock Life Insurance Company (U.S.A.)             | John Hancock Multimanager 2040 Lifetime Portfolio  |        | 467,688          |
| *   | John Hancock Life Insurance Company (U.S.A.)             | John Hancock Multimanager 2045 Lifetime Portfolio  |        | 340,387          |
| *   | John Hancock Life Insurance Company (U.S.A.)             | John Hancock Multimanager 2050 Lifetime Portfolio  |        | 257,148          |
| *   | John Hancock Life Insurance Company (U.S.A.)             | John Hancock Multimanager 2055 Lifetime Portfolio  |        | 149,469          |
| *   | John Hancock Life Insurance Company (U.S.A.)             | John Hancock Multimanager 2060 Lifetime Portfolio  |        | 167,723          |
| *   | John Hancock Life Insurance Company (U.S.A.)             | John Hancock Multimanager 2065 Lifetime Portfolio  |        | 22,774           |
| *   | John Hancock Life Insurance Company (U.S.A.)             | John Hancock Multimanager Conservative Lifestyle Portfolio   |        | 256,113          |
| *   | John Hancock Life Insurance Company (U.S.A.)             | John Hancock Multimanager Moderate Lifestyle Portfolio   |        | 59,588           |
| *   | John Hancock Life Insurance Company (U.S.A.)             | John Hancock Multimanager Balanced Lifestyle Portfolio   |        | 652,621          |
| *   | John Hancock Life Insurance Company (U.S.A.)             | John Hancock Multimanager Growth Lifestyle Portfolio   |        | 661,532          |
| *   | John Hancock Life Insurance Company (U.S.A.)             | John Hancock Multimanager Aggressive Lifestyle Portfolio   |        | 338,610          |
| *   | John Hancock Life Insurance Company (U.S.A.)             | Vanguard—Short-Term Federal  |        | 8,459            |
| *   | John Hancock Life Insurance Company (U.S.A.)             | Money Market Fund  |        | 259,876          |
| *   | John Hancock Life Insurance Company (U.S.A.)             | Total Bond Market Fund   |        | 29,488           |
| *   | John Hancock Life Insurance Company (U.S.A.)             | T. Rowe Price Spectrum Income Fund   |        | 2,615            |
| *   | John Hancock Life Insurance Company (U.S.A.)             | Strategic Income Opportunity Fund  |        | 5,009            |
| *   | John Hancock Life Insurance Company (U.S.A.)             | PIMCO—Real Return  |        | 24,995           |
| *   | John Hancock Life Insurance Company (U.S.A.)             | Western Asset Mgmt.—High Yield Fund  |        | 8,223            |
| *   | John Hancock Life Insurance Company (U.S.A.)             | Opportunistic Fixed Income   |        | 4,337            |
| *   | John Hancock Life Insurance Company (U.S.A.)             | PIMCO All Assets   |        | 1,125            |
| *   | John Hancock Life Insurance Company (U.S.A.)             | Utilities Fund   |        | 10,348           |
| *   | John Hancock Life Insurance Company (U.S.A.)             | Invesco Advisers—International Bond Fund   |        | 21,562           |
| *   | John Hancock Life Insurance Company (U.S.A.)             | BlackRock—Global Allocation  |        | 14,944           |
| *   | John Hancock Life Insurance Company (U.S.A.)             | American Balanced Fund   |        | 26,579           |
| *   | John Hancock Life Insurance Company (U.S.A.)             | American Funds—Washington Mutual Investors   |        | 3,314            |
| *   | John Hancock Life Insurance Company (U.S.A.)             | Vanguard—Value Index Fund  |        | 27,307           |
| *   | John Hancock Life Insurance Company (U.S.A.)             | Total Stock Market Index Fund  |        | 4,443            |
| *   | John Hancock Life Insurance Company (U.S.A.)             | Investment Company of America  |        | 2,473            |
| *   | John Hancock Life Insurance Company (U.S.A.)             | Templeton Global—Templeton World   |        | 8,040            |
| *   | John Hancock Life Insurance Company (U.S.A.)             | T. Rowe Price Equity Inc.  |        | 32,152           |
| *   | John Hancock Life Insurance Company (U.S.A.)             | JPMorgan US Equity Fund  |        | 13,232           |
| *   | John Hancock Life Insurance Company (U.S.A.)             | John Hancock Disciplined Value   |        | 52,895           |
| *   | John Hancock Life Insurance Company (U.S.A.)             | Invesco Advisers—Global Fund   |        | 30,711           |

(Continued)

**G.F. Management, LLC 401(k) Plan**

**Schedule H, Line 4i—Schedule of Assets (Held at End of Year) (Continued)  
December 31, 2024**

Employer Identification Number: 20-2277319

Plan Number: 001

| (a) | (b)  | (c)  | (d)    | (e)              |
|-----|--|--|--------|------------------|
|     | Identity of Issue, Borrower,<br>Lessor, or Similar Party | Description of Investment, Including<br>Maturity Date, Rate of Interest, Collateral<br>Par, Maturity Value | Cost** | Current<br>Value |
|     |  | Pooled separate accounts (continued):  |        |                  |
| *   | John Hancock Life Insurance Company (U.S.A.)             | Fundamental Large Cap Value  | \$     | 203,012          |
| *   | John Hancock Life Insurance Company (U.S.A.)             | Mutual Global Discovery  |        | 28               |
| *   | John Hancock Life Insurance Company (U.S.A.)             | 500 Index Fund   |        | 410,570          |
| *   | John Hancock Life Insurance Company (U.S.A.)             | Vanguard—Small Cap Growth Index  |        | 29,427           |
| *   | John Hancock Life Insurance Company (U.S.A.)             | Vanguard—Mid Cap Value ETF   |        | 29,906           |
| *   | John Hancock Life Insurance Company (U.S.A.)             | Vanguard—Mid Cap Growth ETF  |        | 44,641           |
| *   | John Hancock Life Insurance Company (U.S.A.)             | Vanguard—Growth Index Fund   |        | 215,130          |
| *   | John Hancock Life Insurance Company (U.S.A.)             | Vanguard—Energy Fund   |        | 27,049           |
| *   | John Hancock Life Insurance Company (U.S.A.)             | American Funds—The Growth Fund of America  |        | 319,341          |
| *   | John Hancock Life Insurance Company (U.S.A.)             | T. Rowe Price—Science & Technology Fund  |        | 35,870           |
| *   | John Hancock Life Insurance Company (U.S.A.)             | T. Rowe Price—Health Sciences Fund   |        | 142,211          |
| *   | John Hancock Life Insurance Company (U.S.A.)             | Wellington—Small Cap Stock Fund  |        | 31,917           |
| *   | John Hancock Life Insurance Company (U.S.A.)             | Small Cap Index Fund   |        | 18,100           |
| *   | John Hancock Life Insurance Company (U.S.A.)             | Science & Technology Fund  |        | 112,357          |
| *   | John Hancock Life Insurance Company (U.S.A.)             | Royce Opportunity  |        | 32,150           |
| *   | John Hancock Life Insurance Company (U.S.A.)             | Real Estate Securities Fund  |        | 54,412           |
| *   | John Hancock Life Insurance Company (U.S.A.)             | Mid Value Fund   |        | 93,223           |
| *   | John Hancock Life Insurance Company (U.S.A.)             | Mid Cap Growth Fund  |        | 44,686           |
| *   | John Hancock Life Insurance Company (U.S.A.)             | Mid Cap Index Fund   |        | 55,562           |
| *   | John Hancock Life Insurance Company (U.S.A.)             | International Growth   |        | 37,560           |
| *   | John Hancock Life Insurance Company (U.S.A.)             | Invesco Small Cap Growth   |        | 68,922           |
| *   | John Hancock Life Insurance Company (U.S.A.)             | International Equity Index Fund  |        | 4,778            |
| *   | John Hancock Life Insurance Company (U.S.A.)             | Fundamental All Cap Core Fund  |        | 43,034           |
| *   | John Hancock Life Insurance Company (U.S.A.)             | Franklin Templeton—Small-Mid Growth  |        | 9,845            |
| *   | John Hancock Life Insurance Company (U.S.A.)             | American Century Heritage  |        | 1,263            |
| *   | John Hancock Life Insurance Company (U.S.A.)             | Fidelity Advisor New Insights Fund   |        | 44,102           |
| *   | John Hancock Life Insurance Company (U.S.A.)             | American Funds—EuroPacific Growth Fund   |        | 75,423           |
| *   | John Hancock Life Insurance Company (U.S.A.)             | DFA—U.S. Small Cap Fund  |        | 69,652           |
| *   | John Hancock Life Insurance Company (U.S.A.)             | DFA—Emerging Markets Value   |        | 14,484           |
| *   | John Hancock Life Insurance Company (U.S.A.)             | Capital Appreciation Fund  |        | 9,196            |
| *   | John Hancock Life Insurance Company (U.S.A.)             | Blue Chip Growth Fund  |        | 205,629          |
|     |  |  |        | 8,650,949        |

(Continued)

**G.F. Management, LLC 401(k) Plan**

**Schedule H, Line 4i—Schedule of Assets (Held at End of Year) (Continued)  
December 31, 2024**

Employer Identification Number: 20-2277319

Plan Number: 001

| (a) | (b)  | (c)  | (d)       | (e)              |
|-----|--|--|-----------|------------------|
|     | Identity of Issue, Borrower,<br>Lessor, or Similar Party | Description of Investment, Including<br>Maturity Date, Rate of Interest, Collateral<br>Par, Maturity Value | Cost**    | Current<br>Value |
|     |  | Guaranteed interest accounts:  |           |                  |
| *   | John Hancock Life Insurance Company (U.S.A.)             | 3-Year Compound  | \$        | 3,737            |
| *   | John Hancock Life Insurance Company (U.S.A.)             | 5-Year Compound  |           | 3,180            |
| *   | John Hancock Life Insurance Company (U.S.A.)             | 10-Year Compound   |           | 53,770           |
|     |  |  |           | <u>60,687</u>    |
| *   | John Hancock Life Insurance Company (U.S.A.)             | Cash   |           | <u>5,794</u>     |
|     |  | Participant loans:   |           |                  |
| *   | Participants   | 4.25% to 9.50%; maturing through 2029  |           | <u>74,017</u>    |
|     |  |  | <u>\$</u> | <u>8,791,447</u> |

\* Designates party-in-interest.

\*\* All investments are participant-directed; therefore, cost information has not been presented.

The above information has been certified by John Hancock Life Insurance Company (U.S.A.), the custodian, to be complete and accurate with respect to the records maintained under the contract.