

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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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
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1a Name of plan <u>GRAND RAPIDS FOAM TECHNOLOGIES INC RETIREMENT PLAN</u>	1b Three-digit plan number (PN) ▶ <u>001</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>GRAND RAPIDS FOAM TECHNOLOGIES, INC</u> <u>2788 REMICO</u> <u>WYOMING, MI 49519</u>	1c Effective date of plan <u>12/28/1967</u> 2b Employer Identification Number (EIN) <u>38-1812836</u> 2c Plan Sponsor's telephone number <u>616-726-1677</u> 2d Business code (see instructions) <u>326200</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2025	DAVID ZUIDEMA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	755
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	322
	6a(2)	326
	6b	88
	6c	190
	6d	604
	6e	1
	6f	605
	6g(1)	746
	6g(2)	593
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan GRAND RAPIDS FOAM TECHNOLOGIES INC RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 GRAND RAPIDS FOAM TECHNOLOGIES, INC	D Employer Identification Number (EIN) 38-1812836	

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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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)

FIDELITY INVESTORS

31-4156830

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18 19 21 25 50	NONE	36003	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)

WATKINS ROSS

38-1477362

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 16 37 38 64 50	NONE	23103	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)

TRIAD ADVISORS INC

5185 PEACHTREE PKWY #280
NORCROSS, GA 30092

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37	INVESTMENT ADVISOR	22180	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

EMPOWER ANNUITY INSURANCE COMPANY

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	12705	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ADVISED ASSETS GROUP

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MGMT	25	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2024 <hr/> This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>GRAND RAPIDS FOAM TECHNOLOGIES INC RETIREMENT PLAN</u>	B Three-digit plan number (PN) <u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GRAND RAPIDS FOAM TECHNOLOGIES, INC</u>	D Employer Identification Number (EIN) <u>38-1812836</u>

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INDEXSELECT MODERATE 2035 FUND CL I</u>		
b Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST</u>		
c EIN-PN <u>81-4457845-307</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1279352</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INDEXSELECT AGGRESSIVE 2065 FUND I</u>		
b Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST</u>		
c EIN-PN <u>38-7275305-774</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1738</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INDEXSELECT AGGRESSIVE 2045 FUND CL</u>		
b Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST</u>		
c EIN-PN <u>81-4403657-303</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>45625</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INDEXSELECT MODERATE 2055 FUND CL I</u>		
b Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST</u>		
c EIN-PN <u>81-4484368-309</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>355804</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INDEXSELECT MODERATE RETIRE FUND CL</u>		
b Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST</u>		
c EIN-PN <u>81-4430771-305</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1212626</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INDEXSELECT AGGRESSIVE 2035 FUND CL</u>		
b Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST</u>		
c EIN-PN <u>81-4393238-302</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>11958</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INDEXSELECT AGGRESSIVE 2055 FUND CL</u>		
b Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST</u>		
c EIN-PN <u>81-4418048-304</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>81803</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: **SMALL CAP VALUE FUND II FEE CLASS R**

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

c EIN-PN 38-4126250-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	10620
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a Name of MTIA, CCT, PSA, or 103-12 IE: **INDEXSELECT MODERATE 2065 FUND CL I**

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

c EIN-PN 38-7275306-775	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	6339
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a Name of MTIA, CCT, PSA, or 103-12 IE: **LARGE CAP VALUE FUND CLASS R1**

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

c EIN-PN 38-4065329-426	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	17112
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a Name of MTIA, CCT, PSA, or 103-12 IE: **INDEXSELECT MODERATE 2045 FUND CL I**

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

c EIN-PN 81-4470950-308	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1625913
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a Name of MTIA, CCT, PSA, or 103-12 IE: **INDEXSELECT MODERATE 2025 FUND CL I**

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

c EIN-PN 81-4447624-306	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **SMALL CAP GROWTH FUND III CLASS R1**

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

c EIN-PN 38-7304119-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	6683
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a Name of MTIA, CCT, PSA, or 103-12 IE: **INDEXSELECT CONSERVATIVE 2055 FUND**

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

c EIN-PN 81-4543855-314	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	102
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a Name of MTIA, CCT, PSA, or 103-12 IE: **MID CAP VALUE FUND II CL R1**

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

c EIN-PN 38-7312964-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	26063
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan GRAND RAPIDS FOAM TECHNOLOGIES INC RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 GRAND RAPIDS FOAM TECHNOLOGIES, INC	D Employer Identification Number (EIN) 38-1812836

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	553	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	250000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	48566	28215
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1219538	668708
(2) U.S. Government securities	1c(2)	512195	214304
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	1556168	1210952
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	322183	131053
(B) Common	1c(4)(B)	1896506	1175927
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	0	4681711
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	4833071	863203
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	10388780	9224073
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	10388780	9224073

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	387415	
(B) Participants.....	2a(1)(B)	448175	
(C) Others (including rollovers).....	2a(1)(C)	40200	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		875790
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	259609	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		259609
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		799062
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1934461

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	547846	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)	2456276	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		3004122
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	95046	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		95046
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		3099168

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-1164707
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: UHY LLP

(2) EIN: 20-0694403

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>GRAND RAPIDS FOAM TECHNOLOGIES INC RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GRAND RAPIDS FOAM TECHNOLOGIES, INC</u>	D Employer Identification Number (EIN) <u>38-1812836</u>	

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

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

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

1		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 31-4156830 42-1558009

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

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

3	
---	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702984A.

**GRAND RAPIDS FOAM
TECHNOLOGIES, INC. RETIREMENT PLAN**

AUDITED FINANCIAL STATEMENTS
AND
ERISA-REQUIRED SUPPLEMENTAL SCHEDULE

As of December 31, 2024 and 2023
and for the year ended December 31, 2024

GRAND RAPIDS FOAM TECHNOLOGIES, INC. RETIREMENT PLAN

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INDEPENDENT AUDITOR'S REPORT

To the Participants and Plan Administrator of
Grand Rapids Foam Technologies, Inc. Retirement Plan

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

We have performed audits of the accompanying financial statements of Grand Rapids Foam Technologies, Inc. Retirement 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). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and 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's financial statements performed in accordance with ERISA Section 103(a)(3)(C), pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA (ERISA Section 103(a)(3)(C) audit). 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 (qualified institution), provided that the statements or information regarding assets so held are prepared and certified to by the qualified institution in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

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 certified investment 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

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 for one year after the date the financial statements are available to be issued.

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

Auditor's 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 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 audits did not extend to the certified investment information, except for obtaining and reading the certifications, 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 Schedule Required by ERISA

The supplemental Schedule of Assets (Held at End of Year) and Schedule of Reportable Transactions 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 its 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, is 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).

UHY LLP

Kalamazoo, Michigan
October 15, 2025

**GRAND RAPIDS FOAM TECHNOLOGIES, INC. RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

	<u>PARTICIPANT DIRECTED</u>	<u>NON- PARTICIPANT DIRECTED</u>	<u>TOTALS</u>
DECEMBER 31, 2024			
ASSETS			
Investments, at fair value	\$ 5,573,115	\$ 3,372,743	\$ 8,945,858
Receivables:			
Employer profit-sharing contribution	-	250,000	250,000
Interest and dividends	-	28,215	28,215
Total receivables	-	278,215	278,215
Net assets available for benefits	<u>\$ 5,573,115</u>	<u>\$ 3,650,958</u>	<u>\$ 9,224,073</u>
DECEMBER 31, 2023			
ASSETS			
Investments, at fair value	\$ 4,837,761	\$ 5,502,453	\$ 10,340,214
Receivables:			
Interest and dividends	-	48,566	48,566
Total receivables	-	48,566	48,566
Net assets available for benefits	<u>\$ 4,837,761</u>	<u>\$ 5,551,019</u>	<u>\$ 10,388,780</u>

GRAND RAPIDS FOAM TECHNOLOGIES, INC. RETIREMENT PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year ended December 31, 2024

ADDITIONS TO NET ASSETS	PARTICIPANT DIRECTED	NON- PARTICIPANT DIRECTED	TOTALS
Investment income:			
Net appreciation in fair value	\$ 570,275	\$ 228,787	\$ 799,062
Interest and dividend income	60,471	199,138	259,609
Total investment income	630,746	427,925	1,058,671
Contributions:			
Participants	448,175	-	448,175
Employer	125,251	12,164	137,415
Employer Profit Sharing	-	250,000	250,000
Rollover	40,200	-	40,200
Total contributions	613,626	262,164	875,790
Total additions	1,244,372	690,089	1,934,461
DEDUCTIONS FROM NET ASSETS			
Benefits paid to participants	449,998	2,554,124	3,004,122
Administrative expenses	59,020	36,026	95,046
Total deductions	509,018	2,590,150	3,099,168
CHANGE IN NET ASSETS	735,354	(1,900,061)	(1,164,707)
NET ASSETS AVAILABLE FOR BENEFITS			
Beginning of year	4,837,761	5,551,019	10,388,780
End of year	\$ 5,573,115	\$ 3,650,958	\$ 9,224,073

**GRAND RAPIDS FOAM TECHNOLOGIES, INC. RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023**

NOTE 1 – DESCRIPTION OF THE PLAN

The following description of the Grand Rapids Foam Technologies, Inc. Retirement Plan (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

General

The Plan is a defined contribution profit-sharing and 401(k) plan covering substantially all employees of Grand Rapids Foam Technologies, Inc. (the “Company”). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Empower, trustee, and Fidelity Investments, custodian hold investments of the Plan. Empower invests all participant directed and employer matching contributions, as well as earnings thereon, pursuant to the terms of the Plan. The plan administrator has overall responsibility for the operation and administration of the Plan. Empower determines the appropriateness of the Plan’s investment offerings and monitors investment performance. Fidelity invests employer profit sharing contributions, as well as earnings thereon, pursuant to the terms of the Plan.

The Setting Every Community Up for Retirement Enhancement Act 2.0 of 2022 (the SECURE Act 2.0) was signed into law December 29, 2022. This law, among other things, includes several required and optional provisions that will impact employee benefit plans that go into effect at various times through 2027. The provisions that were required to be implemented on or after December 29, 2022 are: 1) the change of the required minimum distribution (RMD) age from 72 to 73, 2) a reduction in the excise tax due for failure to take a RMD, 3) the ability for fiduciaries to not have to recoup inadvertent overpayments to plan participants (though the Plan must still be made whole), and 4) limits the time to recontribute amounts taken for qualified birth or adoption distributions from an unlimited time period to 3 years. The optional provisions that could be implemented on or after December 29, 2022 are: 1) the ability to give de minimis incentives to boost employee participation in an employee benefit plan, 2) to allow employer match or non-elective contributions to be made on a Roth basis, 3) to allow an employer to elect if hardship withdrawals can be self-certified by participants, and 4) to allow for distributions related to disasters and terminal illness.

The Plan has elected to adopt the following provisions of the Secure Act 2.0. The Plan will be amended for any provisions elected in accordance with applicable law and IRS guidance:

- Allow participants to self-certify they have an event that constitutes a hardship
- Allow participants to take distribution from the Plan for birth/adoption of a child
- Allow participants to take a distribution from the Plan to address unforeseeable or immediate financial needs
- Allow employers to offer De Minimis incentives to boost employee participation in the Plan
- Cash-Out Balance - Increased to \$7,000 to roll into IRA

**GRAND RAPIDS FOAM TECHNOLOGIES, INC. RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023**

NOTE 1 – DESCRIPTION OF THE PLAN (CONTINUED)

Eligibility

Employees become eligible to make contributions on the first day of the quarter after their hire date and they become eligible to participate in employer contributions on the first of January or July following six months of employment, provided they are not a union or leased employee or nonresident alien.

Contributions

Each year, participants may contribute up to 100% of annual compensation, as defined in the Plan agreement, up to the maximum amount allowed by the Internal Revenue Code (IRC). Participants who have reached age 50 before the end of the Plan year are eligible to make catch-up contributions. The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at 1% of eligible compensation and their contributions are invested in a designated fund until changed by the participant. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans.

The Company may make discretionary matching and profit-sharing contributions to the Plan as determined annually by the Board of Directors. The Company elected to match 50% of the first 3% of compensation contributed by employees for 2024. The Company made discretionary profit-sharing contribution of \$250,000 for the year ended December 31, 2024.

Contributions are subject to certain Internal Revenue Service (IRS) limits. Participants direct the investment of their contributions, including their employer contributions, into various investment options offered by the Plan.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's discretionary matching and profit-sharing contributions, plus actual earnings thereon, is based on years of continuous service. A participant is 100% vested after six years of credited service.

Participant Accounts

Each participant's account is credited with the participant's contribution, allocations of the Company's contributions (when made), Plan earnings and forfeitures of terminated participants' nonvested profit-sharing amounts and charged with an allocation of administrative expenses. Allocations are based on participant compensation or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

GRAND RAPIDS FOAM TECHNOLOGIES, INC. RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 1 – DESCRIPTION OF THE PLAN (CONTINUED)

Notes Receivable from Participants

The Plan does not allow loans to participants.

Payment of Benefits

Upon retirement at age 65, termination of employment, death, or disability, a participant or their beneficiary may elect to receive the value of the participant's vested interest in their account in a lump-sum distribution. If a terminated participant's account balance is less than \$5,000, the participant's benefit will be automatically distributed in a single lump-sum payment. Participants who have reached age 59½ may take in-service withdrawals. Hardship withdrawals are also available to participants with certain types of immediate and heavy financial need.

Forfeitures

Forfeitures resulting from the nonvested portions of accounts of participants who terminate employment prior to being fully vested may be used to reduce the Plan's fees or employer contributions. For the year ended December 31, 2024, \$34,163 of forfeitures were used to pay plan expenses. Unallocated forfeitures were approximately \$27,539 at December 31, 2024.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect the reported amounts of Plan assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

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. No allowance for credit losses had been recorded as of December 31, 2024 and 2023.

GRAND RAPIDS FOAM TECHNOLOGIES, INC. RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Investment Valuation and Income Recognition

The Plan's investments are reported at fair 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. Plan management determines the Plan's valuation policies utilizing information provided by investment advisors and the custodian. See Note 4 for discussion of fair value measurements.

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

Payment of Benefits

Benefits are recorded when paid.

Expenses

Certain expenses of maintaining the Plan are paid by the Plan unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of benefit payments to participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation (depreciation) in fair value of investments.

Subsequent Events

Subsequent events were evaluated through October 15, 2025, which is the date the financial statements were available to be issued.

NOTE 3 – CERTIFICATION OF INVESTMENTS

The Plan administrator has elected the method of annual reporting compliance permitted by ERISA Section 103(a)(3)(C), pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the trustee, Empower (Charles Schwab Trust Bank until transfer of assets – see Note 9), has certified that the following data included in the accompanying financial statements and ERISA-required supplemental schedules is complete and accurate:

- Participant directed investments, as shown in the accompanying statements of net assets available for benefits as of December 31, 2024 and 2023.

GRAND RAPIDS FOAM TECHNOLOGIES, INC. RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 3 – CERTIFICATION OF INVESTMENTS (CONTINUED)

- Participant directed investment income, as shown in the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2024.
- Participant directed investment information included in Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2024.

At the request of the Plan administrator, the Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and ERISA-required supplemental schedule.

Information provided by Fidelity Investments regarding the non-participant directed investments was not certified and was subject to full scope audit procedures. Investments held by Fidelity Investments totaled \$3,372,743 and \$5,502,453 as of December 31, 2024 and 2023, respectively.

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 as follows:

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 specific (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.

GRAND RAPIDS FOAM TECHNOLOGIES, INC. RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 4 – FAIR VALUE MEASUREMENTS (CONTINUED)

The following valuation methodologies were used to measure the fair value of the Plan's investments:

Money market fund: Valued at the net asset value (NAV) of shares held by the Plan at year-end and determined based on the value of the underlying investments of the fund. The money market fund seeks to maintain a \$1.00 NAV.

Certificates of Deposit (CDs): Valued at the amortized cost, which approximates fair value. These are included as a Level 2 measurement in the tables below.

Fixed Annuity: Valued daily based on valuation method in the contract, which approximates fair value. These are included as a Level 2 measurement in the tables below.

Mutual Funds: Valued at daily closing prices as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Common and Preferred Stock: Investments in common stock listed on national securities exchange are valued at the last reported sale price on the valuation date. Preferred stock is valued at a fixed price per information received from investment managers. As significant inputs used to price preferred stock are observable market inputs, fair values are included in the Level 2 fair value hierarchy and transact at that price.

Corporate and Municipal Bonds, US Securities: Bonds and securities issued by corporations, municipalities and the U.S. government are generally priced by independent pricing services, including spreads obtained from broker-dealers, trade prices and new issue market. As significant inputs used to price bonds are observable market inputs, fair values are included in the Level 2 fair value hierarchy.

Collective trusts funds (CTFs): Valued at the net asset value (NAV) of the shares held by the Plan at year-end. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund, less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions may occur daily. The CTF provides for daily redemptions by the Plan at reported NAV with no advance notice requirement. There is no restriction in place with respect to the daily redemption of the CTF.

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

GRAND RAPIDS FOAM TECHNOLOGIES, INC. RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 4 – FAIR VALUE MEASUREMENTS (CONTINUED)

Plan investment assets at fair value set forth by level within the fair value hierarchy are as follows:

	Level 1	Level 2	Level 3	Total
December 31, 2024				
As certified by Empower:				
Fixed annuity	\$ -	\$ 28,201	\$ -	\$ 28,201
Collective trust funds (a)	-	-	-	4,681,711
Mutual funds	863,203	-	-	863,203
Total participant directed	<u>863,203</u>	<u>28,201</u>	-	<u>5,573,115</u>
As reported by Fidelity:				
Money market and CDs	120,502	520,005	-	640,507
Common stock	1,175,927	-	-	1,175,927
U.S. Treasury securities	-	214,304	-	214,304
Preferred stock	-	131,053	-	131,053
Corporate bonds	-	1,152,493	-	1,152,493
Municipal bonds	-	58,459	-	58,459
Total non-participant directed	<u>1,296,429</u>	<u>2,076,314</u>	-	<u>3,372,743</u>
Total investments, at fair value	<u>\$ 2,159,632</u>	<u>\$ 2,104,515</u>	<u>\$ -</u>	<u>\$ 8,945,858</u>
December 31, 2023				
As certified by Charles Schwab:				
Money market funds	\$ 4,692	\$ -	\$ -	\$ 4,692
Mutual funds	4,833,069	-	-	4,833,069
Total participant directed	<u>4,837,761</u>	-	-	<u>4,837,761</u>
As reported by Fidelity:				
Money market and CDs	87,683	1,127,718	-	1,215,401
Common stock	1,896,506	-	-	1,896,506
U.S. Treasury securities	-	360,904	-	360,904
Preferred stock	-	322,183	-	322,183
Corporate bonds	-	1,556,168	-	1,556,168
Municipal bonds	-	151,291	-	151,291
Total non-participant directed	<u>1,984,189</u>	<u>3,518,264</u>	-	<u>5,502,453</u>
Total investments, at fair value	<u>\$ 6,821,950</u>	<u>\$ 3,518,264</u>	<u>\$ -</u>	<u>\$ 10,340,214</u>

(a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) 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 statements of net assets available for benefits.

GRAND RAPIDS FOAM TECHNOLOGIES, INC. RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 5 – RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Certain plan investments are in funds managed by Empower, trustee, and Fidelity Investments, custodian of the Plan. Therefore, these transactions qualify as party in interest transactions. Fees incurred by the Plan for investment management services are included in net appreciation or depreciation in fair value of investments. Fees paid by the Plan to the trustee, custodian and third-party administrator totaled approximately \$95,046 in 2024. The Plan Sponsor pays directly any other fees related to the Plan's operations.

NOTE 6 – 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 would become 100% vested in employer contributions, plus actual earnings thereon.

NOTE 7 – TAX STATUS

On June 30, 2020, the IRS stated that the prototype adopted by the Plan, as then designed, qualified under Internal Revenue Code (IRC) Section 401(a). The Plan has not received a determination letter specific to the Plan itself; however, the plan administrator and the Plan's tax counsel believe that the Plan was designed and was being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

The Plan is subject to examination by the IRS for the statutory period.

NOTE 8 – RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

NOTE 9 – TRANSFER OF ASSETS

Effective September 30, 2024, the Plan was restated and Empower was appointed as Plan trustee. Prior to being appointed trustee, all Plan assets were transferred from Charles Schwab Trust Bank to Empower. The period of June 20, 2024 to July 20, 2024, was a blackout period where participants were unable to make changes to their accounts.

ERISA-REQUIRED SUPPLEMENTAL SCHEDULES

GRAND RAPIDS FOAM TECHNOLOGIES, INC. RETIREMENT PLAN

EIN # 38-1812836, Plan # 001

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2024

(a) Party in Interest	(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Certified by Empower				
Participant directed:				
Fixed annuity:				
*	Empower	Fixed Annuity	**	\$ 28,201
Mutual funds:				
	Dreyfus Government	Cash Mgmt Instl	**	50
*	Empower	S&P Small Cap 600 Index	**	49,218
*	Fidelity	500 Index	**	128,323
*	Fidelity	Emerging Markets Index	**	32,989
*	Fidelity	Growth Discovery	**	343,183
	IShares Russell	Mid Cap Index	**	33,345
	JP Morgan	Mid Cap Growth	**	4,155
	MFS	International Equity	**	29,762
	Pimco	Income Instl	**	4,215
	Virtus Newfleet	Core Plus Bond	**	<u>237,963</u>
Total mutual funds				863,203
Collective Trust Funds				
	Wilmington Trust	IndexSelect Aggressive 2035 Fund	**	11,958
	Wilmington Trust	IndexSelect Aggressive 2045 Fund	**	45,625
	Wilmington Trust	IndexSelect Aggressive 2055 Fund	**	81,803
	Wilmington Trust	IndexSelect Aggressive 2065 Fund	**	1,738
	Wilmington Trust	IndexSelect Conservative 2055 Fund	**	102
	Wilmington Trust	IndexSelect Moderate 2035 Fund	**	1,279,352
	Wilmington Trust	IndexSelect Moderate 2045 Fund	**	1,625,913
	Wilmington Trust	IndexSelect Moderate 2055 Fund	**	355,805
	Wilmington Trust	IndexSelect Moderate 2065 Fund	**	6,339
	Wilmington Trust	IndexSelect Moderate Retire Fund	**	1,212,626
	Vanguard	Large Cap Value Fund	**	17,112
	Vanguard	Mid Cap Value Fund	**	26,035
	Vanguard	Small Cap Growth Fund	**	6,683
	Vanguard	Small Cap Value Fund	**	<u>10,620</u>
Total collective trust funds				4,681,711

GRAND RAPIDS FOAM TECHNOLOGIES, INC. RETIREMENT PLAN
EIN # 38-1812836, Plan # 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a) Party in Interest	(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Reported by Fidelity Investments				
Non-participant directed:				
Money market fund:				
*	Fidelity Government	Money Market Fund	\$ 120,502	\$ 120,502
U.S. Treasury Securities:				
	Fed Farm CR BKS Bond	Maturing 4/12/27, 5.23% Int.	50,000	49,900
	Fed Farm CR BKS Bond	Maturing 2/1/28, 5.00% Int.	25,010	25,000
	Fed Home Ln Mtg Corp	Maturing 8/23/24, 5.00% Int.	50,006	49,938
	Fed Home Loan BA SER	Maturing 5/28/27, 3.375% Int.	40,007	39,713
	Fed Home Loan BA SER	Maturing 8/25/27, 4.20% Int.	25,010	24,954
	Fed Home Loan BA SER	Maturing 9/30/25, 5.00% Int.	25,000	24,799
	Total US securities		215,033	214,304
Preferred stock:				
	Triton Intl LTD Red	Preferred Stock	12,197	12,750
	Athene Holdings LTD	Preferred Stock	25,012	25,070
	CMS Energy Corp	Preferred Stock	24,702	23,130
	Digital Bridge Group	Preferred Stock	38,551	49,100
	Old National Bancorp	Preferred Stock	21,779	21,003
	Total preferred stock		122,241	131,053
Common stock:				
	LINDE PLC	Common Stock	10,371	25,120
	ABBOTT LABORATORIES	Common Stock	22,031	21,830
	ADOBE INC	Common Stock	27,525	26,681
	ALLISON TRANSMISSION HOLDINGS	Common Stock	11,559	29,392
	ALPHABET INC CAP STK CL	Common Stock	26,428	56,790
	AMAZON.COM INC	Common Stock	29,673	45,194
	APPLIED MATERIALS INC	Common Stock	10,294	20,979
	AVANTOR INC	Common Stock	20,811	21,070
	BALL CORP	Common Stock	16,255	15,657
	BERKSHIRE HATHAWAY INC	Common Stock	12,191	27,197

GRAND RAPIDS FOAM TECHNOLOGIES, INC. RETIREMENT PLAN
EIN # 38-1812836, Plan # 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a) Party in Interest	(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	CCC INTELLIGENT SOLUTIONS HLD	Common Stock	19,765	21,114
	CDW CORP	Common Stock	17,587	17,404
	CHARLES RIVER LABORATORIES INC	Common Stock	41,285	38,766
	CHENIERE ENERGY INC	Common Stock	9,856	29,007
	COHERENT CORP	Common Stock	12,801	26,524
	DANAHER CORPORATION	Common Stock	22,812	32,826
	ECOLAB INC	Common Stock	12,572	17,574
	EPAM SYS INC	Common Stock	27,959	29,228
	HOME DEPOT INC	Common Stock	20,797	27,229
	HUBSPOT INC	Common Stock	20,992	31,355
	ILLINOIS TOOL WORKS INC	Common Stock	18,253	25,356
	JOHNSON & JOHNSON	Common Stock	35,198	33,263
	KLA CORP	Common Stock	5,103	9,452
	KENVUE INC	Common Stock	39,111	36,295
	KNIGHT-SWIFT TRANSN HLDGS INC	Common Stock	13,116	20,367
	L3HARRIS TECHNOLOGIES INC	Common Stock	24,277	21,449
	MARKET AXESS HOLDINGS INC	Common Stock	11,046	10,172
	MERCK & CO. INC	Common Stock	24,873	24,870
	MICROSOFT CORP	Common Stock	21,867	31,612
	MOODYS CORP	Common Stock	9,523	14,201
	MOTOROLA SOLUTIONS INC	Common Stock	10,605	23,111
	NORDSON CORP	Common Stock	17,802	15,693
	PACCAR INC COM	Common Stock	26,471	26,005
	QUALYS INC COM	Common Stock	22,660	28,044
	QUANTA SERVICES COM	Common Stock	8,724	18,331
	SS&C TECHNOLOGIES HLDGS INC COM	Common Stock	14,267	18,036
	SHERWIN-WILLIAMS CO	Common Stock	19,210	21,076
	SOUTHERN CO	Common Stock	31,986	37,867
	TJX COMPANIES INC	Common Stock	11,056	21,142
	THERMO FISHER SCIENTIFIC INC	Common Stock	9,979	16,647
	TRIMBLE INC	Common Stock	24,944	28,688
	TYLER TECHNOLOGIES INC	Common Stock	6,289	8,650
	UNION PAC CORP	Common Stock	35,205	34,890
	VERISK ANALYTICS INC	Common Stock	10,711	16,526
	VISA INC (V)	Common Stock	33,397	42,349
	ZEBRA TECHNOLOGIES CORPORATION	Common Stock	24,666	30,898
	Total common stock		903,903	1,175,927

GRAND RAPIDS FOAM TECHNOLOGIES, INC. RETIREMENT PLAN
EIN # 38-1812836, Plan # 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a) Party in Interest	(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Municipal bonds:				
	Arkansas State Dev Authority	Maturing 6/01/2035, Maturity Value \$35,000	37,190	33,458
	Eastern IL Univ Ctfs Partn Rev Bonds	Maturing 4/1/2029, 6.20% Interest, Maturity Value \$25,000,	25,667	25,001
	Total municipal bonds		<u>62,857</u>	<u>58,459</u>
Corporate bonds:				
	Albertsons Inc.	Maturing 2/23/2028, 6.57% Interest, Maturity Value \$25,000	26,399	24,844
	Albertsons Inc.	Maturing 6/15/2026, 7.75% Interest, Maturity Value \$25,000	25,412	25,328
	Albertsons Inc.	Maturing 8/01/2029, 7.45% Interest, Maturity Value \$20,000	22,203	20,642
	Block Financial Corp.	Maturing 10/01/2025, 5.25% Interest, Maturity Value \$25,000	25,042	25,024
	Carpenter Technology	Maturing 7/15/2028, 6.375% Interest, Maturity Value \$40,000	41,945	40,006
	Cleveland Cliffs Inc	Maturing 06/01/2027, 5.875% Interest, Maturity Value \$25,000	25,496	24,858
	Edison Intl	Maturing Perpetual 5.375% Interest, Maturity Value \$25,000	22,162	24,652
	Enbridge Inc	Maturing 10/15/2028 8.25% Interest, Maturity Value \$25,000	26,124	26,141
	Expand Energy Corp	Maturing 8/15/2029 5.375% Interest, Maturity Value \$25,000	24,863	24,626
	Ford Motor Co.	Maturing 2/15/2028, 6.625% Interest, Maturity Value \$70,000	72,302	71,861
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EIN # 38-1812836, Plan # 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a) Party in Interest	(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
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	Certificates of Deposit:			
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*	Empower Federal	Maturing 10/06/2025, 5.60% Interest	70,005	70,765
	State Bank India NY	Maturing 1/22/2025, 1.95% Interest	49,884	49,918
	US Alliance	Maturing 1/30/2026, 5.5% Interest	50,008	51,354
	US Alliance	Maturing 11/30/2029, 5.25% Interest	50,010	52,778
	UBS BK USA	Maturing 11/15/2027, 5% Interest	25,000	25,673
	Wells Fargo	Maturing 5/21/2025, 5.5% Interest	25,000	25,120
	Total certificates of deposit		<u>509,925</u>	<u>520,005</u>
	Total investments			<u><u>\$ 8,945,858</u></u>

GRAND RAPIDS FOAM TECHNOLOGIES, INC. RETIREMENT PLAN

EIN # 38-1812836, Plan # 001

Schedule H, line 4j - Schedule of Reportable Transactions

December 31, 2024

(a)	(b)	(c)	(d)	(g)	(h)	(i)	
Identity of Party Involved	Description of Asset	Number of Trans.	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)

(i) A single transaction in excess of 5% of the fair value of total plan assets:

Fidelity Government Cash Reserve	Fidelity Government Cash Reserve	1	\$ 1,117,340	\$ -	\$ 1	\$ 2,462,743	\$ -
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(iii) A series of transactions with respect to securities of the same issue which amount in the aggregate to more than 5% of the fair value of total plan assets:

Fidelity Government Cash Reserve	Fidelity Government Cash Reserve	16	\$ 2,013,272	\$ -	\$ 2	\$ 2,464,380	\$ -
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There were no transactions reportable under category (ii) or (iv) during 2024.

Columns (e) and (f) are not applicable.

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [x] 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: GRAND RAPIDS FOAM TECHNOLOGIES INC RETIREMENT PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 12/28/1967
2a Plan sponsor's name (employer, if for a single-employer plan): GRAND RAPIDS FOAM TECHNOLOGIES, INC
2b Employer Identification Number (EIN): 38-1812836
2c Plan Sponsor's telephone number: 616-726-1677
2d Business code (see instructions): 326200

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Row 1: David Zuidema, 10/15/25, DAVID ZUIDEMA. Row 2: Empty. Row 3: Empty.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 755
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 322
a(2) Total number of active participants at the end of the plan year	6a(2) 326
b Retired or separated participants receiving benefits	6b 88
c Other retired or separated participants entitled to future benefits	6c 190
d Subtotal. Add lines 6a(2), 6b, and 6c.	6d 604
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e 1
f Total. Add lines 6d and 6e.	6f 605
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1) 746
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2) 593
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 33
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7

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

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

9a Plan funding arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (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 _____
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

GRAND RAPIDS FOAM TECHNOLOGIES, INC. RETIREMENT PLAN

EIN # 38-1812836, Plan # 001

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2024

(a) Party in Interest	(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Certified by Empower				
Participant directed:				
Fixed annuity:				
*	Empower	Fixed Annuity	**	\$ 28,201
Mutual funds:				
	Dreyfus Government	Cash Mgmt Instl	**	50
*	Empower	S&P Small Cap 600 Index	**	49,218
*	Fidelity	500 Index	**	128,323
*	Fidelity	Emerging Markets Index	**	32,989
*	Fidelity	Growth Discovery	**	343,183
	IShares Russell	Mid Cap Index	**	33,345
	JP Morgan	Mid Cap Growth	**	4,155
	MFS	International Equity	**	29,762
	Pimco	Income Instl	**	4,215
	Virtus Newfleet	Core Plus Bond	**	<u>237,963</u>
Total mutual funds				863,203
Collective Trust Funds				
	Wilmington Trust	IndexSelect Aggressive 2035 Fund	**	11,958
	Wilmington Trust	IndexSelect Aggressive 2045 Fund	**	45,625
	Wilmington Trust	IndexSelect Aggressive 2055 Fund	**	81,803
	Wilmington Trust	IndexSelect Aggressive 2065 Fund	**	1,738
	Wilmington Trust	IndexSelect Conservative 2055 Fund	**	102
	Wilmington Trust	IndexSelect Moderate 2035 Fund	**	1,279,352
	Wilmington Trust	IndexSelect Moderate 2045 Fund	**	1,625,913
	Wilmington Trust	IndexSelect Moderate 2055 Fund	**	355,805
	Wilmington Trust	IndexSelect Moderate 2065 Fund	**	6,339
	Wilmington Trust	IndexSelect Moderate Retire Fund	**	1,212,626
	Vanguard	Large Cap Value Fund	**	17,112
	Vanguard	Mid Cap Value Fund	**	26,035
	Vanguard	Small Cap Growth Fund	**	6,683
	Vanguard	Small Cap Value Fund	**	<u>10,620</u>
Total collective trust funds				4,681,711

GRAND RAPIDS FOAM TECHNOLOGIES, INC. RETIREMENT PLAN
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December 31, 2024

(a) Party in Interest	(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Reported by Fidelity Investments				
Non-participant directed:				
Money market fund:				
*	Fidelity Government	Money Market Fund	\$ 120,502	\$ 120,502
U.S. Treasury Securities:				
	Fed Farm CR BKS Bond	Maturing 4/12/27, 5.23% Int.	50,000	49,900
	Fed Farm CR BKS Bond	Maturing 2/1/28, 5.00% Int.	25,010	25,000
	Fed Home Ln Mtg Corp	Maturing 8/23/24, 5.00% Int.	50,006	49,938
	Fed Home Loan BA SER	Maturing 5/28/27, 3.375% Int.	40,007	39,713
	Fed Home Loan BA SER	Maturing 8/25/27, 4.20% Int.	25,010	24,954
	Fed Home Loan BA SER	Maturing 9/30/25, 5.00% Int.	25,000	24,799
	Total US securities		215,033	214,304
Preferred stock:				
	Triton Intl LTD Red	Preferred Stock	12,197	12,750
	Athene Holdings LTD	Preferred Stock	25,012	25,070
	CMS Energy Corp	Preferred Stock	24,702	23,130
	Digital Bridge Group	Preferred Stock	38,551	49,100
	Old National Bancorp	Preferred Stock	21,779	21,003
	Total preferred stock		122,241	131,053
Common stock:				
	LINDE PLC	Common Stock	10,371	25,120
	ABBOTT LABORATORIES	Common Stock	22,031	21,830
	ADOBE INC	Common Stock	27,525	26,681
	ALLISON TRANSMISSION HOLDINGS	Common Stock	11,559	29,392
	ALPHABET INC CAP STK CL	Common Stock	26,428	56,790
	AMAZON.COM INC	Common Stock	29,673	45,194
	APPLIED MATERIALS INC	Common Stock	10,294	20,979
	AVANTOR INC	Common Stock	20,811	21,070
	BALL CORP	Common Stock	16,255	15,657
	BERKSHIRE HATHAWAY INC	Common Stock	12,191	27,197

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	CCC INTELLIGENT SOLUTIONS HLD	Common Stock	19,765	21,114
	CDW CORP	Common Stock	17,587	17,404
	CHARLES RIVER LABORATORIES INC	Common Stock	41,285	38,766
	CHENIERE ENERGY INC	Common Stock	9,856	29,007
	COHERENT CORP	Common Stock	12,801	26,524
	DANAHER CORPORATION	Common Stock	22,812	32,826
	ECOLAB INC	Common Stock	12,572	17,574
	EPAM SYS INC	Common Stock	27,959	29,228
	HOME DEPOT INC	Common Stock	20,797	27,229
	HUBSPOT INC	Common Stock	20,992	31,355
	ILLINOIS TOOL WORKS INC	Common Stock	18,253	25,356
	JOHNSON & JOHNSON	Common Stock	35,198	33,263
	KLA CORP	Common Stock	5,103	9,452
	KENVUE INC	Common Stock	39,111	36,295
	KNIGHT-SWIFT TRANSN HLDGS INC	Common Stock	13,116	20,367
	L3HARRIS TECHNOLOGIES INC	Common Stock	24,277	21,449
	MARKET AXESS HOLDINGS INC	Common Stock	11,046	10,172
	MERCK & CO. INC	Common Stock	24,873	24,870
	MICROSOFT CORP	Common Stock	21,867	31,612
	MOODYS CORP	Common Stock	9,523	14,201
	MOTOROLA SOLUTIONS INC	Common Stock	10,605	23,111
	NORDSON CORP	Common Stock	17,802	15,693
	PACCAR INC COM	Common Stock	26,471	26,005
	QUALYS INC COM	Common Stock	22,660	28,044
	QUANTA SERVICES COM	Common Stock	8,724	18,331
	SS&C TECHNOLOGIES HLDGS INC COM	Common Stock	14,267	18,036
	SHERWIN-WILLIAMS CO	Common Stock	19,210	21,076
	SOUTHERN CO	Common Stock	31,986	37,867
	TJX COMPANIES INC	Common Stock	11,056	21,142
	THERMO FISHER SCIENTIFIC INC	Common Stock	9,979	16,647
	TRIMBLE INC	Common Stock	24,944	28,688
	TYLER TECHNOLOGIES INC	Common Stock	6,289	8,650
	UNION PAC CORP	Common Stock	35,205	34,890
	VERISK ANALYTICS INC	Common Stock	10,711	16,526
	VISA INC (V)	Common Stock	33,397	42,349
	ZEBRA TECHNOLOGIES CORPORATION	Common Stock	24,666	30,898
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	City National Bank	Maturing 3/31/2026, 5.10% Interest	100,008	102,679
*	Empower Federal	Maturing 10/06/2025, 5.60% Interest	70,005	70,765
	State Bank India NY	Maturing 1/22/2025, 1.95% Interest	49,884	49,918
	US Alliance	Maturing 1/30/2026, 5.5% Interest	50,008	51,354
	US Alliance	Maturing 11/30/2029, 5.25% Interest	50,010	52,778
	UBS BK USA	Maturing 11/15/2027, 5% Interest	25,000	25,673
	Wells Fargo	Maturing 5/21/2025, 5.5% Interest	25,000	25,120
	Total certificates of deposit		<u>509,925</u>	<u>520,005</u>
	Total investments			<u><u>\$ 8,945,858</u></u>

GRAND RAPIDS FOAM TECHNOLOGIES, INC. RETIREMENT PLAN

EIN # 38-1812836, Plan # 001

Schedule H, line 4j - Schedule of Reportable Transactions

December 31, 2024

(a)	(b)	(c)	(d)	(g)	(h)	(i)	
Identity of Party Involved	Description of Asset	Number of Trans.	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)

(i) A single transaction in excess of 5% of the fair value of total plan assets:

Fidelity Government Cash Reserve	Fidelity Government Cash Reserve	1	\$ 1,117,340	\$ -	\$ 1	\$ 2,462,743	\$ -
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(iii) A series of transactions with respect to securities of the same issue which amount in the aggregate to more than 5% of the fair value of total plan assets:

Fidelity Government Cash Reserve	Fidelity Government Cash Reserve	16	\$ 2,013,272	\$ -	\$ 2	\$ 2,464,380	\$ -
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There were no transactions reportable under category (ii) or (iv) during 2024.

Columns (e) and (f) are not applicable.