

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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

2024

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [X] Form 5558 [] automatic extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here...

Part II Basic Plan Information—enter all requested information

1a Name of plan: GT SERVICES LLC PENSION PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/2014
2a Plan sponsor's name (employer, if for a single-employer plan): GT SERVICES LLC
2b Employer Identification Number (EIN): 46-4085232
2c Plan Sponsor's telephone number: 215-256-9521
2d Business code (see instructions): 339900

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	609
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)	303
	6a(2)	276
	6b	139
	6c	174
	6d	589
	6e	6
	6f	595
	6g(1)	
6g(2)		
6h		0
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:
1A

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 type="checkbox"/> Insurance	(1) <input 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

- (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 0
- (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 _____

SCHEDULE SB (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>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<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 06/01/2024 and ending 05/31/2025

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>GT SERVICES LLC PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>GT SERVICES LLC</u>	D Employer Identification Number (EIN) <u>46-4085232</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>06</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>55469022</u>
	b Actuarial value	2b	<u>59459884</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>120</u>	<u>18370077</u>
	b For terminated vested participants	<u>188</u>	<u>8698963</u>
	c For active participants	<u>303</u>	<u>31462349</u>
	d Total	<u>611</u>	<u>58531389</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.41 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>1863225</u>
	b Expected plan-related expenses	6b	<u>0</u>
	c Target normal cost	6c	<u>1863225</u>

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE			
	Signature of actuary	<u>03/03/2026</u>	Date
	<u>JOHN MORRISON</u>	<u>23-07677</u>	Most recent enrollment number
	Type or print name of actuary	<u>781-619-2000</u>	Telephone number (including area code)
	<u>MANULIFE JOHN HANCOCK</u>		
	Firm name		
	<u>200 BERKELEY STREET</u> <u>BOSTON, MA 02116</u>		
	Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	2438601	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	2438601	0
10	Interest on line 9 using prior year's actual return of <u>-0.15</u> %	-3658	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.33</u> %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	2434943	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	96.22 %
15	Adjusted funding target attainment percentage	15	100.33 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	111.00 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
02/02/2026	2038843	0			
			Totals ▶	18(b)	2038843
				18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a 0
b	Contributions made to avoid restrictions adjusted to valuation date	19b 0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 1866725
20	Quarterly contributions and liquidity shortfalls:	
a	Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c	If line 20a is "Yes," see instructions and complete the following table as applicable:	

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.93 %	2nd segment: 5.27 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
26 Demographic and benefit information		
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	1863225	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	2238583	0	
b Waiver amortization installment.....	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	1863225	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35)	36	1863225	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	1866725	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	3500	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b		
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021
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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 **06/01/2024** and ending **05/31/2025**

A Name of plan GT SERVICES LLC PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 GT SERVICES LLC	D Employer Identification Number (EIN) 46-4085232	

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

JOHN HANCOCK RETIREMENT PLAN SRVCS

01-0233346

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025

A Name of plan <u>GT SERVICES LLC PENSION 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>GT SERVICES LLC</u>	D Employer Identification Number (EIN) <u>46-4085232</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: WILMINGTON TRUST DB GR INST

b Name of sponsor of entity listed in (a): WILMINGTON TRUST, N.A

c EIN-PN <u>82-0737797-187</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>6977785</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: EB TEMP INV FD 1.147% 12/31/2049 DD

b Name of sponsor of entity listed in (a): NEW YORK LIFE

c EIN-PN <u>99-6115960-001</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>326260</u>
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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)
-----------------	----------------------	---

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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 06/01/2024 and ending 05/31/2025	
A Name of plan GT SERVICES LLC PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 GT SERVICES LLC	D Employer Identification Number (EIN) 46-4085232

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	130986	165083
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	2038843
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	346363	683064
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	358359	336824
(2) U.S. Government securities	1c(2)	15092847	15007784
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	32609129	32533916
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	6931338	7304046
(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)		
(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	55469022	58069560
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	0	521276
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	521276
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	55469022	57548284

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)	2038843	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2038843
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	14836	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		14836
(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)		
(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)		630322
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		1245647
(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)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		3929648

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1928235	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1928235
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		0
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1928235

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2001413
l Transfers of assets:			
(1) To this plan	2l(1)		77849
(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: CLIFTONLARSONALLEN LLP

(2) EIN: 41-0746749

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		1000000
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 565032.

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 **06/01/2024** and ending **05/31/2025**

A Name of plan GT SERVICES LLC PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 GT SERVICES LLC	D Employer Identification Number (EIN) 46-4085232	

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): 80-0709115

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	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 ___/___/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.

GT SERVICES LLC PENSION PLAN
FINANCIAL STATEMENTS AND
ERISA-REQUIRED SUPPLEMENTAL SCHEDULES
YEARS ENDED MAY 31, 2025 AND 2024



CPAs | CONSULTANTS | WEALTH ADVISORS

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**GT SERVICES LLC PENSION PLAN
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INDEPENDENT AUDITORS' REPORT

Retirement Plan Committee
GT Services LLC Pension Plan
Kulpsville, Pennsylvania

Report on the Audit of the Financial Statements

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

We have performed audits of the accompanying financial statements of GT Services LLC Pension Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of May 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of May 31, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note 4 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 Auditors' Responsibilities for the Audit of the Financial Statements section:

- the amounts and disclosures in the financial statements referred to above, 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.

- the information in the financial statements referred to above 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 Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of GT Services LLC Pension 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 accounting principles generally accepted in the United States of America, 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 GT Services LLC Pension Plan's ability to continue as a going concern for one year after the date that 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.

Auditors' 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 auditors' 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 GT Services LLC Pension 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 GT Services LLC Pension 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 certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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 accounting principles generally accepted in the United States of America.

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.

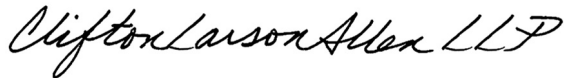
Other Matter — Supplemental Schedules Required by ERISA

The supplemental schedule of assets (held at end of year) and schedule of reportable transactions as of and for the year ended May 31, 2025, are presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits 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, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion

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



CliftonLarsonAllen LLP

Baltimore, Maryland
November 24, 2025

**GT SERVICES LLC PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
MAY 31, 2025 AND 2024**

	2025	2024
ASSETS		
INVESTMENTS (at Fair Value)		
Common Collective Trust Funds	\$ 7,304,045	\$ 6,931,338
Corporate Bonds	32,533,916	32,609,129
US Government Securities	15,007,784	15,092,847
Money Market Funds	336,824	358,359
Total Investments	55,182,569	54,991,673
NONINTEREST-BEARING CASH	165,083	130,986
INTEREST RECEIVABLE	683,064	346,363
Total Assets	56,030,716	55,469,022
LIABILITIES		
OTHER LIABILITIES	521,275	-
NET ASSETS AVAILABLE FOR BENEFITS	\$ 55,509,441	\$ 55,469,022

See accompanying Notes to Financial Statements.

**GT SERVICES LLC PENSION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED MAY 31, 2025 AND 2024**

	2025	2024
ADDITIONS:		
INVESTMENT INCOME (LOSS)		
Interest and Dividends	\$ 14,836	\$ 17,132
Net Appreciation (Depreciation) in Fair Value of Investments	1,875,970	(100,464)
Net Investment Income (Loss)	1,890,806	(83,332)
DEDUCTIONS:		
BENEFITS PAID TO PARTICIPANTS	1,928,235	1,469,776
NET DECREASE BEFORE TRANSFER	(37,429)	(1,553,108)
TRANSFER FROM RELATED PLANS	77,848	378,769
NET INCREASE (DECREASE)	40,419	(1,174,339)
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of Year	55,469,022	56,643,361
End of Year	\$ 55,509,441	\$ 55,469,022

See accompanying Notes to Financial Statements.

**GT SERVICES LLC PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
MAY 31, 2025 AND 2024**

NOTE 1 DESCRIPTION OF THE PLAN

The following description of GT Services LLC Pension Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a noncontributory defined benefit pension plan established on January 1, 2014. The Plan was amended and restated throughout the years to comply with tax legislation and most recently amended effective September 15, 2018. Effective January 1, 2017 (freeze date), the Plan was frozen to new employees hired on or after this date and benefit accruals were frozen on this date.

The Plan covers substantially all employees of GT Services LLC (the Company), who are eligible to participate in the Plan on the first day of the Plan year following their employment commencement date. The Plan excludes nonresident aliens with no U.S. source income, leased employees, independent contractors, employees covered by a collective bargaining agreement that negotiates with the Company directly or indirectly (unless the collective bargaining agreement requires that the employee be included as a participant in the Plan), employees on assignment from foreign offices and, effective June 1, 2016, employees hired on a "temporary basis," that is, hired for the duration of a particular project or projects or for a finite period. The Plan is subject to the provisions of ERISA, as amended.

Pension Benefits

Under the terms of the Plan, participants are eligible for monthly pension benefits upon reaching normal retirement age (65) with a minimum of five years of service. The Plan permits early retirement on or after age 55 with at least 15 years of service. A participant who retires on or after attaining age 62 with at least 25 years of service may elect to receive pension benefits starting as of the first day of any month equal to, or the actuarial equivalent of, his or her accrued benefit in the normal form.

As a pension plan subject to Internal Revenue Code (IRC) Section 412, participants receive their accrued vested benefits in the form of a Life Annuity, Qualified Joint, and Survivor Annuity (50% Joint and Survivor Annuity), Joint and Survivor Option, or 5-, 10-, or 15-Year Certain and Life Annuity Option.

If the actuarial equivalent lump sum value of a participant's vested accrued benefit does not exceed \$5,000, the Plan administrator will authorize the entire vested accrued benefit be distributed to the participant in a lump-sum payment as soon as administratively feasible following termination of employment.

**GT SERVICES LLC PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
MAY 31, 2025 AND 2024**

NOTE 1 DESCRIPTION OF THE PLAN (CONTINUED)

Pension Benefits (Continued)

Plan benefits, expressed as a straight Life Annuity, are calculated as the greater of (1) or (2) below:

- (1) (a) 0.5% of (1/12) of the participant's average compensation during the five highest-paid consecutive calendar years during the last 10 consecutive calendar years of employment, multiplied by years of service, plus:
 - (b) 0.5% or (1/12) of the participant's average compensation calculated per (a) above in excess of average covered compensation, as defined, multiplied by years of service not in excess of 35.
- (2) Years of service multiplied by an applicable dollar amount based on the participant's date of termination. This applicable dollar amount for termination dates from June 1, 2014 through May 13, 2015 was \$27. For participants with termination dates on or after May 14, 2015, this applicable dollar amount increased to \$28.

Death and Disability Benefits

In the event of the death of a vested participant in the Plan who is not in pay status and is married at the time of death, a death benefit will be paid to the surviving spouse in the form of a Qualified Preretirement Survivor Annuity (QPSA), with benefits beginning no later than the date on which the participant would have reached their earliest retirement age or the date of the participant's death. A QPSA is an annuity payable for the life of the participant's spouse equal to 50% of the periodic benefit that would have been payable to the participant under the applicable provisions of the Plan.

An additional lump-sum death benefit of \$3,500 is paid to the beneficiary of a deceased participant who 1) retired on or after normal or early retirement age, or 2) terminated employment on or after age 60 due to disability and whose death occurs on or after age 65.

A participant who terminates employment as a result of total disability after completing at least 15 years of service will continue to be treated as an active participant for benefit accrual purposes until the earliest of (1) date of death, (2) attainment of normal retirement age, (3) recovery from total disability, or (4) commencement of benefits under the Plan. A disabled participant is able to commence disability payments as of the first day of any month prior to normal retirement; however, such benefits will be actuarially reduced to reflect the early payment.

Funding Policy

The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. The Company did not make any contributions to the Plan for the years ended May 31, 2025 and 2024, which met the minimum funding requirements of ERISA.

Although it has not expressed an intention 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 provisions set forth in ERISA.

**GT SERVICES LLC PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
MAY 31, 2025 AND 2024**

NOTE 2 SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates

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

Investment Valuation and Income Recognition

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. See Note 5 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) 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.

Administrative Expenses

The Company pays for all administrative expenses of the Plan.

Plan to Plan Transfers

Periodically, the employer of an active participant may shift between the Company and Greene, Tweed & Co., Inc. (members of the same controlled group). Upon such occurrence, the participant's accrued benefit and the assets and liabilities attributable to this accrued benefit are transferred between the Plan, the Greene, Tweed & Co., Inc. Pension Plan, and the Greene, Tweed & Co., Inc. Union Employees' Pension Plan. Any such transfer is considered a spin-off/merger subject to the applicable provisions of the IRC.

Subsequent Events

The Plan has evaluated subsequent events through November 24, 2025, the date the financial statements were available to be issued.

**GT SERVICES LLC PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
MAY 31, 2025 AND 2024**

NOTE 3 ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to:

- a) retired or terminated employees or their beneficiaries,
- b) beneficiaries of employees who have died, and
- c) present employees or their beneficiaries.

Benefits payable under all circumstances – retirement, death, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the freeze date. Benefits to be provided through annuity contracts are excluded from Plan assets and are also excluded from accumulated plan benefits.

The actuarial present value of accumulated plan benefits is determined by the Plan's independent actuary, John Hancock Retirement Plan Services, and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the freeze date and the expected date of payment.

The significant actuarial assumptions used in the valuation as of May 31, 2024, were:

- a) Life Expectancy of Participants (Pri-2012 Total Dataset Employee Mortality with Scale MP-2021).
- b) Retirement Age Assumptions (weighted average retirement age of 63.69).
- c) Investment Return (5.00%).

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

**GT SERVICES LLC PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
MAY 31, 2025 AND 2024**

NOTE 3 ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

The following is a summary of actuarial present value of accumulated plan benefits as of May 31, 2024:

Actuarial Present Value of Accumulated Plan Benefits:

Vested Benefits:	
Participants Currently Receiving Payments	\$ 18,975,705
Participants Entitled to Deferred Benefits	9,527,285
Other Participants	<u>33,877,963</u>
Total Vested Benefits	62,380,953
Nonvested Benefits	<u>767,883</u>
Total Actuarial Present Value of Accumulated Plan Benefits	<u>\$ 63,148,836</u>

The changes in the actuarial present value of accumulated plan benefits are summarized as follows for the year ended May 31, 2024:

Actuarial Present Value of Accumulated Plan Benefits - Beginning of Year	\$ 58,888,758
Increase (Decrease) During the Year Attributable to:	
Benefits Accumulated	2,350,477
Decrease in Discount Period	2,908,142
Benefits Paid	(1,469,776)
Transfer Liabilities	<u>471,235</u>
Net Change	<u>4,260,078</u>
Actuarial Present Value of Accumulated Plan Benefits - End of Year	<u>\$ 63,148,836</u>

The computation of the actuarial present value of accumulated plan benefits was made as of June 1. Had the valuation been performed as of May 31, there would be no material differences.

NOTE 4 CERTIFICATION OF INVESTMENT INFORMATION

John Hancock Trust Company LLC and Bank of New York Mellon/BNY Mellon, N.A., the qualified institutions of the Plan, have supplied the Plan administrator with a certification as to the completeness and accuracy of all investment information reflected on the accompanying statements of net assets available for benefits as of May 31, 2025 and 2024, the statements of changes in net assets available for benefits for the years then ended, and the supplemental schedule of assets (held at end of year) as of May 31, 2025 and the supplemental schedule of reportable transactions for the year ended May 31, 2025.

**GT SERVICES LLC PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
MAY 31, 2025 AND 2024**

NOTE 5 FAIR VALUE OF INVESTMENTS

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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). 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 other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

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

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

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair market value measurement.

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the valuation methodologies used at May 31, 2025 and 2024.

Money Market Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are a combination of both open-end and closed-end funds that are registered with the Securities and Exchange Commission. Open-end funds are required to publish their daily net asset (NAV) and to transact at that price. Closed-end funds are valued at the closing price (potentially at a discount or premium to NAV) reported on the active market on which the fund is traded. The mutual funds held by the Plan are deemed to be actively traded.

Common Collective Trust Funds: Valued at NAV of units of the bank collective trust. NAV is a readily determinable fair value and is the basis for current transactions.

**GT SERVICES LLC PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
MAY 31, 2025 AND 2024**

NOTE 5 FAIR VALUE OF INVESTMENTS (CONTINUED)

Corporate Bonds and US Government Securities: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote is available.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of May 31:

	2025			
	Level 1	Level 2	Level 3	Total
Common Collective Trust Funds	\$ -	\$ 7,304,045	\$ -	\$ 7,304,045
Corporate Bonds	-	32,533,916	-	32,533,916
US Government Securities	-	15,007,784	-	15,007,784
Money Market Funds	336,824	-	-	336,824
Total Investments at Fair Value	<u>\$ 336,824</u>	<u>\$ 54,845,745</u>	<u>\$ -</u>	<u>\$ 55,182,569</u>

	2024			
	Level 1	Level 2	Level 3	Total
Common Collective Trust Funds	\$ -	\$ 6,931,338	\$ -	\$ 6,931,338
Corporate Bonds	-	32,609,129	-	32,609,129
US Government Securities	-	15,092,847	-	15,092,847
Money Market Funds	358,359	-	-	358,359
Total Investments at Fair Value	<u>\$ 358,359</u>	<u>\$ 54,633,314</u>	<u>\$ -</u>	<u>\$ 54,991,673</u>

NOTE 6 PLAN TERMINATION

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Annuity benefits former employees, or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.

**GT SERVICES LLC PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
MAY 31, 2025 AND 2024**

NOTE 6 PLAN TERMINATION (CONTINUED)

2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. governmental agency) up to the applicable limitations.
3. All other vested benefits (that is, vested benefits not insured by the PBGC).
4. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan Sponsor and the level of benefits guaranteed by the PBGC.

NOTE 7 PLAN TAX STATUS

The Plan obtained its latest determination letter on August 18, 2020, in which the Internal Revenue Service (IRS) states that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more-likely-than-not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

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 the investment securities will occur in the near-term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

**GT SERVICES LLC PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
MAY 31, 2025 AND 2024**

NOTE 8 RISKS AND UNCERTAINTIES (CONTINUED)

Plan contributions are made, and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would be material to the financial statements.

NOTE 9 PARTY-IN-INTEREST TRANSACTIONS

The Plan's investments are managed by John Hancock Trust Company LLC and Bank of New York Mellon/BNY Mellon, N.A., the qualified institutions, as defined by the Plan. Therefore, the investment transactions qualify as party-in-interest transactions. The Company pays directly any other fees related to the Plan's operations.

Attachment to 2024 Form 5500
Schedule SB, line 26: schedule of active participant data

Plan name: GT Services LLC Pension Plan
Plan sponsor: GT Services LLC

EIN: 46-4085232
PN: 001

Schedule of active participant data

	Years of credited service										Total	
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	>40		
Attained Age												
<25												
25-29												
30-34			5	7	1							13
35-39			4	14	8	1						27
40-44			5	12	11	4						32
45-49			4	19	8	9	2					42
50-54			5	9	18	20	6	2	1			61
55-59			1	10	13	14	5	3	3			49
60-64			4	12	12	5	7	2	3	2		47
65-69			1	3	4	5	2	3	1	7		26
>70				2		2		1		1		6
Total			29	88	75	60	22	11	8	10		303

Schedule SB, Part V: statement of actuarial assumptions and methods

Plan name: GT Services LLC Pension Plan

EIN: 46-4085232

Plan sponsor: GT Services LLC

PN: 001

Actuarial cost method

Funding target and target normal cost

An actuarial cost method allocates the expected cost of a pension plan on a year-by-year basis. The primary objective is to accumulate enough assets prior to each participant's retirement to provide the promised pension benefits.

The Pension Protection Act of 2006 (PPA) requires plan sponsors to use the Traditional Unit Credit actuarial cost method in which the estimated accrued benefit is based on service and, if applicable, earnings as of the valuation date. The funding target is equal to the actuarial present value of all accrued benefits as of the valuation date. The target normal cost is the actuarial present value, as of the valuation date, of the expected increases in projected accrued benefits attributable to service expected to be completed during the plan year (i.e., if applicable, one year's salary growth is reflected in the determination of target normal cost).

For tax deduction purposes, the funding target may reflect the value of future pay increases on accrued benefits, if applicable.

PPA discounting method

The plan sponsor must choose between full yield curve spot rates or a segmented yield curve of 24-month average corporate bond rates. If the segmented yield curve is selected, the plan sponsor can use either the rates as of the month of the valuation or as of a lookback month, up to 4 months prior to the valuation date. If the full yield curve is selected, the rates as of the month of valuation must be used.

For purposes of this valuation, the following discounting method was used and is assumed to be approved by the plan sponsor:

June 2024 segment rates, adjusted so each segment rate is no less than the applicable minimum percentage* of the corresponding 25-year average segment rate for the calendar year that contains the first day of the plan year and no more than the applicable maximum percentage of that 25-year average segment rate. The 25-year average cannot be less than 5.0% prior to application of the corridor.**

Asset valuation method

Plan assets for purposes of this actuarial valuation are valued under the asset averaging method, including, if applicable, discounted receivable contributions. The value is equal to the average of the fair market value of assets on the valuation date and the adjusted fair market value (including expected earnings) for the two earlier annual determination dates. Expected earnings are calculated using a rate no greater than the third segment rate of the segmented yield-curve in effect at the beginning of each valuation year. The resulting average value must be fall between 90 and 110 percent of the fair market value of assets on the valuation date.

* Minimum is 95% through 2030, decreasing 5% per year beginning in 2031 until 70% is reached in 2035

** Maximum is 105% through 2030 and increasing 5% per year beginning in 2031 until 130% is reached in 2035

Attachment to 2024 Form 5500

Schedule SB, Part V: statement of actuarial assumptions and methods

Plan name: GT Services LLC Pension Plan

EIN: 46-4085232

Plan sponsor: GT Services LLC

PN: 001

Actuarial assumptions

Actuarial assumptions

Economic Assumptions

<u>PPA Segment Rates</u>	<u>Funding Target</u>
- Segment 1: Up to Year 5	4.93%
- Segment 2: Years 5-20	5.27%
- Segment 3: Years 20+	5.59%

Expected Return on Plan Assets: 5.00%

Annual rates of increase:

- Salaries	4.00%
- Future Social Security wage bases	3.00%
- Statutory limits on compensation and benefits	N/A

Demographic Assumptions

Mortality: IRS 2024 Generational Mortality Table

Retirement: The weighted average retirement age is 63.69. Retirement rates are illustrated in the table below.

Decrement	
Age	Rate
55-59	5%
60-61	10%
62	35%
63-64	20%
65-69	50%
70	100%

Disability: None

Actuarial assumptions

Terminations: Illustrative annual rates of withdrawal are as follows:

Decrement

<u>Age</u>	<u>Rates</u>
25	7.800%
30	7.496%
35	6.996%
40	6.313%
45	5.521%
50	4.264%
55	2.415%

Miscellaneous Assumptions

Form of Payment: Life Annuity

Expenses: None Assumed

Percent Married: 80%

Spouse's Age: Wives assumed to be 3 years younger than husbands

Rationale for significant assumptions

Economic assumptions

- **Expected return on plan assets:** The assumption was selected by the client with input from their investment advisor. We believe the assumption is reasonable as it falls within a reasonable range of expected returns for the plan's asset allocation based on capital market assumptions.
- **Salary increase:** This assumption is based on the plan sponsor's long-term expectation of salary increases. We believe that this is representative of anticipated future experience. In addition, based on discussions with the plan sponsor, significant changes in future salary growth or compensation practices are not expected.

Actuarial assumptions

Demographic Assumptions

- **Termination:** Partly based on an experience study conducted in 2021 using data from 2016 through 2020. We believe that this assumption is representative of anticipated future experience. Historically, this assumption has not produced significant gains or losses for the plan.
- **Retirement:** Partly based on an experience study conducted in 2021 using data from 2016 through 2020. We believe that this assumption is representative of anticipated future experience.

Miscellaneous assumptions

- **Form of payment:** We believe that this assumption is representative of anticipated future experience. Historically, this assumption has not produced significant gains or losses for the plan.
- **Spouse's age and percent married:** The employer does not have enough credible data to analyze spousal demographics. These assumptions are based on the actuary's experience with similar plans.

**GT SERVICES LLC PENSION PLAN
E.I.N. 46-4085232 PLAN NO. 001
SCHEDULE H, LINE 4j—SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED MAY 31, 2025**

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost	(h) Current Value	(i) Gain (Loss)
Category (iii) - A Series of Transactions in Excess of 5% of Plan Assets						
* BNY Mellon	EP Temp Inv Fd 1.147% 12/31/2049 DD 11/01/01	\$ 5,664,824	\$ -	\$ 5,664,824	\$ 5,664,824	\$ -
* BNY Mellon	EP Temp Inv Fd 1.147% 12/31/2049 DD 11/01/01	-	5,450,564	5,450,564	5,450,564	-
* BNY Mellon	U S TREASURY BD CPN STRIP 0.000% 05/15/2053 DD 05/15/23	-	2,834,800	2,971,041	2,834,800	(136,241)

*There were no category (i), (ii) or (iv) reportable transactions for the year ended May 31, 2025.
Columns for "Lease Rental" and "Expense Incurred with Transaction" are not applicable.*

** Indicates party-in-interest*



CLA (CliftonLarsonAllen LLP) is a network member of CLA Global. See CLAGlobal.com/disclaimer. Investment advisory services are offered through CliftonLarsonAllen Wealth Advisors, LLC, an SEC-registered investment advisor.

SCHEDULE SB (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>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<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 06/01/2024 and ending 05/31/2025

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan GT Services LLC Pension Plan	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF GT Services LLC	D Employer Identification Number (EIN) 46-4085232	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>06</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	55,469,022
	b Actuarial value	2b	59,459,884
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	120	18,370,077
	b For terminated vested participants	188	8,698,963
	c For active participants	303	31,462,349
	d Total	611	58,531,389
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	5.41%
6	Target normal cost		
	a Present value of current plan year accruals	6a	1,863,225
	b Expected plan-related expenses	6b	0
	c Target normal cost	6c	1,863,225

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	John Morrison Signature of actuary	<u>3/3/2026</u> Date
	<u>JOHN MORRISON</u> Type or print name of actuary	<u>2307677</u> Most recent enrollment number
	<u>MANULIFE JOHN HANCOCK</u> Firm name	<u>781-619-2000</u> Telephone number (including area code)
	<u>200 BERKELEY STREET</u> <u>BOSTON MA 02116</u> Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II	Beginning of Year Carryover and Prefunding Balances	
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	2,438,601	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	2,438,601	0
10 Interest on line 9 using prior year's actual return of <u>-0.15%</u>	-3,658	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.33%</u>		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	2,434,943	0

Part III	Funding Percentages	
14 Funding target attainment percentage	14	96.22%
15 Adjusted funding target attainment percentage	15	100.33%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	111.00%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV	Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:						
	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
	02/02/2026	2,038,843	0			
	Totals ▶			18(b)	2,038,843	18(c)
						0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:			
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0	
b Contributions made to avoid restrictions adjusted to valuation date	19b	0	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1,866,725	
20 Quarterly contributions and liquidity shortfalls:			
a Did the plan have a "funding shortfall" for the prior year?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
c If line 20a is "Yes," see instructions and complete the following table as applicable:			
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:	1st segment: 4.93 %	2nd segment: 5.27 %	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
-------------------------	------------------------	------------------------	-----------------------	---

b Applicable month (enter code)..... **21b** 0

22 Weighted average retirement age **22** 64

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. Yes No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years **28** 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29** 0

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c).....	31a	1,863,225
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	1,863,225
	Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement		0
36 Additional cash requirement (line 34 minus line 35).....	36	1,863,225
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	1,866,725

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	3,500
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0

40 Unpaid minimum required contributions for all years **40** 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. 2019 2020 2021

Attachment to 2024 Form 5500

Schedule SB, line 22: description of weighted average retirement age

Plan name: GT Services LLC Pension Plan

EIN: 46-4085232

Plan sponsor: GT Services LLC

PN: 001

Description of weighted average retirement age

Age	Expected Active Headcount	Retirement Rate	Expected Retirements	Weighted Age
55	127.5447	0.0216	2.7494	151.2188
56	131.7973	0.0468	6.1662	345.3068
57	133.1695	0.0464	6.1791	352.2097
58	134.4946	0.0468	6.2896	364.7946
59	138.7027	0.0476	6.6046	389.6741
60	143.5931	0.0926	13.2980	797.8780
61	138.6700	0.0924	12.8086	781.3242
62	135.2040	0.3222	43.5652	2,701.0404
63	100.9354	0.1790	18.0675	1,138.2519
64	90.2484	0.1813	16.3578	1,046.9015
65	82.3089	0.4767	39.2376	2,550.4432
66	48.5896	0.5000	24.2948	1,603.4573
67	30.0435	0.5000	15.0218	1,006.4579
68	15.8472	0.5000	7.9236	538.8045
69	11.8252	0.5000	5.9126	407.9677
70	10.8292	1.0000	10.8292	758.0475
71	2.0000	1.0000	2.0000	142.0000
72	0.0000	1.0000	0.0000	0.0000
73	0.0000	1.0000	0.0000	0.0000
74	1.0000	1.0000	1.0000	74.0000
75	0.0000	1.0000	0.0000	0.0000
76	0.0000	1.0000	0.0000	0.0000
77	1.0000	1.0000	1.0000	77.0000
78	0.0000	1.0000	0.0000	0.0000
79	1.0000	1.0000	1.0000	79.0000
Total			240.3056	15,305.7780
Average				63.69

Attachment to 2024 Form 5500
Schedule SB, Part V: summary of plan provisions

Plan name: GT Services LLC Pension Plan
Plan sponsor: GT Services LLC

EIN: 46-4085232
PN: 001

Summary of plan provisions

Summary of plan provisions

Plan Name:	GT Services LLC Pension Plan
Plan Sponsor:	GT Services LLC
Plan Year:	June 1 through May 31
Employer Fiscal Year:	April 1 through March 31
Effective Dates:	Original Plan: January 1, 2014
Eligible Employee:	All salaried, non-union employees of the Employer.
Participation:	An eligible employee will become a participant in the Plan as of the June 1 st next following date of employment. In addition, individuals whose accrued benefits were transferred from the predecessor plan become participants effective January 1, 2014. No employees hired or rehired on or after January 1, 2017 will become participants in the plan.
Years of Service:	Twelve months of service during the Plan Year. For this purpose, a month of service is any 173.33 hours of service performed as an eligible employee. Prior to the revision effective date of June 1, 1976, continuous service of the participant with the Employer measured in full years and completed months.
Normal Retirement Date:	The first day of the month coincident or next following the attainment of age 65.
Compensation:	Compensation during the calendar year including any amount contributed to a 401(k) or cafeteria plan excluding certain non qualified deferred compensation, stock compensation, severance earnings and expense allowances.

Summary of plan provisions

Average Compensation: Average compensation during the five highest-paid consecutive calendar years during the last ten consecutive calendar years of employment.

Covered Compensation: Average of the annual maximum amount of earnings considered “wages” for Social Security tax purposes for each calendar year during the 35-year period ending with the year a participant reaches social security retirement age.

Normal Retirement Benefit: A. The greater of (1) or (2) below:

(1) $\frac{1}{2}\%$ of Average Compensation times Years of total Service PLUS $\frac{1}{2}\%$ of this Average Compensation that is in excess of Covered Compensation, times Years of Service not in excess of 35 years.

(2) The following amounts times Years of Service:

Termination Date on or after:	Benefit Level	Maximum Service
May 14, 2004	\$22.00	45 years
May 14, 2006	\$23.00	45 years
May 14, 2007	\$24.00	45 years
May 14, 2008	\$25.00	45 years
May 14, 2010	\$26.00	45 years
May 14, 2013	\$27.00	45 years
May 14, 2015	\$28.00	45 years

B. Employees who retire after age 62 with 25 years of service, but prior to age 65, and who retired on or before May 31, 2015, are entitled to receive an additional monthly pension of \$100 per month, payable until age 65.

Accrued Benefit: The Accrued Benefit at any time prior to a participant’s Normal Retirement Date shall be the Normal Retirement Benefit calculated using average compensation and Credited Service as of the accrual date.

Summary of plan provisions

- Normal Form of Benefit: The Normal Form of Payment is an annuity paid in monthly installments for life.
- Optional Forms of Benefit: All Optional Methods of Settlement are actuarially equivalent to the Normal Form of Payment. If a married participant does not elect the Normal Form of Payment or does not elect one of the Optional Methods of Settlement described below, then the participant's Retirement Benefit shall automatically be paid under option (1) below. The options are:
- (1) A reduced benefit to be paid during the participant's lifetime with one-half of the reduced benefit to be continued to his spouse for her lifetime after his death.
 - (2) A reduced benefit to be paid during the participant's lifetime with $\frac{2}{3}$ rd or $\frac{3}{4}$ th of the reduced benefit to be continued to his spouse for her lifetime after his death.
 - (3) A reduced benefit to be paid during the participant's lifetime with the same reduced benefit to be continued to his spouse for her lifetime after his death.
 - (4) A reduced benefit to be paid for 60, 120 or 180 Months Certain and thereafter for life.
- Early Retirement Benefit: Upon the completion of 15 years of Credited Service and the attainment of age 55, a participant may elect to retire. He may receive an immediate benefit equal to the Normal Retirement Benefit based on service at early retirement and reduced for early retirement. Participants can retire at age 62 if they have 25 years of service, without a reduction for early commencement.
- The Normal Retirement Benefit is reduced by $\frac{5}{9}$ th of 1% for each of the first 60 months by which commencement precedes Normal Retirement Date and $\frac{5}{18}$ th of 1% for each of the next 60 months by which commencement preceded Normal Retirement Date.
- Late Retirement Benefit: A participant may continue in the employment of the Employer after his Normal Retirement Date. In such event, he will receive at actual retirement the greater of the actuarial equivalent of his Normal Retirement Benefit or the benefit based on service and compensation as of the actual Retirement Date.

Summary of plan provisions

Death Benefit:

In the event of an active married participant's death on or before the earliest retirement age, the surviving spouse shall receive a benefit based on the participant's vested Accrued Benefit as of the date of death, but payable as if the participant had separated from service on the date of death, survived to the earliest retirement age, elected a Joint and 50% Survivor Annuity, and died on the day after the earliest retirement age.

In the event of an active married participant's death after the attainment of age 55 and the completion of 15 years of Credited Service, but prior to Normal Retirement Date, it will be assumed the participant had retired on the day prior to death and elected a Joint and 50% Survivor Benefit.

In the event of a retired participant's death who terminated after eligibility for Early or Normal Retirement, a lump sum death benefit equal to \$3,500 plus any death benefit provided by the optional form of pension elected at retirement.

Disability Benefit:

A participant who becomes totally and permanently disabled before his Normal Retirement Date and has completed 15 years of service will receive a benefit at age 65 based on Credited Service at age 65 and Average Compensation at date of disability.

Severance Benefit:

Upon the termination of employment after 5 or more Years of Service a participant shall have a vested interest in his Accrued Benefit which will be payable at Normal Retirement Date. The percentage vested shall be:

Years of Service	Vested Percent
Fewer than 5	0%
5 or more	100%

In the event that a participant has met the service requirements for Early Retirement at the date of termination, he may elect to receive his vested interest at age 55. Such benefit will be reduced as described under Early Retirement Benefit.

Summary of plan provisions

John Hancock Retirement Plan Services LLC provides administrative and/or recordkeeping services to sponsors or administrators of retirement plans as well as a platform of investment alternatives that is made available without regard to the individualized needs of any plan through an open-architecture platform. John Hancock Trust Company LLC provides trust and custodial services to such plans. Unless otherwise specifically stated in writing, John Hancock Retirement Plan Services LLC does not, and is not undertaking to, provide impartial investment advice or give advice in a fiduciary capacity.

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MS-PS 34391 01/22 46453

GT SERVICES LLC PENSION PLAN
E.I.N. 46-4085232 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
MAY 31, 2025

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
	<u>Money Market Funds</u>			
	Allspring	Allspring Government Money Market	\$ 336,824	\$ 336,824
	<u>Common Collective Trust Fund</u>			
	Eb Temp Inv Fd	1.147% 12/31/2049 DD 11/01/01	326,260	326,260
	DB Growth Portfolio Inst	DB Growth Portfolio Inst	5,637,117	6,977,785
	Total Common Collective Trust Fund		<u>\$ 5,963,377</u>	<u>\$ 7,304,045</u>
	<u>Corporate Bonds</u>			
	Abbvie Inc	5.200% 03/15/2035 DD 02/26/25	\$ 189,579	\$ 190,589
	Aercap Ireland Capital Dac/A	3.000% 10/29/2028 DD 10/29/21	176,749	179,240
	Alexandria Real Estate Equitie	2.950% 03/15/2034 DD 02/16/22	122,722	123,090
	Allstate Corp/The	4.200% 12/15/2046 DD 12/08/16	351,838	225,889
	Alphabet Inc	5.300% 05/15/2065 DD 05/01/25	158,654	152,789
	Amazon.Com Inc	2.500% 06/03/2050 DD 06/03/20	642,538	431,017
	Ameren Illinois Co	3.700% 12/01/2047 DD 11/28/17	535,297	427,877
	American Express Co	07/27/2029 DD 07/28/23	258,065	260,727
	American Honda Finance Corp	5.850% 10/04/2030 DD 10/4/2023	83,110	83,666
	American Honda Finance Corp	4.400% 09/05/2029 DD 09/05/24	139,832	138,464
	American Tower Corp	2.750% 01/15/2027 DD 10/03/19	468,428	441,433
	Anheuser-Busch Inbev Worldwide	5.450% 01/23/2039 DD 01/23/19	392,743	390,532
	Apple Inc	4.375% 05/13/2045 DD 05/13/15	933,564	683,886
	Ares Capital Corp	7.000% 01/15/2027 DD 08/03/23	50,165	51,501
	Arthur J Gallagher & Co	5.150% 02/15/2035 DD 12/19/24	162,509	162,176
	Astrazeneca Plc	3.000% 05/28/2051 DD 05/28/21	88,555	80,762
	Avalonbay Communities Inc	5.350% 06/01/2034 DD 5/14/2024	209,928	207,825
	Avalonbay Communities Inc	2.300% 03/01/2030 DD 02/25/20	181,679	171,672
	Bank Of America	06/14/2029 DD 06/14/21	588,608	584,454
	Bbcms Mortgage Trust 20 C22 As	11/15/2056 DD 11/01/23	170,197	181,075
	Berkshire Hathaway Finance	4.300% 05/15/2043 DD 05/15/13	370,811	276,867
	Bhp Billiton Finance Usa Ltd	4.900% 02/28/2033 DD 02/28/23	231,049	222,750
	Blackstone Private Credit Fund	2.625% 12/15/2026 DD 06/15/22	160,225	173,379
	Bmo 2022-C2 Mortgage	07/15/2054 DD 7/1/2022	240,606	236,475
	Bmo 2023-C7 A5	6.160% 12/15/2056 DD 12/01/23	283,249	291,464
	Bmo 2025-C12 Mortgage	06/15/2058 DD 6/1/2025	133,900	135,322
	Bnp Paribas Sa	01/13/2031 DD 01/13/20	348,909	316,684
	Borgwarner Inc	4.950% 08/15/2029 DD 08/16/24	74,927	75,228
	Boston Gas Co 144A	3.001% 08/01/2029 DD 07/29/19	241,042	217,250
	Bp Capital Markets	2.939% 06/04/2051 DD 12/04/20	123,769	112,514
	Bp Capital Markets	2.721% 01/12/2032 DD 01/12/22	263,090	245,793
	Brean Asset Backe Rm11 A1 144A	05/25/2065 DD 05/22/25	115,341	115,341
	Brean Asset Backed Rm6 A1 144A	01/25/2063 DD 02/17/23	183,273	190,884
	Brean Asset Backed Rm7 A2 144A	03/25/2078 DD 12/15/23	200,616	224,336
	BrightHouse Financial Inc	3.700% 06/22/2027 DD 12/22/17	135,955	136,777

GT SERVICES LLC PENSION PLAN
E.I.N. 46-4085232 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
MAY 31, 2025

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value	
Burlington Northern Santa	5.150% 09/01/2043 DD 08/22/13	\$ 347,906	\$ 249,632	
Cameron Lng Llc	2.902% 07/15/2031 DD 12/13/19	170,947	151,620	
Canadian National Railway	3.650% 02/03/2048 DD 02/06/18	250,608	185,534	
Capital One Financial Corp	05/10/2028 DD 05/09/22	125,000	125,350	
Centerpoint Energy Resources	1.750% 10/01/2030 DD 10/01/20	198,528	201,790	
Chubb Ina Holdings	5.000% 03/15/2034 DD 03/07/24	197,634	194,808	
Cigna Group/The	2.400% 03/15/2030 DD 03/16/20	158,599	142,332	
Cisco Systems Inc	5.500% 01/15/2040 DD 11/17/09	337,268	242,420	
Cisco Systems Inc	5.050% 02/26/2034 DD 02/26/24	39,960	40,246	
Citigroup Commercial Mor	3.915% 04/14/2050 DD 04/01/17	261,583	263,395	
Citigroup Inc	01/29/2031 DD 01/29/20	242,002	217,105	
Comcast Corp	4.250% 01/15/2033 DD 01/14/13	480,044	413,336	
Comcast Corp	3.400% 07/15/2046 DD 07/19/16	352,272	262,684	
Commonwealth Edison Co	3.700% 03/01/2045 DD 03/02/15	359,703	281,283	
Conagra Brands Inc	1.375% 11/01/2027 DD 10/16/20	321,208	314,501	
Conocophillips Co	5.300% 05/15/2053 DD 05/23/23	249,540	222,582	
Consolidated Edison Co	4.450% 03/15/2044 DD 03/06/14	364,887	260,550	
Consumers Energy Co	5.050% 05/15/2035 DD 05/02/25	34,871	34,735	
Copt Defense Properties Lp	2.000% 01/15/2029 DD 08/11/21	159,012	152,235	
Corebridge Financial Inc	12/15/2052 DD 12/15/22	255,329	253,678	
Cvs Health Corp	1.750% 08/21/2030 DD 08/21/20	287,005	259,161	
Dell International Llc /Emc C	4.750% 04/01/2028 DD 04/01/25	30,023	30,120	
Drive Auto Receivab S1 R1 144A	6.040% 06/16/2029 DD 05/14/25	139,825	139,825	
Drive Auto Receivables Tru 2 D	4.940% 05/17/2032 DD 09/25/24	189,965	189,302	
Dte Electric Co	2.950% 03/01/2050 DD 02/26/20	485,319	328,968	
Duke Energy Carolinas	3.950% 03/15/2048 DD 03/01/18	114,308	109,154	
Duke Energy Corp	3.750% 09/01/2046 DD 08/12/16	36,258	35,835	
Duke Energy Indiana	3.750% 05/15/2046 DD 05/12/16	254,107	242,838	
Eastern Energy Gas Holdings LI	5.800% 01/15/2035 DD 01/15/25	202,489	203,819	
Elevance Health Inc	4.100% 05/15/2032 DD 04/29/22	162,450	155,258	
Eli Lilly &	3.950% 03/15/2049 DD 02/22/19	143,395	139,822	
Enel Finance Internationa 144A	3.500% 04/06/2028 DD 10/06/17	290,562	266,577	
Energy Transfer Lp	6.400% 12/01/2030 DD 10/13/23	128,856	127,487	
Energy Transfer Lp	3.900% 07/15/2026 DD 07/12/16	331,209	307,341	
Entergy Texas Inc	5.250% 04/15/2035 DD 02/27/25	209,105	209,043	
Enterprise Products Operating	2.800% 01/31/2030 DD 01/15/20	58,654	60,318	
Equinor Asa	3.950% 05/15/2043 DD 05/15/13	201,107	191,959	
Exeter Automobile Re 2A E 144A	2.900% 07/17/2028 DD 06/02/21	245,711	264,280	
Exxon Mobil Corp	3.095% 08/16/2049 DD 08/16/19	123,714	110,447	
Finance Of America S1 A3 144A	009/25/2061 DD 02/23/23	82,427	89,622	
Finance Of America S6 A1 144A	3.000% 07/25/2061 DD 12/16/22	245,745	265,359	
Florida Power &	4.050% 10/01/2044 DD 09/10/14	471,003	317,322	
Fremf 2017-K71 Mort K71 C 144A	11/25/2050 DD 12/01/17	255,400	241,779	
Fremf 2018-K80 Mort K80 C 144A	08/25/2050 DD 09/01/18	359,721	338,073	
Ga Global Funding	5.500% 04/01/2032 DD 04/01/25	65,123	65,128	
General Dynamics Corp	4.250% 04/01/2040 DD 03/25/20	390,223	318,043	
Goldman Sachs Group	01/27/2032 DD 01/27/21	462,908	420,829	
Golub Capital Pa	08/05/2037 DD 07/16/24	250,000	250,000	
Haleon Us Capital Llc	3.625% 03/24/2032 DD 09/24/22	335,705	333,055	
Hca Inc	5.200% 06/01/2028 DD 05/04/23	255,042	253,481	
Home Depot Inc/The	4.500% 12/06/2048 DD 12/06/18	489,632	342,157	
Honeywell International Inc	5.250% 03/01/2054 DD 03/01/24	270,932	249,491	

GT SERVICES LLC PENSION PLAN
E.I.N. 46-4085232 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
MAY 31, 2025

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
	Houston Galleria M Hgfr A 144A	02/05/2045 DD 01/01/25	\$ 130,000	\$ 131,021
	Hyundai Capital America	5.680% 06/26/2028 DD 06/26/23	51,510	50,907
	Intel Corp	3.734% 12/08/2047 DD 06/08/18	203,313	147,022
	Intercontinental Exchange Inc	2.650% 09/15/2040 DD 08/20/20	235,558	176,585
	Irv Trust 2025-200	03/14/2047 DD 02/01/25	210,000	202,755
	John Deere Capital	5.050% 06/12/2034 DD 06/11/24	59,884	59,944
	Johnson & Johnson	3.550% 03/01/2036 DD 03/01/16	508,908	398,472
	Johnson & Johnson	3.500% 01/15/2048 DD 11/10/17	115,136	78,598
	Jpmbb Commercial Mortgag C28 B	3.986% 10/15/2048 DD 04/01/15	68,589	72,103
	Jpmdb Commercial Mortgag	3/15/2050 DD 03/01/17	530,394	510,200
	Jpmorgan Chase &	07/24/2038 DD 07/24/17	472,962	360,945
	Kimberly-Clark Corp	3.900% 05/04/2047 DD 05/04/17	86,819	83,653
	Kimco Realty Op Llc	2.800% 10/01/2026 DD 08/18/16	240,819	224,567
	Kinder Morgan Inc	5.100% 08/01/2029 DD 07/31/24	123,108	121,618
	Lpl Holdings Inc	5.200% 03/15/2030 DD 02/26/25	100,081	100,369
	Manufacturers & Traders	3.400% 08/17/2027 DD 08/17/17	479,434	450,939
	Manulife Financial Corp	02/24/2032 DD 02/24/17	301,814	280,750
	Mars Inc 144A	5.800% 05/01/2065 DD 03/12/25	141,892	140,323
	Mastercard Inc	3.650% 06/01/2049 DD 05/31/19	173,850	111,389
	Metropolitan Life Global	3.050% 06/17/2029 DD 06/17/19	167,413	151,264
	Microsoft Corp	2.525% 06/01/2050 DD 06/01/20	230,846	154,705
	Microsoft Corp	2.921% 03/17/2052 DD 03/17/21	484,748	298,429
	Midamerican Energy Co	4.800% 09/15/2043 DD 09/19/13	259,718	226,097
	Midamerican Energy Co	4.250% 07/15/2049 DD 01/09/19	257,490	248,391
	Morgan Stanley	04/28/2032 DD 01/25/21	143,718	151,789
	Motorola Solutions Inc	5.400% 04/15/2034 DD 03/25/24	74,916	75,231
	Mplx Lp	5.400% 04/01/2035 DD 03/10/25	127,267	126,435
	National Rural Utilities	3.900% 11/01/2028 DD 10/31/18	179,051	156,795
	National Rural Utilities	3.700% 03/15/2029 DD 01/31/19	263,294	233,133
	National Rural Utilities	5.800% 01/15/2033 DD 10/31/22	21,491	20,863
	Natwest Group Plc	06/14/2027 DD 06/14/21	122,443	121,097
	New York Life	3.750% 05/15/2050 DD 04/14/20	242,550	229,154
	Norfolk Southern Corp	5.100% 05/01/2035 DD 05/02/25	29,949	29,608
	Nstar Electric Co Sr	UNSECURED	124,603	123,502
	Oge Energy Corp	5.450% 05/15/2029 DD 05/09/24	222,187	221,222
	Omnicom Group Inc	2.600% 08/01/2031 DD 05/03/21	118,066	105,315
	Oncor Electric Delivery	3.800% 06/01/2049 DD 05/23/19	390,595	275,191
	O'Reilly Automotive Inc	1.750% 03/15/2031 DD 09/23/20	164,531	152,564
	Paypal Holdings Inc	5.150% 06/01/2034 DD 05/28/24	171,114	169,587
	Penske Truck Leasing Co L 144A	1.700% 06/15/2026 DD 04/13/21	118,625	116,275
	Pepsico Inc	2.875% 10/15/2049 DD 10/09/19	117,080	114,841
	Pfizer Investment Enterprises	5.300% 05/19/2053 DD 05/19/23	391,536	347,344

GT SERVICES LLC PENSION PLAN
E.I.N. 46-4085232 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
MAY 31, 2025

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
	Philip Morris International	4.750% 11/01/2031 DD 11/01/24	\$ 245,926	\$ 249,011
	Pnc Bank Na	4.050% 07/26/2028 DD 07/26/18	242,122	211,726
	Prologis Lp	5.000% 03/15/2034 DD 01/25/24	262,036	255,747
	Prudential Financial Inc	3.000% 03/10/2040 DD 03/10/20	243,862	172,652
	Public Service Electric	4.050% 05/01/2048 DD 05/04/18	456,994	371,539
	Realty Income Corp	5.125% 04/15/2035 DD 04/10/25	93,679	93,746
	Rr 7 Ltd	01/15/2037 DD 02/14/22	250,000	250,776
	Santander Drive Auto	6.040% 12/15/2031 DD 08/23/23	239,940	245,549
	Santander Holdings Usa Inc	3.244% 10/05/2026 DD 10/04/19	315,391	323,371
	Scott Trust 2023-Sf	5.910% 03/10/2040 DD 03/01/23	150,000	153,215
	Simon Property Group	3.800% 07/15/2050 DD 07/09/20	597,510	594,752
	State Street Corp	05/18/2034 DD 05/18/23	129,216	130,828
	T-Mobile Usa Inc	5.150% 04/15/2034 DD 01/12/24	172,668	174,502
	T-Mobile Usa Inc	5.125% 05/15/2032 DD 03/27/25	54,935	55,428
	Toronto-Dominion Bank/The	4.456% 06/08/2032 DD 06/08/22	148,828	145,174
	Totalenergies Capital Sa	4.724% 09/10/2034 DD 09/10/24	94,409	92,700
	Travelers Cos Inc/The	4.050% 03/07/2048 DD 03/07/18	235,073	152,243
	Trinity Health Corp	2.632% 12/01/2040 DD 01/20/21	125,315	110,660
	Truist Bank	09/17/2029 DD 09/16/19	378,813	372,058
	United Parcel Service Inc	3.750% 11/15/2047 DD 11/14/17	326,246	216,418
	Unitedhealth Group Inc	4.625% 07/15/2035 DD 07/23/15	597,607	486,214
	Us Bancorp	07/22/2028 DD 07/22/22	105,031	109,918
	Ventas Realty Lp	5.100% 07/15/2032 DD 06/03/25	119,319	119,542
	Verizon Communications Inc	4.400% 11/01/2034 DD 10/29/14	283,396	233,687
	Vici Properties Lp	5.125% 11/15/2031 DD 12/19/24	49,830	49,306
	Virginia Electric And Power Co	5.300% 08/15/2033 DD 08/10/23	117,391	120,114
	Vulcan Materials Co	5.350% 12/01/2034 DD 11/20/24	24,973	25,133
	Walmart Inc	4.500% 09/09/2052 DD 09/09/22	277,464	261,478
	Total Corporate Bonds		<u>\$ 36,481,622</u>	<u>\$ 32,533,916</u>
	<u>US Government Securities</u>			
	Private Export Funding Corp	4.600% 02/15/2034 DD 01/30/24	\$ 100,039	\$ 99,868
	U S Treasury Bd Prin Strip	0.000% 05/15/2054 DD 05/15/24	564,358	431,394
	U S Treasury Bond	1.875% 11/15/2051 DD 11/15/21	647,139	405,293
	U S Treasury Bond	3.000% 08/15/2052 DD 08/15/22	310,698	249,665
	U S Treasury Bond	3.625% 05/15/2053 DD 05/15/23	340,463	334,245
	U S Treasury Bond	4.250% 02/15/2054 DD 02/15/24	196,055	182,626
	U S Treasury Bond	4.500% 02/15/2044 DD 02/15/24	238,585	226,903
	U S Treasury Bond	4.125% 08/15/2044 DD 08/15/24	408,934	376,376
	U S Treasury Bond	4.625% 11/15/2044 DD 11/15/24	117,150	114,956
	U S Treasury Note	4.125% 11/30/2029 DD 11/30/24	163,719	166,102
	U S Treasury Note	4.375% 12/31/2029 DD 12/31/24	170,206	172,802
	U S Treasury Note	4.250% 01/15/2028 DD 01/15/25	238,913	242,053
	U S Treasury Note	4.625% 02/15/2035 DD 02/15/25	122,246	122,006
	U S Treasury Note	3.875% 03/31/2027 DD 03/31/25	660,232	659,046
	U S Treasury Note	3.750% 04/15/2028 DD 04/15/25	284,087	283,931
	U S Treasury Bd Cpn Strip	0.000% 02/15/2052 DD 02/15/22	626,486	477,217

GT SERVICES LLC PENSION PLAN
E.I.N. 46-4085232 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
MAY 31, 2025

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
	U S Treasury Bd Cpn Strip	0.000% 11/15/2052 DD 11/15/22	\$ 230,481	\$ 171,766
	U S Treasury Bd Cpn Strip	0.000% 08/15/2053 DD 08/15/23	318,444	298,841
	U S Treasury Bd Cpn Strip	0.000% 02/15/2043 DD 02/15/13	70,025	60,293
	U S Treasury Bd Cpn Strip	0.000% 05/15/2043 DD 05/15/13	290,703	287,289
	U S Treasury Bd Cpn Strip	0.000% 02/15/2044 DD 02/18/14	1,579,480	1,079,787
	U S Treasury Bd Cpn Strip	0.000% 08/15/2044 DD 08/15/14	197,895	187,984
	U S Treasury Bd Cpn Strip	0.000% 02/15/2045 DD 02/17/15	1,703,922	1,180,870
	U S Treasury Bd Cpn Strip	0.000% 02/15/2046 DD 02/16/16	1,552,204	1,020,603
	U S Treasury Bd Cpn Strip	0.000% 02/15/2047 DD 02/15/17	1,414,301	878,831
	U S Treasury Bd Cpn Strip	0.000% 02/15/2048 DD 02/15/18	1,087,432	591,378
	U S Treasury Bd Cpn Strip	0.000% 02/15/2049 DD 02/15/19	1,435,324	882,670
	U S Treasury Bd Cpn Strip	0.000% 02/15/2050 DD 02/18/20	905,295	524,405
	U S Treasury Bd Cpn Strip	0.000% 05/15/2050 DD 05/15/20	174,670	156,450
	U S Treasury Bd Cpn Strip	0.000% 02/15/2051 DD 02/16/21	1,041,587	596,111
	U S Treasury Bd Cpn Strip	0.000% 05/15/2054 DD 05/15/24	1,303,914	1,059,768
	U S Treasury Bd Cpn Strip	0.000% 08/15/2054 DD 08/15/24	396,446	364,653
	U S Treasury Bd Cpn Strip	0.000% 11/15/2054 DD 11/15/24	932,219	839,261
	U S Treasury Bd Cpn Strip	0.000% 02/15/2055 DD 02/18/25	284,028	282,341
	Total US Government Securities		<u>20,107,680</u>	<u>15,007,784</u>
		Total	<u>\$ 62,889,503</u>	<u>\$ 55,182,569</u>

* Indicates Party-in-Interest

Attachment to 2024 Form 5500
Schedule SB, line 32: schedule of amortization bases

Plan name: GT Services LLC Pension Plan
Plan sponsor: GT Services LLC

EIN: 46-4085232
PN: 001

Schedule of amortization bases

Type of base	Present value of remaining installments	Valuation date	Years remaining	Amortization installment
Shortfall	0	6/1/2024	15	0
Shortfall	0	6/1/2023	14	0
Shortfall	0	6/1/2022	13	0
Shortfall	0	6/1/2021	12	0
	Total			0