

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2023</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

**A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan  a DFE (specify) \_\_\_\_\_

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

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

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

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

special extension (enter description) \_\_\_\_\_

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

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

<p><b>1a</b> Name of plan  <u>GREATER METROPOLITAN HOTEL EMPLOYERS EMPLOYEES HEALTH &amp; WELFARE FUND</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>501</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)          Mailing address (include room, apt., suite no. and street, or P.O. Box)          City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)  <u>TRUSTEES GREATER METROPOLITAN HOTEL EMPLOYERS-EMPLOYEES HEALTH WELFARE</u></p> <p><u>WILSON-MCSHANE CORPORATION</u>  <u>3001 METRO DRIVE, SUITE 500</u>  <u>BLOOMINGTON, MN 55425</u></p>	<p><b>1c</b> Effective date of plan  <u>10/06/1949</u></p> <p><b>2b</b> Employer Identification Number (EIN)  <u>41-0737593</u></p> <p><b>2c</b> Plan Sponsor's telephone number  <u>952-854-0795</u></p> <p><b>2d</b> Business code (see instructions)  <u>721110</u></p>

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	07/07/2025	WADE LUNEBERG
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	07/07/2025	LISA ZOLLARS
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	780
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	780
	<b>6a(2)</b>	799
	<b>6b</b>	
	<b>6c</b>	
	<b>6d</b>	799
	<b>6e</b>	
	<b>6f</b>	
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<b>7</b>	17

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

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:  
4A 4D 4F 4H 4L

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

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

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

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

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

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

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

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**11c** Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

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<p><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2023</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

<p><b>A</b> Name of plan <b>GREATER METROPOLITAN HOTEL EMPLOYERS EMPLOYEES HEALTH &amp; WELFARE FUND</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRUSTEES GREATER METROPOLITAN HOTEL EMPLOYERS-EMPLOYEES HEALTH WELFARE</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>41-0737593</b></p>	

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

**1 Coverage Information:**

(a) Name of insurance carrier  
**HCC LIFE INSURANCE COMPANY**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-1817054	92711	HCL35662	780	04/01/2023	03/31/2024

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

<p>(a) Total amount of commissions paid <b>26524</b></p>	<p>(b) Total amount of fees paid <b>11936</b></p>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**HAYS COMPANIES INC. 80 SOUTH 8TH STREET, STE 700 MINNEAPOLIS, MN 55402**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
26524	0		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**BROWN & BROWN OF FLORIDA, INC. PO BOX 748422 ATLANTA, GA 30374-8422**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	11936	<b>OTHER OVERRIDE PAYMENTS</b>	3

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

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

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

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

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

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

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

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

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

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

<b>Part II</b>	<b>Investment and Annuity Contract Information</b> Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year.....	<b>6c</b>	
<b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... Specify nature of costs ▶	<b>6d</b>	

**e** Type of contract: (1)  individual policies                      (2)  group deferred annuity  
(3)  other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1)  deposit administration                      (2)  immediate participation guarantee  
(3)  guaranteed investment                      (4)  other ▶

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
(6) Total additions.....	<b>7c(6)</b>	0
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	
<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
	(5) Total deductions.....	<b>7e(5)</b>
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) .....	<b>7f</b>	

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>	265236
<b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount .....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

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

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

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

<b>A</b> Name of plan <b>GREATER METROPOLITAN HOTEL EMPLOYERS EMPLOYEES HEALTH &amp; WELFARE FUND</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRUSTEES GREATER METROPOLITAN HOTEL EMPLOYERS-EMPLOYEES HEALTH WELFARE</b>	<b>D</b> Employer Identification Number (EIN) <b>41-0737593</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

**METROPOLITAN WEST ASSET MGMT, LLC**

**95-4597302**

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

**THE VANGUARD GROUP, INC**

**23-1945930**

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

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

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

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

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

UMR, INC.

39-1995276

(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?
12 99	NONE	275403	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	28702	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

WILSON-MCSHANE CORPORATION

41-0956552

(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?
10 12 13 15 36	NONE	271673	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SHUMAKER, LOOP & KENDRICK LLP

34-4439491

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	40898	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

TEAM, INC.

81-4050818

(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?
12	NONE	25966	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CVS HEALTH

41-0737593

(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?
12	NONE	19163	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DDMN ASO, LLC

41-1852523

(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?
12 13	NONE	18847	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

MAIRS & POWER, INC.

41-0844499

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	16162	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LEGACY PROFESSIONALS LLP

32-0043599

(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?
10	NONE	15750	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ZACKS INVESTMENT MANAGEMENT

36-3792197

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	13396	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

HONSA BINDER PRINTER

1065 PHALEN BLVD  
ST PAUL, MN 55106

(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?
49	NONE	8577	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

STANDARD VALUATIONS, INC

41-1327339

(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?
27	NONE	8000	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

UNION BANK & TRUST

41-1267434

(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?
19 72	NONE	7821	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

**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)

FRSECURE LLC

6550 YORK AVE S, STE 500  
EDINA, MN 55435

(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?
49	NONE	6712	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	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.

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

(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
FRSECURE LLC 6550 YORK AVENUE S., SUITE 500 EDINA, MN 55435	49	THE SERVICE PROVIDER FAILED TO RESPOND TO THE PLAN'S NUMEROUS REQUESTS.

(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
STANDARD VALUATIONS, INC 790 CLEVELAND AVE S, STE 220 ST. PAUL, MN 55116  41-1327339	27	THE SERVICE PROVIDER FAILED TO RESPOND TO THE PLAN'S NUMEROUS REQUESTS.

(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
MAIRS & POWER, INC. 30 E 7TH ST, STE 2500 ST PAUL, MN 55101  41-0844499	28	THE SERVICE PROVIDER FAILED TO RESPOND TO THE PLAN'S NUMEROUS REQUESTS.

(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)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning <b>10/01/2023</b> and ending <b>09/30/2024</b>	
<b>A</b> Name of plan <b>GREATER METROPOLITAN HOTEL EMPLOYERS EMPLOYEES HEALTH &amp; WELFARE FUND</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRUSTEES GREATER METROPOLITAN HOTEL EMPLOYERS-EMPLOYEES HEALTH WELFARE</b>	<b>D</b> Employer Identification Number (EIN) <b>41-0737593</b>

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

Assets	(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	2423949	1577660
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	528162	586544
<b>(2)</b> Participant contributions .....		
<b>(3)</b> Other .....	315662	371004
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	104683	173861
<b>(2)</b> U.S. Government securities .....	666905	723528
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....		
<b>(B)</b> All other .....	1478646	1739827
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....		
<b>(B)</b> Common .....	2806772	3536516
<b>(5)</b> Partnership/joint venture interests .....		
<b>(6)</b> Real estate (other than employer real property) .....		
<b>(7)</b> Loans (other than to participants) .....		
<b>(8)</b> Participant loans .....		
<b>(9)</b> Value of interest in common/collective trusts .....		
<b>(10)</b> Value of interest in pooled separate accounts .....		
<b>(11)</b> Value of interest in master trust investment accounts .....		
<b>(12)</b> Value of interest in 103-12 investment entities .....		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	4948868	6608718
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....		
<b>(15)</b> Other .....		

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities .....	<b>1d(1)</b>		
(2) Employer real property .....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation .....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e) .....	<b>1f</b>	13273647	15317658
<b>Liabilities</b>			
<b>g</b> Benefit claims payable .....	<b>1g</b>	413262	659564
<b>h</b> Operating payables .....	<b>1h</b>	35955	20186
<b>i</b> Acquisition indebtedness .....	<b>1i</b>		
<b>j</b> Other liabilities .....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j) .....	<b>1k</b>	449217	679750
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	12824430	14637908

**Part II Income and Expense Statement**

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

<b>Income</b>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers .....	<b>2a(1)(A)</b>	6348849	
<b>(B)</b> Participants .....	<b>2a(1)(B)</b>	31394	
<b>(C)</b> Others (including rollovers) .....	<b>2a(1)(C)</b>		
(2) Noncash contributions .....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		6380243
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....	<b>2b(1)(A)</b>	7812	
<b>(B)</b> U.S. Government securities .....	<b>2b(1)(B)</b>	24366	
<b>(C)</b> Corporate debt instruments .....	<b>2b(1)(C)</b>	71826	
<b>(D)</b> Loans (other than to participants) .....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans .....	<b>2b(1)(E)</b>		
<b>(F)</b> Other .....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		104004
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock .....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock .....	<b>2b(2)(B)</b>	41766	
<b>(C)</b> Registered investment company shares (e.g. mutual funds) .....	<b>2b(2)(C)</b>	209286	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		251052
(3) Rents .....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds .....	<b>2b(4)(A)</b>	1109807	
<b>(B)</b> Aggregate carrying amount (see instructions) .....	<b>2b(4)(B)</b>	996900	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....	<b>2b(4)(C)</b>		112907
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate .....	<b>2b(5)(A)</b>		
<b>(B)</b> Other .....	<b>2b(5)(B)</b>	1100189	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts.....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts.....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities.....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		256816
<b>c</b> Other income .....	<b>2c</b>		648937
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		8854148

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	5997810	
(2) To insurance carriers for the provision of benefits.....	<b>2e(2)</b>	268403	
(3) Other.....	<b>2e(3)</b>	578043	
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		6844256
<b>f</b> Corrective distributions (see instructions).....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances.....	<b>2i(1)</b>		
(2) Contract administrator fees.....	<b>2i(2)</b>	44550	
(3) Recordkeeping fees.....	<b>2i(3)</b>	7800	
(4) IQPA audit fees.....	<b>2i(4)</b>	15750	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	37558	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	7889	
(7) Actuarial fees .....	<b>2i(7)</b>	3500	
(8) Legal fees .....	<b>2i(8)</b>	40898	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>	5649	
(11) Other expenses .....	<b>2i(11)</b>	32820	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		196414
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		7040670

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		1813478
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: LEGACY PROFESSIONALS LLP

(2) EIN: 32-0043599

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

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

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

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

**Greater Metropolitan Hotel  
Employers-Employees  
Health & Welfare Plan**

Financial Statements with Supplementary Information

September 30, 2024 and 2023

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**Report of Independent Auditors**

To the Participants and Trustees of  
Greater Metropolitan Hotel  
Employers-Employees Health & Welfare Plan

*Opinion*

We have audited the financial statements of Greater Metropolitan Hotel Employers-Employees Health & Welfare Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of benefit obligations as of September 30, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and benefit obligations of Greater Metropolitan Hotel Employers-Employees Health & Welfare Plan as of September 30, 2024 and 2023, and the changes in its net assets available for benefits and benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

*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 the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our 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.

### ***Responsibilities of Management for the Financial Statements (continued)***

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that the financial statements are 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***

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 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; and
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

***Auditors' Responsibilities for the Audit of the Financial Statements (continued)***

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.

*Legacy Professionals LLP*

Edina, Minnesota

July 14, 2025

**Greater Metropolitan Hotel  
Employers-Employees  
Health & Welfare Plan**

**Statements of Net Assets Available for Benefits**

September 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
<b>Assets</b>		
Investments - at fair value		
Mutual funds	\$ 6,600,538	\$ 4,929,459
Common stocks	3,536,516	2,806,772
U.S. Government obligations	723,528	666,905
Corporate obligations	1,739,827	1,478,646
Exchange traded fund	8,180	19,409
Invested cash	<u>173,861</u>	<u>104,683</u>
Total investments	<u>12,782,450</u>	<u>10,005,874</u>
Receivables		
Employer contributions	586,544	528,162
Accrued interest and dividends	44,191	32,553
Prescription drug rebates	<u>326,813</u>	<u>283,109</u>
Total receivables	<u>957,548</u>	<u>843,824</u>
Cash	<u>1,577,660</u>	<u>2,423,949</u>
Total assets	15,317,658	13,273,647
<b>Liabilities and Net Assets</b>		
Liabilities		
Accounts payable	<u>20,186</u>	<u>35,955</u>
Net assets available for benefits	<u>\$ 15,297,472</u>	<u>\$ 13,237,692</u>

See accompanying notes to financial statements.

**Greater Metropolitan Hotel  
Employers-Employees  
Health & Welfare Plan**

**Statements of Changes in Net Assets Available for Benefits**

Years Ended September 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
<b>Additions</b>		
Investment income		
Net appreciation in fair value of investments	\$ 1,469,912	\$ 396,115
Interest and dividends	<u>355,056</u>	<u>272,179</u>
	1,824,968	668,294
Less investment expenses	<u>(45,379)</u>	<u>(34,809)</u>
Net investment income	1,779,589	633,485
Employer contributions	6,348,849	5,628,982
Participant contributions	31,394	26,153
Prescription drug rebates	<u>648,937</u>	<u>437,913</u>
Total additions	<u>8,808,769</u>	<u>6,726,533</u>
<b>Deductions</b>		
Cost of benefits		
Medical	4,497,567	2,937,207
Prescription drug	989,665	902,716
Dental	201,862	159,852
Disability	65,116	33,285
Death	18,000	-
Insurance premiums - stop-loss	268,403	233,477
Benefit administration fees	<u>557,341</u>	<u>411,008</u>
Total cost of benefits	6,597,954	4,677,545
Fees mandated by ACA	2,064	1,468
Administrative expenses	<u>148,971</u>	<u>124,816</u>
Total deductions	<u>6,748,989</u>	<u>4,803,829</u>
<b>Net increase</b>	2,059,780	1,922,704
<b>Net assets available for benefits</b>		
Beginning of year	<u>13,237,692</u>	<u>11,314,988</u>
End of year	<u>\$ 15,297,472</u>	<u>\$ 13,237,692</u>

See accompanying notes to financial statements.

**Greater Metropolitan Hotel  
Employers-Employees  
Health & Welfare Plan**

**Statements of Benefit Obligations**

September 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
<b>Amounts currently payable</b>		
Claims payable and claims incurred but not reported	\$ 623,800	\$ 398,200
Benefit administration fees payable	<u>35,764</u>	<u>15,062</u>
Total amounts currently payable	659,564	413,262
<b>Other obligations for current benefit coverage, at estimated amounts</b>		
Extended eligibility	<u>1,594,344</u>	<u>1,202,028</u>
Total benefit obligations	<u>\$ 2,253,908</u>	<u>\$ 1,615,290</u>

See accompanying notes to financial statements.

**Greater Metropolitan Hotel  
Employers-Employees  
Health & Welfare Plan**

**Statements of Changes in Benefit Obligations**

Years Ended September 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
<b>Amounts currently payable</b>		
Balance at beginning of year	\$ 413,262	\$ 544,056
Increase (decrease) during the year attributable to changes in		
Claims payable and claims incurred but not reported	225,600	(133,600)
Benefit administration fees payable	<u>20,702</u>	<u>2,806</u>
Balance at end of year	<u>659,564</u>	<u>413,262</u>
<b>Other obligations for current benefit coverage, at estimated amounts</b>		
Balance at beginning of year	1,202,028	1,025,086
Increase during the year attributable to changes in		
Extended eligibility	<u>392,316</u>	<u>176,942</u>
Balance at end of year	<u>1,594,344</u>	<u>1,202,028</u>
Total benefit obligations	<u>\$ 2,253,908</u>	<u>\$ 1,615,290</u>

See accompanying notes to financial statements.

**Greater Metropolitan Hotel  
Employers-Employees  
Health & Welfare Plan**

**Notes to Financial Statements**

September 30, 2024 and 2023

**Note 1. Description of the Plan**

Greater Metropolitan Hotel Employers-Employees Health & Welfare Plan (the Plan) was established on October 6, 1949, as a result of a collective bargaining agreement between certain Minneapolis area hotel employers and Local 17 Hotel Employees and Restaurant Employees Union. The Plan is a multiemployer welfare plan subject to provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Plan is administered by a joint board of trustees consisting of an equal number of union and employer representatives.

Medical, prescription drug, dental, disability and death benefits are provided on a self-insured basis. To initially become eligible for benefits and to maintain eligibility, a participant must work 255 hours or more within a three-month period. A participant is eligible for benefits in the first month following the period for which contributions were made for the required hours (lag month). If a participant fails to acquire the prescribed number of hours to continue eligibility and has worked in covered employment during the qualifying period, the participant can self-pay for the difference between hours worked and hours required, for a maximum of six months.

Continuation of health care benefits to persons who could otherwise lose those benefits due to certain events, as mandated by the Consolidated Omnibus Budget Reconciliation Act (COBRA), has been adopted by the Plan.

Participants should refer to the summary plan description for more complete information.

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

**Method of Accounting** - The accompanying financial statements have been prepared using the accrual basis of accounting.

**New Accounting Pronouncement** - In June 2016, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update No. 2016-13, *Financial Instruments - Credit Losses* (Topic 326), which is effective for the Plan for the year ended September 30, 2024. This new standard provides financial statement users with more decision-useful information about the expected credit losses on financial instruments and other commitments to extend credit held by a reporting entity at each reporting date. The standard replaced the incurred loss impairment model with a methodology that reflects expected credit losses and requires consideration of a broader range of reasonable and supportable information to inform credit loss estimates. The standard had no material impact on the Plan's financial statements.

## **Note 2. Summary of Significant Accounting Policies (continued)**

**Investments** - Investments are reported at fair value. The fair value of a financial instrument is the amount that would be received to sell that asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (the exit price). Net appreciation or depreciation includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Purchases and sales of investments are reflected on a trade-date basis. Interest income is recorded on the accrual basis. Dividend income is recorded on the ex dividend date.

**Contributions Receivable** - Employer and participant contributions due and not paid at year end are recorded as contributions receivable. Contributions owed as a result of payroll compliance audits are recorded upon settlement with the employer. An allowance for uncollectible accounts is considered unnecessary and is not provided.

**Prescription Drug Rebates** - The Plan utilizes a pharmacy benefit manager (PBM) who periodically makes rebates to the Plan based on the Plan's actual utilization pattern of specific drugs. Rebates due from the Plan's PBM are recorded when earned. Rebates due as of the financial statement date have been reported as a receivable.

**Stop-Loss Insurance** - The Plan maintains a stop-loss insurance arrangement in an effort to limit its exposure for self-insured benefits. Under the terms of the contract, individual participant claims incurred in excess of \$400,000 within the contract year are reimbursed to the Plan.

**Revenue Recognition** - Revenue derived from employer contributions is recognized in the period in which covered work is performed, based on the number of hours worked in covered employment and the contribution rates currently in effect, as set forth in the collective bargaining agreement. Employers are required to remit contributions monthly. The Plan carries out its purpose described in Note 1 in the hotel, restaurant and bar industry within a jurisdiction located in the metropolitan areas of Minneapolis and St. Paul, Minnesota.

**Benefit Obligations** - Benefit obligations are estimated by Plan management and the Plan's consultant in accordance with accepted actuarial principles, based on incurred claims cost studies, Plan benefits, claims experience and other data as considered necessary. Benefit administration fees payable represent amounts due and not yet paid at year end.

The obligation for extended eligibility represents an estimate of claims which will be due the following year for participants who had been credited with sufficient hours prior to September 30 to maintain eligibility after year end. A participant's extended eligibility is based on the average weekly projected cost multiplied by the total weeks of future earned coverage.

**Expenses** - Certain investment related expenses are included in net appreciation in fair value of investments.

## **Note 2. Summary of Significant Accounting Policies (continued)**

**Reclassifications** - Certain reclassifications have been made to prior year amounts to conform to the current year presentation.

**Estimates** - The preparation of financial statements in accordance with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures in the financial statements. Actual results could differ from those estimates.

**Subsequent Events** - Subsequent events have been evaluated through July 14, 2025, which is the date the financial statements were available to be issued.

## **Note 3. Priorities upon Termination**

It is the intent of the Trustees to continue the Plan in full force and effect; however, in order to safeguard against any unforeseen contingencies, the right to discontinue the Plan is reserved to the Trustees. In the event of termination, the Trustees shall first satisfy or make provisions to satisfy the obligations of the Plan. Termination shall not permit any part of the Plan to be used for or diverted to purposes other than the exclusive benefit of participants. Any remaining Plan assets will be distributed in such manner as will, in the opinion of the Trustees, bring about the purpose of the Plan.

## **Note 4. Tax Status**

The Plan received a notice of exemption dated February 27, 1978, in which the Internal Revenue Service stated that the trust established under the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the notice of exemption. The Plan's administrator and the Plan's legal counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code, and therefore believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

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

## Note 5. Fair Value Measurements

The *Fair Value Measurements and Disclosures* Topic of the FASB Accounting Standards Codification established 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 following describes the three levels of the fair value hierarchy:

### Basis of Fair Value Measurement

Level 1	Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities
Level 2	Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly
Level 3	Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable

The following tables set forth, by level within the fair value hierarchy, the Plan's investment assets at fair value as of September 30, 2024 and 2023. As required, assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement.

	Total	Fair Value Measurements at 9/30/24 Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	\$ 6,600,538	\$ 6,600,538	\$ -	\$ -
Common stocks	3,536,516	3,536,516	-	-
U.S. Government obligations	723,528	723,528	-	-
Corporate obligations	1,739,827	-	1,739,827	-
Exchange traded fund	8,180	8,180	-	-
Invested cash	173,861	-	173,861	-
Total	<u>\$ 12,782,450</u>	<u>\$ 10,868,762</u>	<u>\$ 1,913,688</u>	<u>\$ -</u>

**Note 5. Fair Value Measurements (continued)**

	Total	Fair Value Measurements at 9/30/23 Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	\$ 4,929,459	\$ 4,929,459	\$ -	\$ -
Common stocks	2,806,772	2,806,772	-	-
U.S. Government obligations	666,905	666,905	-	-
Corporate obligations	1,478,646	-	1,478,646	-
Exchange traded fund	19,409	19,409	-	-
Invested cash	104,683	-	104,683	-
Total	<u>\$ 10,005,874</u>	<u>\$ 8,422,545</u>	<u>\$ 1,583,329</u>	<u>\$ -</u>

Level 1 Measurements

The fair values of the mutual funds and exchange traded fund are determined by reference to the funds' underlying assets, which are principally marketable fixed income securities. Shares held in mutual funds and exchange traded funds are traded on national securities exchanges and are valued at the net asset value on the last business day of each period presented.

Common stocks and U.S. Treasury securities are traded in active markets on national and international securities exchanges and are valued at closing prices on the last business day of each period presented.

Level 2 Measurements

Corporate obligations are generally valued by benchmarking model-derived prices to quoted market prices and trade data for identical or comparable securities. To the extent that quoted prices are not available, fair value is determined based on valuation models that include inputs such as interest rate yield curves and credit spreads. Securities traded in markets that are not considered active are valued based on quoted market prices, broker or dealer quotations, or alternative pricing sources with reasonable levels of price transparency. Securities that trade infrequently and therefore have little or no price transparency are valued using the investment manager's best estimates.

Invested cash is valued at cost, which approximates fair value.

## **Note 5. Fair Value Measurements (continued)**

### Risks and Uncertainty

Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risks associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits. The current economic environment has increased the degree of uncertainty.

## **Note 6. Funding Policy**

The Plan is primarily funded by employer contributions and from participants making self-payments or electing COBRA coverage. The hourly contribution rate for the majority of employers as specified in the collective bargaining agreements was \$3.82 through April 30, 2023, \$4.02 through April 30, 2024, and \$4.26 thereafter. The monthly contribution rates for COBRA coverage were \$1,003 effective February 1, 2022, \$596 effective February 1, 2023, and \$629 effective February 1, 2024. Participant contribution rates are determined annually based on claims experience.

## **Note 7. Major Employers**

Contributions from two employers accounted for approximately 28%, and contributions from three employers accounted for approximately 41%, of total employer contributions for the years ended September 30, 2024 and 2023, respectively. In the event an employer were to suspend contributions, the Plan would terminate coverage to the employer's participants as required under the Plan document. The Plan would retain the risk of meeting fixed administrative expenses until the appropriate adjustments were made.

## **Note 8. Concentrations**

The Plan has a significant portion of its assets invested in certain fixed income mutual funds. Two short-term fixed income mutual funds represented approximately 43% of the Plan's net assets available for benefits as of September 30, 2024. As of September 30, 2023, there was one short-term fixed income mutual fund representing approximately 22% of the Plan's net assets available for benefits.

Cash consists of monies held in checking, savings and highly liquid interest bearing accounts without significant withdrawal restrictions. The Plan maintains cash balances with financial institutions deemed to be creditworthy. Balances are insured by the Federal Deposit Insurance Corporation up to \$250,000 per financial institution. At September 30, 2024, balances exceeded federally insured limits by approximately \$1,474,000. The Plan's management believes its credit risk to be minimal.

**Note 9. Related Organization**

The Plan is related to a tax-exempt labor union.

**Note 10. Reconciliation of Financial Statements to Form 5500**

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

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 15,297,472	\$ 13,237,692
Less - benefit obligations currently payable	<u>(659,564)</u>	<u>(413,262)</u>
Net assets available for benefits per the Form 5500	<u>\$ 14,637,908</u>	<u>\$ 12,824,430</u>

The following is a reconciliation of benefits paid to or for participants per the financial statements to the Form 5500 for the year ended September 30, 2024:

Benefits paid to or for participants per the financial statements	\$ 6,597,954
Add - amounts currently payable at end of year	659,564
Less - amounts currently payable at beginning of year	<u>(413,262)</u>
Benefits paid to or for participants per the Form 5500	<u>\$ 6,844,256</u>

**Report of Independent Auditors on Supplemental Schedule Required by ERISA**

To the Participants and Trustees of  
Greater Metropolitan Hotel  
Employers-Employees Health & Welfare Plan

We have audited the financial statements of Greater Metropolitan Hotel Employers-Employees Health & Welfare Plan (the Plan) as of and for the years ended September 30, 2024 and 2023, and our report thereon dated July 14, 2025, which expressed an unmodified opinion on those financial statements, appears on pages 1 through 3. Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. Supplemental schedule 1 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (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 has been subjected to the 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 generally accepted auditing standards.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including the form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

*Legacy Professionals LLP*

Edina, Minnesota

July 14, 2025

Greater Metropolitan Hotel Employers-Employees  
Health & Welfare Plan  
EIN 41-0737593 Plan No. 501

Schedule H, Line 4i - Schedule of Assets (Held at Year End)  
Supplemental Schedule #1  
Page 1 of 20

September 30, 2024

	<u>Cost</u>	<u>Current Value</u>
<b>Sch. H, Line 1c(1) - Interest bearing cash (including money market accounts)</b>		
Page 2 of 20	<u>173,861</u>	<u>173,861</u>
<b>Sch. H, Line 1c(2) - U.S. Government securities</b>		
Page 4 of 20	<u>726,603</u>	<u>723,528</u>
<b>Sch. H, Line 1c(3)(B) - Corporate debt securities (other than employer securities): All other</b>		
Page 6 of 20	1,636,662	1,607,249
Page 6 of 20	<u>150,125</u>	<u>132,578</u>
	<u>1,786,787</u>	<u>1,739,827</u>
<b>Sch. H, Line 1c(13) - Value of interest in registered investment companies</b>		
Page 6 of 20	6,706,177	6,600,538
Page 15 of 20	<u>148,753</u>	<u>8,180</u>
	<u>6,854,930</u>	<u>6,608,718</u>
<b>Sch. H, Line 1c(4)(B) - Corporate stocks (other than employer securities): Common</b>		
Page 20 of 20	1,494,918	3,424,731
Page 20 of 20	<u>62,686</u>	<u>111,785</u>
	<u>1,557,604</u>	<u>3,536,516</u>

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UNITS	TICKER	DESCRIPTION	MARKET VALUE	BOOK VALUE	S&P RATE	MOODY RATE	ACCRUED INCOME	FVML
		ACCRUED INCOME	44,190.79	44,190.79				
<b>SHORT TERM INVESTMENTS</b>								
173,861.33	FGAXX	GOLDMAN SACHS FINL SQUARE TREASURY FUND ADMIN SHS #469 38141W315	173,861.33	173,861.33			585.49	2
		ACCOUNT [REDACTED]	79,757.88					
		ACCOUNT [REDACTED]	92,799.26					
		ACCOUNT [REDACTED]	1,304.19					
<b>US TREASURY OBLIGATIONS</b>								
<b>UNCLASSIFIED</b>								
100,000		US TREASURY NOTES TIPS 0.875% NTS 30/06/2026 USD (AA-2026) .875% 06/30/2026 91282CCJ8	95,270.00	100,487.38		Aaa	219.95	1
		ACCOUNT [REDACTED]	100,000					
50,000		US TREASURY NOTES TIPS 1% NTS 31/07/2028 USD (N-2028) 1% 07/31/2028 91282CCR0	45,410.00	49,919.74		Aaa	82.88	1
		ACCOUNT [REDACTED]	50,000					
50,000		US TREASURY NOTES TIPS 3.5% NTS 15/02/2033 USD (B-2033) 3.5% 02/15/2033 91282CGM7	49,129.00	50,874.09		Aaa	218.75	
		ACCOUNT [REDACTED]	50,000					
50,000		US TREASURY NOTES TIPS 4.625% NTS 28/02/2025 USD (AY-2025) 4.625% 02/28/2025 91282CGN5	50,035.00	49,648.44		Aaa	207.37	
		ACCOUNT [REDACTED]	50,000					

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UNITS	TICKER	DESCRIPTION	MARKET VALUE	BOOK VALUE	S&P RATE	MOODY RATE	ACCRUED INCOME	FVML
50,000		US TREASURY NOTES TIPS 4% NTS 28/02/2030 USD (H-2030) 4% 02/28/2030 91282CGQ8 ACCOUNT ██████████	50,959.00 50,000	49,517.58		Aaa	179.35	
50,000		US TREASURY NOTES TIPS 3.75% NTS 31/05/2030 USD (L-2030) 3.75% 05/31/2030 91282CHF1 ACCOUNT ██████████	50,330.00 50,000	49,626.05		Aaa	626.70	1
50,000		US TREASURY NOTES TIPS 4.625% NTS 30/06/2025 USD (BD-2025) 4.625% 06/30/2025 91282CHL8 ACCOUNT ██████████	50,175.00 50,000	49,777.34		Aaa	581.28	1
50,000		US TREASURY NOTES TIPS 4.75% NTS 31/07/2025 USD (BE-2025) 4.75% 07/31/2025 91282CHN4 ACCOUNT ██████████	50,267.50 50,000	49,919.92		Aaa	393.68	1
25,000		US TREASURY NOTES TIPS 4.5% NTS 15/11/2033 USD (F-2033) 4.5% 11/15/2033 91282CJ11 ACCOUNT ██████████	26,401.50 25,000	26,089.84		Aaa	421.88	1
50,000		US TREASURY NOTES TIPS 4.25% NTS 28/02/2031 USD (H-2031) 4.25% 02/28/2031 91282CKC4 ACCOUNT ██████████	51,709.00 50,000	49,929.69		Aaa	1,062.50	1
50,000		US TREASURY NOTES TIPS 4.25% NTS 15/03/2027 USD (AL-2027) 4.25% 03/15/2027 91282CKE0 ACCOUNT ██████████	50,771.50 50,000	49,671.88		Aaa	88.05	1
50,000		US TREASURY NOTES TIPS 4.375% NTS 15/05/2034 USD (C-2034) 4.375% 05/15/2034 91282CKQ3 ACCOUNT ██████████	52,367.00 50,000	50,376.95		Aaa	820.31	1
100,000		US TREASURY NOTES TIPS 3.875% NTS 15/08/2034 USD (E-2034) 3.875% 08/15/2034 91282CLF6 ACCOUNT ██████████	100,703.00 100,000	100,763.67		Aaa	484.38	1

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UNITS	TICKER	DESCRIPTION	MARKET VALUE	BOOK VALUE	S&P RATE	MOODY RATE	ACCRUED INCOME	FVML
		TOTAL UNCLASSIFIED	723,527.50	726,602.57			5,387.08	
		<b>CORPORATE BONDS</b>						
		<b>ENERGY</b>						
50,000	KMI34	KINDER MORGAN INC DEL 5.3% SNR NTS 01/12/2034 USD (SEC REGD) 5.3% 12/01/2034 49456BAG6 ACCOUNT [REDACTED]	50,778.00	60,296.91	BBB	Baa2	875.97	1
		<b>MATERIALS</b>						
100,000		CABOT CORP 4% SNR PIDI NTS 01/07/2029 USD (SEC REGD) 4% 07/01/2029 127055AL5 ACCOUNT [REDACTED]	99,157.00	101,250.00	BBB	Baa2	988.89	1
100,000		EASTMAN CHEMICAL CO 4.5% SNR PIDI NTS 01/12/2028 USD (SEC REGD) 4.5% 12/01/2028 277432AW0 ACCOUNT [REDACTED]	100,533.00	101,914.00	BBB	Baa2	1,487.50	1
100,000		KENNAMETAL INC 4.625% SNR PIDI NTS 15/06/2028 USD (SEC REGD) 4.625% 06/15/2028 489170AE0 ACCOUNT [REDACTED]	100,241.00	109,283.25	BBB	Baa3	1,348.96	1
		TOTAL MATERIALS	299,931.00	312,447.25			3,825.35	
		<b>AUTOMOBILES AND COMPONENTS</b>						
100,000	LEA30	LEAR CORP 3.5% SNR PIDI NTS 30/05/2030 USD (SEC REGD) 3.5% 05/30/2030 521865BB0 ACCOUNT [REDACTED]	93,764.00	101,934.00	BBB	Baa2	1,166.67	1
		<b>CONSUMER DURABLES AND APPAREL</b>						
50,000		MOHAWK IND INC 3.625% SNR PIDI NTS 15/05/2030 USD (SEC REGD) 3.625% 05/15/2030 608190AL8 ACCOUNT [REDACTED]	48,057.50	49,289.50	BBB+	Baa1	679.69	1
		<b>FOOD AND STAPLES RETAILING</b>						
50,000		MCDONALDS CORP 3.375% 05/26/2025 58013MEU4 ACCOUNT [REDACTED]	49,612.50	50,303.00	BBB+	Baa1	581.25	2

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UNITS	TICKER	DESCRIPTION	MARKET VALUE	BOOK VALUE	S&P RATE	MOODY RATE	ACCRUED INCOME	FVML
<b>PHARMACEUTICAL BIOTECH LIFE SCI</b>								
100,000		EXPRESS SCRIPTS HLDG CO 3.4% 03/01/2027 30219GAN8	97,301.00	97,974.00	A-	WR	273.89	2
		ACCOUNT [REDACTED]	100,000					
<b>BANKS</b>								
50,000		BANK AMERICA FDG CORP FXD-FRN SNR 22/07/2028 USD (SEC REGD) (N) 4.948% 07/22/2028 06051GKW8	50,879.00	50,406.50	A-	A1	467.31	1
		ACCOUNT [REDACTED]	50,000					
100,000		BANK OF NEW YORK MELLON CORP FXD-FRN PERP USD (SEC REGD) 3.75% 12/31/2049 064058AL4	94,383.00	94,810.00	BBB	Baa1	104.17	1
		ACCOUNT [REDACTED]	100,000					
75,000		CITIGROUP INC 3.2% 10/21/2026 172967KY6	73,460.25	74,869.50	BBB+	A3	1,060.00	2
		ACCOUNT [REDACTED]	75,000					
75,000		PNC FINL CORP FXD-FRN PERP USD (SEC REGD) (T) 3.4% 693475BC8	68,498.25	75,282.08	BBB-	Baa2	0.00	
		ACCOUNT [REDACTED]	75,000					
		TOTAL BANKS	287,220.50	295,368.08			1,631.48	
<b>DIVERSIFIED FINANCIALS</b>								
50,000	BKH34	BLACK HILLS CORP 6.15% SNR NTS 15/05/2034 USD (SEC REGD) 6.15% 05/15/2034 092113AW9	53,941.00	50,311.00	BBB+	Baa2	1,153.13	1
		ACCOUNT [REDACTED]	50,000					
50,000	CBRE/34	CBRE SVCS INC 5.95% SNR NTS 15/08/2034 USD (SEC REGD) 5.95% 08/15/2034 12505BAG5	53,698.50	48,818.00	BBB+	Baa1	371.88	1
		ACCOUNT [REDACTED]	50,000					
50,000		CINN FINL 6.125% SNR NTS 01/11/2034 USD (SEC REGD) 6.125% 11/01/2034 172062AE1	54,219.50	52,623.50	BBB+	A3	1,267.53	1
		ACCOUNT [REDACTED]	50,000					

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UNITS	TICKER	DESCRIPTION	MARKET VALUE	BOOK VALUE	S&P RATE	MOODY RATE	ACCRUED INCOME	FVML
50,000	GM/31B	GENERAL MOTORS FINL CO INC 5.75% SNR NTS 08/02/2031 USD (SEC REGD) 5.75% 02/08/2031 37045XER3 ACCOUNT [REDACTED]	51,697.00 50,000	50,282.50	BBB	Baa2	415.28	1
50,000		JPMORGAN CHASE FXD-FRN SNR 22/04/2035 USD (SEC REGD) 5.766% 04/22/2035 46647PEH5 ACCOUNT [REDACTED]	53,881.00 50,000	52,008.50	A-	A1	1,265.32	1
		TOTAL DIVERSIFIED FINANCIALS	267,437.00	254,043.50			4,473.14	
		<b>INSURANCE</b>						
75,000		MERCURY GENERAL CORP 4.4% 03/15/2027 589400AB6 ACCOUNT [REDACTED]	74,220.00 75,000	74,198.25		Baa2	137.50	2
50,000		OLD REP INTL CORP 5.75% SNR NTS 28/03/2034 USD (SEC REGD) 5.75% 03/28/2034 680223AM6 ACCOUNT [REDACTED]	52,446.50 50,000	50,173.00	BBB+	Baa2	15.97	1
		TOTAL INSURANCE	126,666.50	124,371.25			153.47	
		<b>SOFTWARE AND SERVICES</b>						
50,000		ADOBE SYS 3.25% 02/01/2025 00724FAC5 ACCOUNT [REDACTED]	49,695.00 50,000	50,002.50	A+	A1	266.32	2
75,000		FISERV INC 4.2% 10/01/2028 337738AR9 ACCOUNT [REDACTED]	74,727.75 75,000	75,132.00	BBB	Baa2	1,566.25	2
		TOTAL SOFTWARE AND SERVICES	124,422.75	125,134.50			1,832.57	
		<b>TECHNOLOGY HARDWARE AND EQUIP</b>						
50,000		FORTINET INC 2.2% SNR NTS 15/03/2031 USD (SEC REGD) 2.2% 03/15/2031 34959EAB5 ACCOUNT [REDACTED]	43,417.50 50,000	39,071.50	BBB+	Baa1	45.83	1
100,000	HPQ30	HP INC 3.4% SNR PIDI NTS 17/06/2030 USD (SEC REGD) 3.4% 06/17/2030 40434LAC9 ACCOUNT [REDACTED]	94,719.00 100,000	103,272.00	BBB	Baa2	972.78	1

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UNITS	TICKER	DESCRIPTION	MARKET VALUE	BOOK VALUE	S&P RATE	MOODY RATE	ACCRUED INCOME	FVML
		TOTAL TECHNOLOGY HARDWARE AND EQUIP	138,136.50	142,343.50			1,018.61	
		<b>SEMICONDUCTORS AND EQUIPMENT</b>						
25,000		ANALOG DEVICES INC 4.5% SNR NTS 05/12/2036 USD (SEC REGD) 4.5% 12/05/2036 032654AP0	23,921.75	23,156.75	A-	A2	359.38	
		ACCOUNT ██████████	25,000					
		TOTAL CORPORATE BONDS	1,607,249.00	1,636,662.24			16,871.47	
		<b>CORPORATE BOND FUNDS</b>						
		<b>UNCLASSIFIED</b>						
415,893.196	MWLIX	METROPOLITAN WEST LOW DURATION BOND FUND CL I 592905608	3,522,615.37	3,549,994.64			10,820.10	1
		ACCOUNT ██████████	415,893.196					
298,827.485	VBIRX	VANGUARD SHORT TERM BOND INDEX FUND ADM #5132 921937702	3,077,923.10	3,156,181.96			8,711.70	1
		ACCOUNT ██████████	298,827.485					
		TOTAL UNCLASSIFIED	6,600,538.47	6,706,176.60			19,531.80	
		<b>CONVERTIBLE CORPORATE BONDS</b>						
		<b>UNCLASSIFIED</b>						
50,000		BANK MONTREAL QUE FXD-FRN LOWER TIER II COCO 10/01/2037 USD (SEC REGD) 3.088% 01/10/2037 06368DH72	43,149.00	50,000.00	BBB+	Baa1	343.11	2
		ACCOUNT ██████████	50,000					
		<b>DIVERSIFIED FINANCIALS</b>						
100,000		SCHWAB CHARLES CORP FRN SUB-PERPETUAL CONVERTIBLE 4% 808513BJ3	89,429.00	100,125.00	BBB-	Baa2	0.00	2
		ACCOUNT ██████████	100,000					
		TOTAL CONVERTIBLE CORPORATE BONDS	132,578.00	150,125.00			343.11	
		<b>COMMON STOCK</b>						
		<b>UNCLASSIFIED</b>						
80	APP	APPROVIN CORPORATION COM CL A 03831W108	10,444.00	7,202.58			0.00	1
		ACCOUNT ██████████	80					

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UNITS	TICKER	DESCRIPTION	MARKET VALUE	BOOK VALUE	S&P RATE	MOODY RATE	ACCRUED INCOME	FVML
88	BJ	BJS WHSL CLUB HLDGS INC COM 05550J101 ACCOUNT ██████████	7,258.24 88	4,356.71			0.00	1
50	DDOG	DATADOG INC CL A COM 23804L103 ACCOUNT ██████████	5,753.00 50	6,630.99			0.00	1
149	DOW	DOW HLDGS INC 260557103 ACCOUNT ██████████	8,139.87 149	9,581.44			0.00	
470		HEALTHPEAK PROPERTIES INC COM 42250P103 ACCOUNT ██████████	10,748.90 470	9,425.78			0.00	1
70		HOWMET AEROSPACE INC COM 44320I108 ACCOUNT ██████████	7,017.50 70	5,445.18			0.00	1
51		LABCORP HOLDINGS INC COM SHS 504922105 ACCOUNT ██████████	11,397.48 51	5,616.76			0.00	
100	RTX	RAYTHEON TECHNOLOGIES CORPORATIO COM USD1.00 75513E101 ACCOUNT ██████████	12,116.00 100	11,523.04			0.00	
246	TOST	TOAST INC CL A 888787108 ACCOUNT ██████████	6,964.26 246	6,748.62			0.00	1
171	UBER	UBER TECHNOLOGIES INC COM 90353T100 ACCOUNT ██████████	12,852.36 171	5,304.48			0.00	1
206	VRT	VERTIV HOLDINGS CO COM CL A 92537N108 ACCOUNT ██████████	20,494.94 206	7,415.53			0.00	1
105	ZM	ZOOM VIDEO COMMUNICATIONS INC CL A COM 98980L101 ACCOUNT ██████████	7,322.70 105	6,727.63			0.00	1
		TOTAL UNCLASSIFIED	120,509.25	85,978.74			0.00	

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UNITS	TICKER	DESCRIPTION	MARKET VALUE	BOOK VALUE	S&P RATE	MOODY RATE	ACCRUED INCOME	FVML
<b>FINANCIAL</b>								
441	TFC	TRUIST FINANCIAL CORPORATION COM USD5 89832Q109 ACCOUNT ██████████	18,861.57	15,099.82			0.00	
			441					
<b>ENERGY</b>								
150	LNT	ALLIANT ENERGY CORP 018802108 ACCOUNT ██████████	9,103.50	8,879.25			0.00	1
			150					
208	CVX	CHEVRON CORP 166764100 ACCOUNT ██████████	30,632.16	19,600.58			0.00	1
			208					
229	COP	CONOCO PHILLIPS 20825C104 ACCOUNT ██████████	24,109.12	12,035.39			0.00	1
			229					
461	MRO	MARATHON OIL CORP 565849106 ACCOUNT ██████████	12,276.43	7,193.46			0.00	1
			461					
		TOTAL ENERGY	76,121.21	47,708.68			0.00	
<b>FOOD AND ALLIED PRODUCTS</b>								
220	KHC	KRAFT HEINZ CO 500754106 ACCOUNT ██████████	7,724.20	8,711.13			0.00	1
			220					
<b>MATERIALS</b>								
116	CE	CELANESE CORP 150870103 ACCOUNT ██████████	15,771.36	11,016.36			0.00	1
			116					
400	FAST	FASTENAL CO 311900104 ACCOUNT ██████████	28,568.00	3,512.00			0.00	1
			400					
401	GPK	GRAPHIC PACKAGING HLDG CO 388689101 ACCOUNT ██████████	11,865.59	9,494.51			40.10	1
			401					
126	ITRI	ITRON INC 465741106 ACCOUNT ██████████	13,458.06	12,133.33			0.00	1
			126					
57	OC	OWENS CORNING NEW 690742101	10,061.64	6,372.12			0.00	1

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UNITS	TICKER	DESCRIPTION	MARKET VALUE	BOOK VALUE	S&P RATE	MOODY RATE	ACCRUED INCOME	FVML
		ACCOUNT ██████████	57					
		TOTAL ██████████	79,724.65	42,528.32			40.10	
		<b>CAPITAL GOODS</b>						
66	CDNS	CADENCE DESIGN SYS INC 127387108	17,887.98	4,534.17			0.00	1
		ACCOUNT ██████████	66					
101	CAT	CATERPILLAR INC 149123101	39,503.12	11,171.93			0.00	1
		ACCOUNT ██████████	101					
150	DCI	DONALDSON INC 257651109	11,055.00	5,016.82			0.00	1
		ACCOUNT ██████████	150					
63	EME	EMCOR GROUP INC 29084Q100	27,123.39	7,577.92			0.00	1
		ACCOUNT ██████████	63					
210	FUL	FULLER H B CO 359694106	16,669.80	7,648.68			0.00	1
		ACCOUNT ██████████	210					
400	GGG	GRACO INC 384109104	35,004.00	5,530.40			0.00	1
		ACCOUNT ██████████	400					
137	HON	HONEYWELL INTL INC A 438516106	28,319.27	10,136.61	A		0.00	1
		ACCOUNT ██████████	50					
		ACCOUNT ██████████	87					
178	SO	SOUTHERN CO 842587107	16,052.04	10,343.11			0.00	1
		ACCOUNT ██████████	178					
100	TNC	TENNANT CO 880345103	9,604.00	6,137.27			0.00	1
		ACCOUNT ██████████	100					
370	TTEK	TETRA TECH INC 88162G103	17,449.20	5,846.42			0.00	1
		ACCOUNT ██████████	370					
350	TTC	TORO CO 891092108	30,355.50	10,860.14			126.00	1
		ACCOUNT ██████████	350					

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		TOTAL CAPITAL GOODS	249,023.30	84,803.47			126.00	
		<b>COMMERCIAL SERVICES AND SUPPLIES</b>						
45	GD	GENERAL DYNAMICS CORP 369550108	13,599.00	10,692.94			0.00	1
		ACCOUNT ██████████	45					
27	TMO	THERMO FISHER SCIENTIFIC INC 883556102	16,701.39	13,892.42			10.53	1
		ACCOUNT ██████████	27					
		TOTAL COMMERCIAL SERVICES AND SUPPLIES	30,300.39	24,585.36			10.53	
		<b>TRANSPORTATION</b>						
63	TSLA	TESLA INC 88160R101	16,482.69	15,236.69			0.00	1
		ACCOUNT ██████████	63					
		<b>AUTOMOBILES AND COMPONENTS</b>						
40	DHR	DANAHER CORP 235851102	11,120.80	2,873.06			10.80	1
		ACCOUNT ██████████	40					
100	GNRC	GENERAC HLDGS INC 368736104	15,888.00	11,121.45			0.00	1
		ACCOUNT ██████████	100					
50	THRM	GENTHERM INC 37253A103	2,327.50	3,573.22			0.00	1
		ACCOUNT ██████████	50					
		TOTAL AUTOMOBILES AND COMPONENTS	29,336.30	17,567.73			10.80	
		<b>CONSUMER DURABLES AND APPAREL</b>						
100	ENTG	ENTEGRIS INC 29362U104	11,253.00	13,014.98			0.00	1
		ACCOUNT ██████████	100					
148	PHM	PULTE GROUP 745867101	21,242.44	5,155.20			29.60	1
		ACCOUNT ██████████	148					
		TOTAL CONSUMER DURABLES AND APPAREL	32,495.44	18,170.18			29.60	
		<b>CONSUMER SERVICES</b>						
232	MGM	MGM RESORTS INTERNATIONAL 552953101	9,068.88	7,418.77			0.00	1
		ACCOUNT ██████████	232					

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UNITS	TICKER	DESCRIPTION	MARKET VALUE	BOOK VALUE	S&P RATE	MOODY RATE	ACCRUED INCOME	FVML
72	MANH	MANHATTAN ASSOCIATES 562750109	20,259.36	7,811.90			0.00	1
		ACCOUNT [REDACTED]	72					
74	MAR	MARRIOTT INTL INC CLASS A 571903202	18,396.40	12,220.87			0.00	1
		ACCOUNT [REDACTED]	74					
42	MCO	MOODY CORP 615369105	19,932.78	7,880.48			0.00	1
		ACCOUNT [REDACTED]	42					
60	ZTS	ZOETIS INC 98978V103	11,722.80	10,916.39			0.00	1
		ACCOUNT [REDACTED]	60					
		TOTAL CONSUMER SERVICES	79,380.22	46,248.41			0.00	
		<b>MEDIA</b>						
40	NFLX	NETFLIX INC 64110L106	28,370.80	9,115.94			0.00	1
		ACCOUNT [REDACTED]	40					
		<b>RETAILING</b>						
721	AMZN	AMAZON INC 023135106	134,343.93	76,944.36			0.00	1
		ACCOUNT [REDACTED]	350					
		ACCOUNT [REDACTED]	371					
144	CTAS	CINTAS CORP 172908105	29,646.72	7,114.68			0.00	1
		ACCOUNT [REDACTED]	144					
163	HD	HOME DEPOT CO 437076102	66,047.60	8,321.61			0.00	1
		ACCOUNT [REDACTED]	70					
		ACCOUNT [REDACTED]	93					
291	PSTG	PURE STORAGE INC 74624M102	14,619.84	8,366.89			0.00	1
		ACCOUNT [REDACTED]	291					
121	RSG	REPUBLIC SERVICES INC 760759100	24,301.64	8,270.28			0.00	1
		ACCOUNT [REDACTED]	121					
134	TJX	TJX CO INC 872540109	15,750.36	12,552.66			0.00	1
		ACCOUNT [REDACTED]	134					

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 Account Number

10/01/2023 through 09/30/2024

GREATER METROPOLITAN HOTEL  
 EMPLOYERS-EMPLOYEES  
 HEALTH & WELFARE FUND

## Schedule Of Investments

UNITS	TICKER	DESCRIPTION	MARKET VALUE	BOOK VALUE	S&P RATE	MOODY RATE	ACCRUED INCOME	FVML
65	TGT	TARGET CORP 87612E106	10,130.90	3,280.12			0.00	1
		ACCOUNT ██████████	65					
440	WMT	WALMART INC 931142103	35,530.00	16,798.97			0.00	1
		ACCOUNT ██████████	440					
		TOTAL RETAILING	330,370.99	141,649.57			0.00	
		<b>FOOD AND STAPLES RETAILING</b>						
50	MCD	MCDONALDS CORP 580135101	15,225.50	12,663.87			0.00	1
		ACCOUNT ██████████	50					
		<b>FOOD BEVERAGE AND TOBACCO</b>						
103	HSY	THE HERSHEY CO 427866108	19,753.34	8,111.00			0.00	1
		ACCOUNT ██████████	103					
400	HRL	HORMEL FOODS CORP 440452100	12,680.00	8,619.48			0.00	1
		ACCOUNT ██████████	400					
149	PEP	PEPSICO INC 713448108	25,337.45	13,317.73			0.00	1
		ACCOUNT ██████████	149					
		TOTAL FOOD BEVERAGE AND TOBACCO	57,770.79	30,048.21			0.00	
		<b>HOUSEHOLD AND PERSONAL PRODUCTS</b>						
101	CHD	CHURCH & DWIGHT CO INC 171340102	10,576.72	9,657.88			0.00	1
		ACCOUNT ██████████	101					
78	ELF	E L F BEAUTY INC 26856L103	8,504.34	5,799.84			0.00	1
		ACCOUNT ██████████	78					
150	ECL	ECOLAB INC 278865100	38,299.50	10,271.48			85.50	1
		ACCOUNT ██████████	150					
236	PG	PROCTER & GAMBLE CO 742718109	40,875.20	22,884.22			0.00	1
		ACCOUNT ██████████	236					

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GREATER METROPOLITAN HOTEL  
 EMPLOYERS-EMPLOYEES  
 HEALTH & WELFARE FUND

## Schedule Of Investments

UNITS	TICKER	DESCRIPTION	MARKET VALUE	BOOK VALUE	S&P RATE	MOODY RATE	ACCRUED INCOME	FVML
		TOTAL HOUSEHOLD AND PERSONAL PRODUCTS	98,255.76	48,613.42			85.50	
		HEALTH CARE EQUIP AND SERVICES						
300	TECH	BIO-TECHNE CORP 09073M104	23,979.00	3,746.50			0.00	1
		ACCOUNT [REDACTED]	300					
176	BSX	BOSTON SCIENTIFIC CORP 101137107	14,748.80	11,755.73			0.00	1
		ACCOUNT [REDACTED]	176					
37	MOH	MOLINA HEALTHCARE INC 60855R100	12,748.72	4,788.42			0.00	1
		ACCOUNT [REDACTED]	37					
44	SYK	STRYKER CORP 863667101	15,895.44	7,628.77			35.20	1
		ACCOUNT [REDACTED]	44					
172	UNH	UNITED HEALTH GROUP INC 91324P102	100,564.96	24,138.61			0.00	1
		ACCOUNT [REDACTED]	100					
		ACCOUNT [REDACTED]	72					
		TOTAL HEALTH CARE EQUIP AND SERVICES	167,936.92	52,058.03			35.20	
		PHARMACEUTICAL BIOTECH LIFE SCI						
338	ABT	ABBOTT LABS 002824100	38,535.38	23,287.15			0.00	1
		ACCOUNT [REDACTED]	200					
		ACCOUNT [REDACTED]	138					
151	ABBV	ABBVIE INC 00287Y109	29,819.48	17,635.41			0.00	1
		ACCOUNT [REDACTED]	151					
63	AMGN	AMGEN INC 031162100	20,299.23	5,938.22			0.00	1
		ACCOUNT [REDACTED]	63					
89	CAH	CARDINAL HEALTH INC 14149Y108	9,836.28	9,054.05			0.00	1
		ACCOUNT [REDACTED]	89					
327	JNJ	JOHNSON & JOHNSON 478160104	52,993.62	28,691.23			0.00	1
		ACCOUNT [REDACTED]	200					
		ACCOUNT [REDACTED]	127					

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GREATER METROPOLITAN HOTEL  
 EMPLOYERS-EMPLOYEES  
 HEALTH & WELFARE FUND

## Schedule Of Investments

UNITS	TICKER	DESCRIPTION	MARKET VALUE	BOOK VALUE	S&P RATE	MOODY RATE	ACCRUED INCOME	FVML
123	LLY	LILLY ELI & CO 532457108	108,970.62	15,313.19			0.00	1
		ACCOUNT [REDACTED]	80					
		ACCOUNT [REDACTED]	43					
165	MRK	MERCK & CO INC 58933Y105	18,737.40	20,935.91			127.05	1
		ACCOUNT [REDACTED]	165					
45	VRTX	VERTEX PHARMACEUTICALS INC 92532F100	20,928.60	19,181.87			0.00	1
		ACCOUNT [REDACTED]	45					
		TOTAL PHARMACEUTICAL BIOTECH LIFE SCI	300,120.61	140,037.03			127.05	
		<b>BANKS</b>						
561	BAC	BANK AMER CORP 060505104	22,260.48	10,987.12			0.00	1
		ACCOUNT [REDACTED]	561					
272	JPM	JP MORGAN CHASE & CO 46625H100	57,353.92	30,941.03			0.00	1
		ACCOUNT [REDACTED]	100					
		ACCOUNT [REDACTED]	172					
85	PNC	PNC FINL CORP 693475105	15,712.25	10,983.02			0.00	1
		ACCOUNT [REDACTED]	85					
200	USB	US BANCORP 902973304	9,146.00	6,720.01			100.00	1
		ACCOUNT [REDACTED]	200					
200	WFC	WELLS FARGO BANK NA 949746101	11,298.00	5,708.17			0.00	1
		ACCOUNT [REDACTED]	200					
84	WTFC	WINTRUST FINL CORP 97650W108	9,116.52	6,320.56			0.00	1
		ACCOUNT [REDACTED]	84					
		TOTAL BANKS	124,887.17	71,659.91			100.00	
		<b>DIVERSIFIED FINANCIALS</b>						
207	AXP	AMERICAN EXPRESS CO 025816109	56,138.40	18,073.95			0.00	1
		ACCOUNT [REDACTED]	75					
		ACCOUNT [REDACTED]	132					

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GREATER METROPOLITAN HOTEL  
 EMPLOYERS-EMPLOYEES  
 HEALTH & WELFARE FUND

## Schedule Of Investments

UNITS	TICKER	DESCRIPTION	MARKET VALUE	BOOK VALUE	S&P RATE	MOODY RATE	ACCRUED INCOME	FVML
53	AMP	AMERIPRISE FINL INC 03076C106 ACCOUNT ██████████	24,899.93 53	7,749.21			0.00	1
12	BLK	BLACKROCK INC 09247X101 ACCOUNT ██████████	11,394.12 12	2,745.35			0.00	1
1,230	SPXS	DIREXION S DAILY S+P 500 BEAR 3X DAILY S P 500 BEAR 3X SHARES 25460E265 ACCOUNT ██████████	8,179.50 1,230	148,753.37			103.66	
								To page 1
80	PYPL	PAYPAL HOLDINGS INC 70450Y103 ACCOUNT ██████████	6,242.40 80	5,707.02			0.00	1
100	SCHW	SCHWAB CHARLES CORP 808513105 ACCOUNT ██████████	6,481.00 100	8,240.95			0.00	1
175	V	VISA INC 92826C839 ACCOUNT ██████████	48,116.25 175	21,914.29			0.00	1
		TOTAL DIVERSIFIED FINANCIALS	161,451.60	213,184.14			103.66	
		<b>INSURANCE</b>						
42	AIZ	ASSURANT INC NR 04621X108 ACCOUNT ██████████	8,352.12 42	6,877.50	NR		0.00	1
232	WRB	BERKLEY W R CORP 084423102 ACCOUNT ██████████	13,161.36 232	12,082.88			0.00	1
231	HIG	HARTFORD FINL SVCS GRP INC 416515104 ACCOUNT ██████████	27,167.91 231	10,667.39			108.57	1
135	MMC	MARSH & MCLENNAN CO INC 571748102 ACCOUNT ██████████	30,117.15 135	4,757.03			0.00	1
246	MET	METLIFE INC 59156R108 ACCOUNT ██████████	20,290.08 246	11,311.58			0.00	1

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GREATER METROPOLITAN HOTEL  
 EMPLOYERS-EMPLOYEES  
 HEALTH & WELFARE FUND

## Schedule Of Investments

UNITS	TICKER	DESCRIPTION	MARKET VALUE	BOOK VALUE	S&P RATE	MOODY RATE	ACCRUED INCOME	FVML
		TOTAL INSURANCE	99,088.62	45,696.38			108.57	
		<b>REAL ESTATE</b>						
120	BXP	BOSTON PROPERTIES INC 101121101	9,655.20	7,948.06			117.60	1
		ACCOUNT [REDACTED]	120					
78	MAA	MID-AMER APART CMTYS INC 59522J103	12,394.20	10,657.55			0.00	1
		ACCOUNT [REDACTED]	78					
83	PLD	PROLOGIS INC 74340W103	10,481.24	12,177.67			0.00	1
		ACCOUNT [REDACTED]	83					
		TOTAL REAL ESTATE	32,530.64	30,783.28			117.60	
		<b>SOFTWARE AND SERVICES</b>						
469	GOOG	ALPHABET INC 02079K107	78,412.11	18,504.13			0.00	1
		ACCOUNT [REDACTED]	375					
		ACCOUNT [REDACTED]	94					
392	GOOGL	ALPHABET INC 02079K305	65,013.20	17,030.44			0.00	1
		ACCOUNT [REDACTED]	392					
50	ADP	AUTO DATA PROCESSING INC 053015103	13,836.50	10,870.75			70.00	1
		ACCOUNT [REDACTED]	50					
41	CACI	CACI INTL INC 127190304	20,686.96	8,574.29			0.00	1
		ACCOUNT [REDACTED]	41					
195	META	META PLATFORMS INC 30303M102	111,625.80	43,428.41			0.00	1
		ACCOUNT [REDACTED]	50					
		ACCOUNT [REDACTED]	145					
286	FISV	FISERV INC 337738108	51,379.90	11,320.19			0.00	1
		ACCOUNT [REDACTED]	200					
		ACCOUNT [REDACTED]	86					
28	INTU	INTUIT INC 461202103	17,388.00	7,780.13			0.00	1
		ACCOUNT [REDACTED]	28					

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GREATER METROPOLITAN HOTEL  
 EMPLOYERS-EMPLOYEES  
 HEALTH & WELFARE FUND

## Schedule Of Investments

UNITS	TICKER	DESCRIPTION	MARKET VALUE	BOOK VALUE	S&P RATE	MOODY RATE	ACCRUED INCOME	FVML
405	MSFT	MICROSOFT CORP 594918104	174,271.50	27,092.64			0.00	1
		ACCOUNT [REDACTED]	200					
		ACCOUNT [REDACTED]	205					
125	ORCL	ORACLE CORP 68389X105	21,300.00	10,630.96			0.00	1
		ACCOUNT [REDACTED]	125					
74	PANW	PALO ALTO NETWORKS INC 697435105	25,293.20	12,317.00			0.00	1
		ACCOUNT [REDACTED]	74					
35	ROK	ROCKWELL AUTOMATION INC 773903109	9,396.10	9,920.10			0.00	1
		ACCOUNT [REDACTED]	35					
100	CRM	SALESFORCE INC 79466L302	27,371.00	22,177.03			40.00	1
		ACCOUNT [REDACTED]	100					
65	SNPS	SYNOPSYS INC 871607107	32,915.35	8,370.43			0.00	1
		ACCOUNT [REDACTED]	65					
		TOTAL SOFTWARE AND SERVICES	648,889.62	208,016.50			110.00	
<b>TECHNOLOGY HARDWARE AND EQUIP</b>								
483	AAPL	APPLE INC 037833100	112,539.00	26,040.04			0.00	1
		ACCOUNT [REDACTED]	75					
		ACCOUNT [REDACTED]	408					
60	IBM	IBM CORP 459200101	13,264.80	12,052.71			0.00	1
		ACCOUNT [REDACTED]	60					
100	LFUS	LITTELFUSE INC 537008104	26,525.00	16,383.86			0.00	1
		ACCOUNT [REDACTED]	100					
150	MSI	MOTOROLA SOLUTIONS INC 620076307	67,444.50	20,300.80			147.00	1
		ACCOUNT [REDACTED]	150					
100	QCOM	QUALCOMM INC 747525103	17,005.00	4,760.48			0.00	1
		ACCOUNT [REDACTED]	100					

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GREATER METROPOLITAN HOTEL  
 EMPLOYERS-EMPLOYEES  
 HEALTH & WELFARE FUND

## Schedule Of Investments

UNITS	TICKER	DESCRIPTION	MARKET VALUE	BOOK VALUE	S&P RATE	MOODY RATE	ACCRUED INCOME	FVML
108	TMUS	T-MOBILE US INC 872590104	22,286.88	5,698.09			0.00	1
		ACCOUNT ██████████	108					
		TOTAL TECHNOLOGY HARDWARE AND EQUIP	259,065.18	85,235.98			147.00	
		<b>SEMICONDUCTORS AND EQUIPMENT</b>						
127	AMD	ADVANCED MICRO DEVICES INC 007903107	20,838.16	11,212.02			0.00	1
		ACCOUNT ██████████	127					
143	AMAT	APPLIED MATERIALS INC 038222105	28,893.15	9,174.64			0.00	1
		ACCOUNT ██████████	143					
108	MCHP	MICROCHIP TECH INC 595017104	8,671.32	9,264.88			0.00	1
		ACCOUNT ██████████	108					
80	MU	MICRON TECHNOLOGY INC 595112103	8,296.80	8,978.92			0.00	1
		ACCOUNT ██████████	80					
1,850	NVDA	NVIDIA CORP 67066G104	224,664.00	44,671.23			18.50	1
		ACCOUNT ██████████	750					
		ACCOUNT ██████████	1,100					
77	TXN	TEXAS INSTRUMENTS INC 882508104	15,905.89	10,629.31			0.00	1
		ACCOUNT ██████████	77					
		TOTAL SEMICONDUCTORS AND EQUIPMENT	307,269.32	93,931.00			18.50	
		<b>UTILITIES</b>						
263	AEP	AMERICAN ELEC PWR INC 025537101	26,983.80	20,479.86			0.00	1
		ACCOUNT ██████████	263					
100	AWK	AMERICAN WTR WRKS CO INC 030420103	14,624.00	13,980.88			0.00	1
		ACCOUNT ██████████	100					
158	NEE	NEXTERA ENERGY INC 65339F101	13,355.74	12,310.74			0.00	1
		ACCOUNT ██████████	158					
141	POR	PORTLAND GEN ELECTRIC CO 736508847	6,753.90	7,568.40			70.50	1
		ACCOUNT ██████████	141					

Statement Period  
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10/01/2023 through 09/30/2024

[REDACTED]

**GREATER METROPOLITAN HOTEL  
 EMPLOYERS-EMPLOYEES  
 HEALTH & WELFARE FUND**

## Schedule Of Investments

UNITS	TICKER	DESCRIPTION	MARKET VALUE	BOOK VALUE	S&P RATE	MOODY RATE	ACCRUED INCOME	FVML
		TOTAL UTILITIES	61,717.44	54,339.88			70.50	
		TOTAL COMMON STOCK	3,432,910.18	1,643,671.67			1,240.61	
		<b>FOREIGN STOCK UNCLASSIFIED</b>	<b>(8,179.50) =3,424,730.68 To page 1</b>	<b>(148,753.37) =1,494,918.30 To page 1</b>				
300	NVT	NVENT ELECTRIC PLC G6700G107 ACCOUNT [REDACTED]	21,078.00	4,762.66			0.00	1
			300					
48	SPOT	SPOTIFY TECHNOLOGY SA L8681T102 ACCOUNT [REDACTED]	17,689.44	14,678.47			0.00	1
			48					
		TOTAL UNCLASSIFIED	38,767.44	19,441.13			0.00	
		<b>CONSUMER SERVICES</b>						
116	RCL	ROYAL CARIBBEAN CRUISES ADR LIBERIA V7780T103 ACCOUNT [REDACTED]	20,573.76	10,559.16			46.40	1
			116					
		<b>SOFTWARE AND SERVICES</b>						
70	ACN	ACCENTURE PLC ADR IRELAND G1151C101 ACCOUNT [REDACTED]	24,743.60	10,685.52			0.00	1
			70					
		<b>TECHNOLOGY HARDWARE AND EQUIP</b>						
	SLB	SCHLUMBERGER LTD ADR CANADA 806857108	0.00	0.00			44.83	1
41	FN	FABRINET ADR CAYMAN ISLANDS G3323L100 ACCOUNT [REDACTED]	9,694.04	6,610.11			0.00	1
			41					
200	MDT	MEDTRONIC PLC G5960L103 ACCOUNT [REDACTED]	18,006.00	15,390.00			140.00	1
			200					
		TOTAL TECHNOLOGY HARDWARE AND EQUIP	27,700.04	22,000.11			184.83	
		TOTAL FOREIGN STOCK	111,784.84	62,685.92			231.23	
			<b>To page 1</b>					

**Form 5500**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

**Annual Return/Report of Employee Benefit Plan**

This form is required to be filed for employee benefit plans under sections 104 and 4085 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 8057(b) and 8058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1510-0110  
1510-0089

**2023**

This Form is Open to Public Inspection

**Part I Annual Report Identification Information**

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

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

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

<b>1a</b> Name of plan GREATER METROPOLITAN HOTEL EMPLOYERS EMPLOYEES HEALTH & WELFARE FUND	<b>1b</b> Three-digit plan number (PN) ▶	501
	<b>1c</b> Effective date of plan	10/06/1949
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) TRUSTEES GREATER METROPOLITAN HOTEL EMPLOYERS-EMPLO  WILSON-MC SHANE CORPORATION 3001 METRO DRIVE, SUITE 500  BLOOMINGTON MN 55425	<b>2b</b> Employer Identification Number (EIN)	41-0737593
	<b>2c</b> Plan Sponsor's telephone number	(952) 854-0795
	<b>2d</b> Business code (see instructions)	721110

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.  
 Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	<u>Wade Luneberg</u> <small>(Use Zollars (Part 1, 2023) (4999-02))</small>	07/07/25	WADE LUNEBERG
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<u>Lisa Zollars</u> <small>(Use Zollars (Part 1, 2023) (4999-02))</small>	07/07/25	LISA ZOLLARS
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500. Form 5500 (2023)  
v. 230728