

<p style="text-align: center;">Form 5500</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>Annual Return/Report of Employee Benefit Plan</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 style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>MILLENNIUM 401(K) PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>003</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>M&C HOTEL INTERESTS, INC.</u></p> <p><u>7900 EAST UNION AVENUE</u> <u>SUITE 500</u> <u>DENVER, CO 80237</u></p>	<p>1c Effective date of plan <u>10/01/1988</u></p> <p>2b Employer Identification Number (EIN) <u>84-1184493</u></p> <p>2c Plan Sponsor's telephone number <u>303-565-7136</u></p> <p>2d 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.

SIGN HERE	Filed with authorized/valid electronic signature.	07/31/2025	DAVID KOLAR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	906
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	224
	6a(2)	420
	6b	43
	6c	606
	6d	1069
	6e	0
	6f	1069
	6g(1)	906
	6g(2)	1041
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<p>A Name of plan MILLENNIUM 401(K) PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>003</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 M&C HOTEL INTERESTS, INC.</p>	<p>D Employer Identification Number (EIN) 84-1184493</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
EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA

(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
84-0467907	68322	194563-01	261	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
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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

(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

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

Part II Investment and Annuity Contract Information
 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.

4 Current value of plan's interest under this contract in the general account at year end	4	2681005
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d 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 ▶	6d	

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 ▶ GROUP ANNUITY CONTRACT

b Balance at the end of the previous year **7b** 3068605

c Additions: (1) Contributions deposited during the year	7c(1)	20958
(2) Dividends and credits.....	7c(2)	0
(3) Interest credited during the year.....	7c(3)	64395
(4) Transferred from separate account	7c(4)	219066
(5) Other (specify below).....	7c(5)	3243

▶ LOAN PAYMENTS

(6) Total additions **7c(6)** 307662

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 3376267

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	582073
(2) Administration charge made by carrier.....	7e(2)	5332
(3) Transferred to separate account	7e(3)	107857
(4) Other (specify below).....	7e(4)	0

(5) Total deductions **7e(5)** 695262

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 2681005

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:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
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.	10b	

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. ▶

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

A Name of plan MILLENNIUM 401(K) PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 M&C HOTEL INTERESTS, INC.	D Employer Identification Number (EIN) 84-1184493	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

EMPOWER ANNUITY INSURANCE COMPANY

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 15 37 50	RECORDKEEPER	97364	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

MORGAN STANLEY

1585 BROADWAY
NEW YORK, NY 10036

(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	INVESTMENT ADVISOR	49286	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)

ALVAREZ & MARSAL HOLDINGS LLC DBA A

6430 S FIDDLERS GREEN CIR STE 300
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	27403	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)

K FINANCIAL INC

940 MAIN ST
LOUISVILLE, CO 80027

(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	AUDITOR	18000	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)

EMPOWER ADVISORY GROUP, LLC

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MGMT	12474	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan MILLENNIUM 401(K) PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 M&C HOTEL INTERESTS, INC.	D Employer Identification Number (EIN) 84-1184493

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	13312	23592
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	201824	213871
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	29883567	32333165
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	3068605	2681005
(15) Other	1c(15)	16391268	15687374

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation.....	1e	0	0
f Total assets (add all amounts in lines 1a through 1e).....	1f	49558576	50939007
Liabilities			
g Benefit claims payable.....	1g	0	0
h Operating payables.....	1h	0	0
i Acquisition indebtedness.....	1i	0	0
j Other liabilities.....	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	49558576	50939007

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	572337	
(B) Participants.....	2a(1)(B)	1287938	
(C) Others (including rollovers).....	2a(1)(C)	108652	
(2) Noncash contributions.....	2a(2)	0	1968927
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	0	81163
(B) U.S. Government securities.....	2b(1)(B)	0	
(C) Corporate debt instruments.....	2b(1)(C)	0	
(D) Loans (other than to participants).....	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	16767	
(F) Other.....	2b(1)(F)	64396	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends: (A) Preferred stock.....	2b(2)(A)	0	1982637
(B) Common stock.....	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1982637	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)	0	0
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)	0	0
(B) Other.....	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		4110065
c Other income	2c		26687
d Total income. Add all income amounts in column (b) and enter total	2d		8169479

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6582777	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		6582777
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		-1256
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)	97364	
(4) IQPA audit fees	2i(4)	45403	
(5) Investment advisory and investment management fees	2i(5)	64760	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	0	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		207527
j Total expenses. Add all expense amounts in column (b) and enter total	2j		6789048

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1380431
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

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: **KFINANCIAL**

(2) EIN: **76-0726945**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2360
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
l Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	<input type="checkbox"/>	<input type="checkbox"/>	

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

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

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

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

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

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

A Name of plan <u>MILLENNIUM 401(K) PLAN</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>M&C HOTEL INTERESTS, INC.</u>	D Employer Identification Number (EIN) <u>84-1184493</u>	

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

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

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

1		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 84-1455663

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

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

3	
---	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 11 / 14 / 2022 (MM/DD/YYYY) and the Opinion Letter serial number Q702518A.



**THE MILLENNIUM
401(k) PLAN**

Financial Statements and Supplemental Schedules

December 31, 2024 and 2023

(With Independent Auditor's Report Thereon)

**THE MILLENNIUM
401(k) PLAN**

Index

	Page
Independent Auditor's Report	3
Financial Statements	
Statements of Net Assets Available for Benefits – December 31, 2024 and 2023	7
Statement of Changes in Net Assets Available for Benefits – Year ended December 31, 2024	8
Notes to the Financial Statements	9
ERISA-Required Supplemental Schedules	
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)	19
Schedule H, Line 4a – Schedule of Delinquent Participant Contributions	21



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INDEPENDENT AUDITOR'S REPORT

To the U.S. Regional Benefits Committee of the Millennium 401(k) Plan:

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

We have performed audits of the accompanying financial statements of the Millennium 401(k) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

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

Management has obtained certifications from Empower Annuity Insurance Company of America and Empower Trust Company, LLC, both qualified institutions, as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 2(c) to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section—

- the amounts and disclosures in the financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.



- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan’s ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplemental Schedules Required by ERISA

The supplemental schedules, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2024, and Schedule H, Line 4a – Schedule of Delinquent Participant Contributions for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements, but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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



In our opinion—

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

K Financial

Louisville, CO

July 22, 2025

**THE MILLENNIUM
401(k) PLAN**

Statements of Net Assets Available for Benefits

December 31, 2024 and 2023

	2024	2023
Assets		
Investments, at fair value (see note 3):		
Mutual funds	\$ 32,333,165	\$ 29,883,567
Fund of funds	14,569,645	15,456,056
Self-directed brokerage accounts	1,117,729	935,212
Investment contract with insurance company, at contract value	2,681,005	3,068,605
Total investments	50,701,544	49,343,440
Receivables:		
Employer contributions, net of current expected credit losses of (\$0) in 2024 and 2023 [see note 2(h)]	23,592	13,312
Notes receivable from participants	213,871	201,824
Total receivables	237,463	215,136
Net assets available for benefits	\$ 50,939,007	\$ 49,558,576

See Accompanying Independent Auditor's Report and Notes to the Financial Statements.

**THE MILLENNIUM
401(k) PLAN**

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2024

	<u>2024</u>
Additions to net assets attributed to:	
Investment income:	
Dividends	\$ 1,982,637
Interest	64,396
Net appreciation in fair value of investments	4,110,065
Other income	<u>26,687</u>
Total net investment income	6,183,785
Interest income on notes receivable from participants	16,767
Contributions:	
Rollover	108,652
Participant	1,287,938
Employer	<u>572,337</u>
Total contributions	1,968,927
Total additions	<u>8,169,479</u>
Deductions to net assets attributed to:	
Benefits paid directly to participants	6,581,521
Administrative expenses	<u>207,527</u>
Total deductions	6,789,048
Net increase	<u>1,380,431</u>
Net assets available for benefits:	
	49,558,576
End of the year	<u><u>\$ 50,939,007</u></u>

See Accompanying Independent Auditor's Report and Notes to the Financial Statements.

**THE MILLENNIUM
401(k) PLAN**

Notes to the Financial Statements

December 31, 2024 and 2023

EIN: 84-1184493

PLAN #003

(1) Description of the Plan

The following description of The Millennium 401(k) Plan (the Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

(a) General

The Plan is a defined contribution plan covering nonunion employees and union employees (whose collective bargaining agreement allows for participation) of Millennium Hotels and Resorts (the "Employer" or the "Company") who have completed at least three months of service and are age 21 or older, excluding union employees whose bargaining agreements do not specify that they can participate in the 401(k) Plan, employees of an affiliate that is not a participating employer, leased employees and non-resident aliens. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Millennium U.S. Regional Benefits Committee is responsible for oversight of the Plan and determines the appropriateness of the Plan's investment offerings and monitors investment performance.

On December 29, 2022, the Setting Every Community Up for Retirement Enhancement Act 2.0 ("SECURE Act 2.0") was signed into law. Effective January 1, 2023, the SECURE Act 2.0 updated certain rules related to required minimum distributions ("RMDs"), special distribution provisions (related to hardship, penalty-free early distributions and birth and adoption distributions), Roth employer contributions, employer-funded participation financial incentives and plan corrections.

Effective January 31, 2023, the Anchorage, Scottsdale and Biltmore locations, transferred management to Highgate Hotels L.P., and terminated plan participants as part of the transfer. As a result of this partial plan termination, all participants' accounts affected by the change were immediately vested. Effective August 16, 2023, the Biltmore location came back under the Company's management, and employees could again participate in the Plan. Effective February 1, 2024, the Anchorage and Scottsdale locations came back under the Company's management, and employees could again participate in the Plan.

Effective February 28, 2023, the Maxwell House and Durham locations, transferred management to Highgate Hotels L.P., and terminated plan participants as part of the transfer. As a result of this partial plan termination, all participants' accounts affected by the change were immediately vested. Effective February 1, 2024, the Maxwell House and Durham locations came back under the Company's management, and employees could again participate in the Plan.

Effective March 30, 2023, Trimark Hotel Corporation was removed as a participating employer. As a result, the Minneapolis location transferred management to Aimbridge Hospitality, LLC, and terminated plan participants as part of the transfer. As a result of this partial plan termination, all participants' accounts affected by the change were immediately vested.

Effective December 30, 2023, the Boulder location was sold, and terminated plan participants as part of the sale. As a result of this partial plan termination, all participants' accounts affected by the change were immediately vested.

Effective January 1, 2024, the SECURE Act 2.0 updated certain rules related to RMDs, special distribution provisions (related to emergency and domestic abuse victims), plan Roth accounts, surviving spouse treatment, Roth catch-up contributions, matching contributions for student loan repayments, mandatory distribution limits for terminated employee account balances, employer-offered emergency savings accounts and plan corrections for elective deferrals.

**THE MILLENNIUM
401(k) PLAN**

Notes to the Financial Statements

December 31, 2024 and 2023

EIN: 84-1184493

PLAN #003

(b) Participant Contributions

Each year, participants can contribute on a pretax and after-tax basis, an amount ranging from 1% to 50% of their compensation as defined by the Plan, limited by the Internal Revenue Code (“IRC”) to a maximum of \$23,000 in 2024. Participants may also contribute amounts representing distributions from other qualified defined benefit and defined contribution plans (rollovers). If the participant is 50 years of age or older during the Plan year, and has met the annual Internal Revenue Service (“IRS”) deferral limit or has met the specified Plan limit for deferrals, the participant may contribute a catch-up deferral of up to \$7,500 in 2024. All eligible employees are automatically enrolled in the Plan at a deferral of 6%, and their contributions are invested in the designated Moderate Fund until changed by the participant. Salary deferral contributions can be stopped at any time, and salary deferral amounts can be changed on a weekly basis. Automatically enrolled participants with deferral rates less than 10% will have their deferral rate automatically increased by 1% each plan year up to 10% of compensation. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers various mutual funds, fixed annuities and custom fund of funds. In addition, the Plan offers a self-directed brokerage account as an investment alternative. Contributions are subject to certain IRS limitations.

(c) Employer Contributions

The Employer makes Qualified Automatic Contribution Arrangement (“QACA”) safe harbor matching contributions equal to 100% of the participant’s elective deferral contribution up to 1% of the participant’s compensation and 50% of the participant’s elective deferral contribution of the next 5% of the participant’s compensation.

(d) Participant Accounts

Each participant’s account is credited with plan earnings or (losses), the participant’s contributions and Employer matching contributions, or allocations of the Company’s profit sharing contribution. Participant accounts are charged with an allocation of the administrative expenses that are paid by the Plan. Allocations are based on participant earnings or (losses), account balances or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

(e) Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings or (losses) thereon. Participants vest in the Employer’s QACA matching contributions and earnings or (losses) thereon after completion of two years of service. Participants vest 25% per year in Employer profit sharing contributions and earnings or (losses) thereon, reaching 100% vesting after completion of four years of service.

(f) Payment of Benefits

On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant’s vested interest in his or her account, an annuity, or a direct rollover to another qualified retirement plan. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution or a direct rollover. In-service withdrawals are permitted upon the attainment of age 59 ½. In addition, hardship distributions are permitted if certain criteria are met.

**THE MILLENNIUM
401(k) PLAN**

Notes to the Financial Statements

December 31, 2024 and 2023

EIN: 84-1184493

PLAN #003

(g) Administrative Expenses

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

(h) Forfeited Accounts

Forfeitures of non-vested amounts are used to reduce future Employer contributions and pay administrative expenses of the Plan. The forfeitures balance was \$298,594 and \$136,196 at December 31, 2024 and 2023, respectively. In 2024, forfeitures of \$55,115 were used to pay administrative expenses. Forfeitures of \$23,552 were used to reduce the Employer true-up contributions deposited in 2025.

(i) Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The loan transactions are treated as transfers between the investment fund and the participant loan fund. The maximum loan term is five years, except for a loan for the purchase of a primary residence which may be paid over a 15 year period. Participants may have up to two loans outstanding at any time. The loans are secured by the balance in the participant's account. Outstanding loans bear interest at a rate commensurate with prevailing rates at the time of loan origination, determined monthly by the plan administrator. Interest rates ranged from 3.25% to 8.50% at December 31, 2024 and 2023. Principal and interest are paid ratably through bi-weekly payroll deductions.

(2) Summary of Significant Accounting Policies

(a) Basis of Accounting

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

(b) Use of Estimates

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

(c) Summary of Information Certified by the Trustee

The following information, which is included in the financial statements and ERISA-required supplemental schedule of assets (held at end of year), has been certified as complete and accurate by Empower Annuity Insurance Company of America ("EAIC") and Empower Trust Company, LLC ("ETC") (the issuer of the Plan's investment contract and trustee of the Plan, respectively) as of December 31, 2024 and 2023, and for the year ended December 31, 2024, and has not been audited:

Statements of Net Assets Available for Benefits

- All information except contributions receivable

**THE MILLENNIUM
401(k) PLAN**

Notes to the Financial Statements

December 31, 2024 and 2023

EIN: 84-1184493

PLAN #003

Statement of Changes in Net Assets Available for Benefits

- Dividends
- Interest
- Net appreciation (depreciation) in fair value of investments
- Other income
- Interest income on notes receivable from participants

ERISA-required Supplemental Schedule

- Schedule of Assets (Held at End of Year)

(d) Payment of Benefits

Benefits are recorded when paid.

(e) Investment Valuation and Income Recognition

Investments are reported at fair value (except for the fully benefit-responsive investment contract, which is reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Millennium U.S. Regional Benefits Committee determines the Plan's valuation policies utilizing information provided by the investment advisors and trustee. See Note 3 for discussion of fair value measurements.

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

(f) Contributions

Contributions from plan participants and matching contributions from the Employer are recorded in the year in which the employee contributions are withheld from compensation.

(g) Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2024 or 2023. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

(h) Contributions Receivable and Current Expected Credit Losses

Historical write-off rates continue to be the basis for the Company's allowance for current expected credit losses. To calculate the reserve, the Company considered the processes surrounding the contributions receivable since the inception of the Plan. The Company has not historically written off the contributions receivables that were accrued at Plan year-end. The Company expects business conditions in 2025, the collection period for the contributions receivables, to remain consistent with current conditions. As a result, the Company has recorded expected credit losses of \$0 as of December 31, 2024 and 2023.

**THE MILLENNIUM
401(k) PLAN**

Notes to the Financial Statements

December 31, 2024 and 2023

EIN: 84-1184493

PLAN #003

(i) Subsequent Events

The Plan has evaluated subsequent events through July 22, 2025, the date the financial statements were available to be issued, and has determined that there are no events noted in the subsequent period that would have impacted results reported herein or that should be disclosed.

(3) Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1

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

Level 2

Inputs to the valuation methodology include:

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

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

Level 3

Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

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

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

**THE MILLENNIUM
401(k) PLAN**

Notes to the Financial Statements

December 31, 2024 and 2023

EIN: 84-1184493

PLAN #003

Fund of funds: The initial pricing inputs are the quoted share prices obtained for the underlying mutual funds which are then adjusted to apply any applicable expense factor. The formula-calculated NAV is then systematically compared to an accounting-driven NAV. The accounting NAV is calculated by dividing the net assets by the number of shares outstanding – normal mutual fund accounting. Daily, after all research and validation has been performed and variances have been resolved, share prices/NAV's are closed and loaded to the recordkeeping system.

Self-directed brokerage accounts: The investments included in these accounts are money market funds, common stock funds, and exchange traded funds.

- *Money market funds:* Valued at the daily closing price as reported by the fund. Money market funds held by the Plan are open-end funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The money market funds held by the Plan are deemed to be actively traded.
- *Common stock:* Valued at the closing price reported on the active market on which the individual securities are traded.
- *Exchange traded funds:* Valued using the closing price reported on the active market on which individual securities are traded. Exchange traded funds held by the Plan are open-ended funds that are registered with the Securities and Exchange Commission. The funds are required to publish their daily NAV, but are traded throughout the day on national stock exchanges and at market prices that may or may not be the same as the NAV.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

	Assets at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 32,333,165	\$ -	\$ -	\$ 32,333,165
Self-directed brokerage accounts	1,117,729	-	-	1,117,729
Total assets in the fair value hierarchy	33,450,894	-	-	33,450,894
Investments measured at net asset value (a)				14,569,645
Investments at fair value	\$ 33,450,894	\$ -	\$ -	\$ 48,020,539

	Assets at Fair Value as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 29,883,567	\$ -	\$ -	\$ 29,883,567
Self-directed brokerage accounts	935,212	-	-	935,212
Total assets in the fair value hierarchy	30,818,779	-	-	30,818,779
Investments measured at net asset value (a)				15,456,056
Investments at fair value	\$ 30,818,779	\$ -	\$ -	\$ 46,274,835

In accordance with ASC Subtopic 820-10, certain investments that are measured at fair value using the net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

**THE MILLENNIUM
401(k) PLAN**

Notes to the Financial Statements

December 31, 2024 and 2023

EIN: 84-1184493

PLAN #003

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2024 and 2023:

	<u>Fair Value</u>		Unfunded Commitments	Redemption Frequency	Redemption Notice Period
	2024	2023			
Empower Moderate	\$ 14,569,645	\$ 15,456,056	n/a	Daily	n/a
Total fund of funds	\$ 14,569,645	\$ 15,456,056			

Risk-based Portfolio Models are based on different tolerances for investment risk. The portfolio model is automatically rebalanced quarterly to maintain the portfolio model's asset allocation.

Empower Moderate - Funds in allocation categories seeking to provide both income and capital appreciation by investing in multiple asset classes, including stocks, bonds, and cash. This portfolio is dominated by domestic holdings and has equity exposures between 50% and 70%.

(4) Group Fixed Deferred Annuity Contract With EAIC

The Plan has entered into a traditional fully benefit-responsive guaranteed investment contract with EAIC. Assets totaling \$2,681,005 and \$3,068,605 as of December 31, 2024 and 2023, respectively, were invested under the contract. EAIC maintains the contributions in a general account. The account is credited with earnings or (losses) on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principle and a specified interest rate that is guaranteed to the Plan. The crediting rate is reviewed on a quarterly basis for resetting.

This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by EAIC, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events might limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA (5) premature termination of the contract. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the plan to transact at contract value with participants.

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Such events include (1) an uncured violation of the Plan's investment

**THE MILLENNIUM
401(k) PLAN**

Notes to the Financial Statements

December 31, 2024 and 2023

EIN: 84-1184493

PLAN #003

guidelines, (2) a breach of material obligation under the contract, (3) a material misrepresentation, (4) a material amendment to the agreement without the consent of the issuer. Additionally, either party to the Contract may, upon seventy-five days advance written notice to the other party, declare a contract termination date.

(5) Tax Status

The IRS has informed the Plan sponsor by an opinion letter dated November 14, 2022, that the pre-approved Plan adopted January 1, 2022 and related trust are designed in accordance with applicable sections of the Internal Revenue Code (“IRC”). Although the Plan has been amended since receiving the opinion letter, the Plan administrator and the Plan’s tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan is subject to routine audits by taxing jurisdictions; however, there are currently not audits for any tax periods in progress.

(6) Plan Termination

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

(7) Party-in-Interest Transactions

Certain Plan investments are managed by EAIC. EAIC is the recordkeeper of the Plan and ETC is the trustee and custodian for the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for investment management services are included in net appreciation in fair value of investments.

EAIC provides certain administrative services to the Plan pursuant to a Master Plan Services Agreement (“MSA”) between the employer and EAIC. EAIC receives revenue from mutual fund service providers. This revenue is used to offset certain amounts owed to EAIC for its administrative services to the Plan. The Plan made direct payments to EAIC for recordkeeping services totaling \$95,864 for the year ended December 31, 2024.

If the revenue received from EAIC from such mutual fund service providers exceeds amount owed under the MSA, EAIC remits the excess to the Plan’s trust on a quarterly basis. Such amounts may be applied to pay Plan administrative expenses or allocated to the accounts of the participants. During 2024 there was \$26,687 in excess amounts remitted to the Plan. The Plan or Plan Sponsor may make a payment to EAIC for administrative services not covered by revenue sharing.

The Plan uses the investment advisory and management services of Morgan Stanley, Rosenberg Research & Associates Inc., and Empower Advisory Group, LLC. As service providers to the Plan, fees paid for investment advisory and management services from Plan assets qualify as party-in-interest transactions. The Plan made direct payments to Morgan Stanley, Rosenberg Research & Associates Inc., and Empower Advisory Group, LLC totaling \$49,286, \$3,000, and \$12,474 respectively, for the year ended December 31, 2024.

**THE MILLENNIUM
401(k) PLAN**

Notes to the Financial Statements

December 31, 2024 and 2023

EIN: 84-1184493

PLAN #003

Certain consulting activities are performed by Alvarez and Marsal Tax, LLC (“A&M”). The Plan compensates A&M for services performed. Fees paid by the Plan for consulting services amounted to \$27,403 for the year ended December 31, 2024.

The annual Plan audit is performed by K Financial, Inc. The Plan compensated K Financial, Inc. \$18,000 during the year ended December 31, 2024, related to the December 31, 2023 audit.

The Plan Sponsor pays directly any other fees related to the Plan’s operations.

(8) Risks and Uncertainties

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

**THE MILLENNIUM
401(k) PLAN**

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

As of December 31, 2024

EIN: 84-1184493

PLAN #003

(a)	(b)	(c)	(e)
Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Current Value	
* EMPOWER MODERATE	Custom Fund of Funds	\$ 14,569,645	
AMERICAN FUNDS 2015 TRGT DATE RETIRE R6	Registered Investment Company	1,081,852	
AMERICAN FUNDS 2020 TRGT DATE RETIRE R6	Registered Investment Company	1,162,853	
AMERICAN FUNDS 2025 TRGT DATE RETIRE R6	Registered Investment Company	810,042	
AMERICAN FUNDS 2030 TRGT DATE RETIRE R6	Registered Investment Company	1,342,250	
AMERICAN FUNDS 2035 TRGT DATE RETIRE R6	Registered Investment Company	1,535,673	
AMERICAN FUNDS 2040 TRGT DATE RETIRE R6	Registered Investment Company	1,845,910	
AMERICAN FUNDS 2045 TRGT DATE RETIRE R6	Registered Investment Company	446,968	
AMERICAN FUNDS 2050 TRGT DATE RETIRE R6	Registered Investment Company	431,779	
AMERICAN FUNDS 2055 TRGT DATE RETIRE R6	Registered Investment Company	409,325	
AMERICAN FUNDS 2060 TARGET DATE RET R6	Registered Investment Company	303,802	
AMERICAN FUNDS INFLATION LINKED BD R6	Registered Investment Company	239,245	
AMERICAN FUNDS NEW WORLD R6	Registered Investment Company	486,614	
BLACKROCK HEALTH SCIENCES OPPS INST	Registered Investment Company	190,089	
BLACKROCK NATURAL RESOURCES INSTL	Registered Investment Company	82,978	
CLEARBRIDGE INTERNATIONAL GROWTH I	Registered Investment Company	305,191	
COLUMBIA DIVIDEND INCOME INSTL 2	Registered Investment Company	417,080	
COLUMBIA SELIGMAN TECH & INFO INST3	Registered Investment Company	85,855	
COLUMBIA SMALL CAP VALUE II INSTL	Registered Investment Company	82,828	
* EMPOWER MULTI-SECTOR BOND INST	Registered Investment Company	363,036	
FIDELITY ADVISOR EMERGING ASIA Z	Registered Investment Company	100,485	
FIDELITY SELECT BROKERAGE & INVMT MGMT	Registered Investment Company	151,279	
FIRST EAGLE GLOBAL I	Registered Investment Company	239,412	
FIRST EAGLE OVERSEAS I	Registered Investment Company	757,979	
FRANKLIN UTILITIES	Registered Investment Company	36,354	
INVESCO GOLD & SPECIAL MINERALS Y	Registered Investment Company	599,040	
ISHARES S&P 500 INDEX INSTITUTIONAL	Registered Investment Company	2,222,013	
JANUS FORTY I	Registered Investment Company	4,150,965	
JPMORGAN MID CAP GROWTH R6	Registered Investment Company	24,655	
MFS EMERGING MARKETS DEBT R6	Registered Investment Company	86,222	
NUANCE MID CAP VALUE Z	Registered Investment Company	3,738	
NUVEEN REAL ESTATE SECURITIES SELECT R6	Registered Investment Company	106,447	
PARNASSUS CORE EQUITY - INST	Registered Investment Company	145,507	
PGIM HIGH-YIELD Q	Registered Investment Company	154,676	
PGIM TOTAL RETURN BOND R6	Registered Investment Company	1,566,575	
PIMCO COMMODITY REAL RET STRAT INSTL	Registered Investment Company	99,243	
PIMCO INT BOND (USD-HEDGED) INST	Registered Investment Company	195,504	
PIMCO STOCKSPPLUS ABSOLUTE RETURN INST	Registered Investment Company	6,247,067	
PIMCO STOCKSPPLUS SHORT INSTITUTIONAL	Registered Investment Company	5	
T. ROWE PRICE SCIENCE & TECH I	Registered Investment Company	351,259	
TORTOISE ENGY INFRASTRUCTURE TOT RT INST	Registered Investment Company	6,689	
VANGUARD INTERM-TM GOVT BD IDX ADMIRAL	Registered Investment Company	551,062	
VANGUARD LONG-TERM GOVERNMENT BD IDX	Registered Investment Company	135,936	

**THE MILLENNIUM
401(k) PLAN**

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

As of December 31, 2024

EIN: 84-1184493

PLAN #003

(a)	(b)	(c)	(e)
Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value		Current Value
VANGUARD MID CAP INDEX ADM		Registered Investment Company	1,061,601
VANGUARD SMALL CAP INDEX ADM		Registered Investment Company	343,639
VIRTUS KAR SMALL CAP GROWTH I		Registered Investment Company	1,372,443
* EMPOWER SELECT GUARANTEED FUND		Fixed Annuity	2,681,005
* EMPOWER SELF DIRECTED BROKERAGE		Self-Directed Brokerage Accounts	1,117,729
* PARTICIPANT LOANS		Interest rates ranging from 3.25% to 8.50%	213,871
			<u>\$ 50,915,415</u>

*Denotes a party in interest as defined by ERISA

See Accompanying Independent Auditor's Report and Notes to the Financial Statements.

**THE MILLENNIUM
401(k) PLAN**

Schedule H, Line 4a - Schedule of Delinquent Participant Contributions

For the Year Ended December 31, 2024

EIN: 84-1184493

PLAN #003

Participant contributions transferred late to plan *		Total that constitute nonexempt prohibited transactions			Total fully corrected and PTE 2002-51
Check here if late participant loan repayments are included:	<input type="checkbox"/>	Contributions not corrected	Contributions corrected outside VFCP	Contributions pending correction in VFCP	
* 2024 \$	2,360	-	2,360	-	2,360 **

* Represents party-in-interest

** The Plan failed to remit timely \$2,360 of participant contributions in 2024. The Plan self-corrected these contributions in 2024 outside the Department of Labor's Voluntary Fiduciary Correction Program, and remitted lost earnings on this late remittance in April 2025.

See Accompanying Independent Auditor's Report and Notes to the Financial Statements.

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

GA

Millennium 401(k) Plan
01-JAN-24 to 31-DEC-24

30-JAN-25 19:29:57

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
IRFJTX			1,109,093.33	1,081,851.84
IRRCTX			1,139,476.63	1,162,852.59
IRFDTX			814,618.73	810,042.42
IRFETX			1,307,847.33	1,342,249.74
IRFFTX			1,463,766.31	1,535,672.43
IRFGTX			1,678,137.06	1,845,910.32
IRFHTX			411,266.52	446,967.64
IRFITX			388,204.31	431,779.08
IRFKTX			374,296.38	409,324.75
IRFUTX			280,826.29	303,802.37
IMILMOD			9,982,467.52	14,569,644.59
IRNWGX			478,687.25	486,613.85
ILMGNX			304,676.51	305,191.01
IFIQPX			82,663.67	100,485.34
ISGIIX			230,882.49	239,412.06
ISGOIX			762,746.78	757,978.73
ISHSSX			177,438.45	190,088.67
IMAGRX			84,747.51	82,978.02
ICCOYX			78,247.08	85,855.28
IFSLBX			104,749.28	151,279.17
IFUFRX			35,190.18	36,353.91
LOGMYX			214,271.75	300,446.06
IPCRIX1			99,369.85	99,243.27
IPSTIX1			7.44	5.42
ITORIX			6,019.91	6,688.64
ITSNIX			295,609.02	351,258.55
ITIREX			104,399.14	106,446.44
INSVAX			100,269.74	82,828.19
IVSMAX			291,026.90	343,639.21
IPXSGX			1,886,280.60	1,372,442.91
IJGMGX			23,587.39	24,654.65
INMVZX			4,460.57	3,738.19
IVIMAX			780,894.33	1,061,600.95
ICDDRX			348,342.77	417,080.24
IBSPIX			1,503,340.63	2,222,013.28
IJCAPX			3,623,506.94	4,150,964.64
IPRILX			131,117.41	145,507.47
IPSPTX			5,587,969.42	6,247,066.47
IRILFX			263,283.64	239,245.38
IMXUGX			411,555.78	363,036.10
IMEDHX			85,975.37	86,221.75
IPFORX			194,170.11	195,504.16
IPTRQX			1,886,824.94	1,566,575.34
IPHYQX			160,006.06	154,676.32
IVSIGX			583,992.97	551,061.96
IVLGSX			144,257.10	135,936.37
IGWSGF		2.400	2,357,631.56	2,681,005.07
ISDBEMP			993,649.76	993,649.76
ISDBEMR			124,078.84	124,078.84
			43,495,929.55	50,402,949.44
PARTICIPANT LOANS	VARIOUS	3.250-9.500	213,519.13	213,870.72

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
FORFEITURES			291,580.07	298,594.23

Attachment to Form 5500, Schedule H, Part 4, Item I
EIN # 84-1184493

LEGEND

INVESTMENT OPTION:

1RFJTX	American Funds 2015 Trgt Date Retire R6	1RRCTX	American Funds 2020 Trgt Date Retire R6
1RFDTX	American Funds 2025 Trgt Date Retire R6	1RFETX	American Funds 2030 Trgt Date Retire R6
1RFFTX	American Funds 2035 Trgt Date Retire R6	1RFGTX	American Funds 2040 Trgt Date Retire R6
1RFHTX	American Funds 2045 Trgt Date Retire R6	1RFITX	American Funds 2050 Trgt Date Retire R6
1RFKTX	American Funds 2055 Trgt Date Retire R6	1RFUTX	American Funds 2060 Target Date Ret R6
1MILMOD	Moderate	1RNWGX	American Funds New World R6
1LMGNX	ClearBridge International Growth I	1FIQPX	Fidelity Advisor Emerging Asia Z
1SGIIX	First Eagle Global I	1SGOIX	First Eagle Overseas I
1SHSSX	BlackRock Health Sciences Opps Inst	1MAGRX	BlackRock Natural Resources Instl
1CCOYX	Columbia Seligman Tech & Info Inst3	1FSLBX	Fidelity Select Brokerage & Invmt Mgmt
1FUFRX	Franklin Utilities R6	1OGMYX	Invesco Gold & Special Minerals Y
1PCRIX1	PIMCO Commodity Real Ret Strat Instl	1PSTIX1	PIMCO StocksPLUS Short Institutional
1TORIX	Tortoise Engy Infrastructure Tot Rt Inst	1TSNIX	T. Rowe Price Science & Tech I
1TIREX	Nuveen Real Estate Securities Select R6	1NSVAX	Columbia Small Cap Value II Instl
1VSMAX	Vanguard Small Cap Index Adm	1PXSGX	Virtus KAR Small Cap Growth I
1JMGMX	JPMorgan Mid Cap Growth R6	1NMVZX	Nuance Mid Cap Value Z
1VIMAX	Vanguard Mid Cap Index Adm	1CDDRX	Columbia Dividend Income Instl 2
1BSPIX	iShares S&P 500 Index Institutional	1JCAPX	Janus Forty I
1PRILX	Parnassus Core Equity - Inst	1PSPTX	PIMCO StocksPLUS Absolute Return Inst
1RILFX	American Funds Inflation Linked Bd R6	1MXUGX	Empower Multi-Sector Bond Inst
1MEDHX	MFS Emerging Markets Debt R6	1PFORX	PIMCO Int Bond (USD-Hedged) Inst
1PTRQX	PGIM Total Return Bond R6	1PHYQX	PGIM High Yield R6
1VSIGX	Vanguard Interm-Tm Govt Bd Idx Admiral	1VLGSX	Vanguard Long-Term Government Bd Idx Adm
1GWSGF	Empower Select Guaranteed Fund	1SDBEMP	Empower SDB
1SDBEMR	Empower SDB Roth		

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year