

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>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>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>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>UNITE/HERE 74 PENSION TRUST FUND</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</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>BOARD OF TRUSTEES UNITE/HERE LOCAL 74 PENSION TRUST FUND</u></p> <p><u>5585 PERSHING AVE SUITE 220B</u> <u>ST. LOUIS, MO 63112-4621</u></p>	<p>1c Effective date of plan <u>01/01/1969</u></p> <p>2b Employer Identification Number (EIN) <u>43-6101313</u></p> <p>2c Plan Sponsor's telephone number <u>314-209-0858</u></p> <p>2d Business code (see instructions) <u>525100</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.	10/14/2025	KIM BARTHOLOMEW
	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	2198
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)	410
	6a(2)	447
	6b	777
	6c	867
	6d	2091
	6e	105
	6f	2196
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	14

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1B

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

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

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

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input checked="" type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____
(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 _____

SCHEDULE MB (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>	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	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

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

A Name of plan <u>UNITE/HERE 74 PENSION TRUST FUND</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>BOARD OF TRUSTEES UNITE/HERE LOCAL 74 PENSION TRUST FUND</u>	D Employer Identification Number (EIN) <u>43-6101313</u>

E Type of plan: (1) Multiemployer Defined Benefit (2) Money Purchase (see instructions)

1a Enter the valuation date: Month 01 Day 01 Year 2024

b Assets	
(1) Current value of assets	1b(1) <u>41029613</u>
(2) Actuarial value of assets for funding standard account	1b(2) <u>44475248</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1) <u>48174834</u>
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method	1c(3) <u>47146336</u>
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) <u>78782746</u>
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) <u>960663</u>
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) <u>3826305</u>
(3) Expected plan disbursements for the plan year	1d(3) <u>3826305</u>

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

SIGN HERE <u>MICHAEL SUDDUTH</u> Type or print name of actuary <u>MILLIMAN, INC.</u> Firm name <u>500 N, BROADWAY, SUITE 1750, SAINT LOUIS, MO 63102</u> Address of the firm	Date <u>23-06248</u> Most recent enrollment number <u>314-446-5607</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	41029613
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	906	38475124
(2) For terminated vested participants	843	29728529
(3) For active participants:		
(a) Non-vested benefits		810998
(b) Vested benefits		9768095
(c) Total active	447	10579093
(4) Total	2196	78782746
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	52.08 %

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
07/01/2024	1897515					
			Totals ▶	3(b)	1897515	
(d) Total withdrawal liability amounts included in line 3(b) total					3(c)	
					3(d)	142131

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	94.3 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		<input type="checkbox"/> Yes <input type="checkbox"/> No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here..... <input type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

- a** Attained age normal
- b** Entry age normal
- c** Accrued benefit (unit credit)
- d** Aggregate
- e** Frozen initial liability
- f** Individual level premium
- g** Individual aggregate
- h** Shortfall
- i** Other (specify):

j If box h is checked, enter period of use of shortfall method	5j	
k Has a change been made in funding method for this plan year?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		<input type="checkbox"/> Yes <input type="checkbox"/> No
m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method	5m	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	2.82 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	6
(2) Females	6c(2)	6F
d Valuation liability interest rate	6d	7.00 %
e Salary scale	6e	% <input checked="" type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	<input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	7.00 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	5.4 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	17.5 %
i Expense load included in normal cost reported in line 9b	6i	<input type="checkbox"/> N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	324627
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	177847	18249

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	8d(2)	5
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).	8e	5351155

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	9a	
b Employer's normal cost for plan year as of valuation date.....	9b	509759

c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	16842480	2876822
(2) Funding waivers	9c(2)		
(3) Certain bases for which the amortization period has been extended.....	9c(3)		
d Interest as applicable on lines 9a, 9b, and 9c.....	9d		237061
e Total charges. Add lines 9a through 9d.....	9e		3623642
Credits to funding standard account:			
f Prior year credit balance, if any.....	9f		1047498
g Employer contributions. Total from column (b) of line 3.....	9g		1897515
		Outstanding balance	
h Amortization credits as of valuation date.....	9h	12095396	2182998
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i		291788
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)	9311652	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	26667632	
(3) FFL credit	9j(3)		
k (1) Waived funding deficiency	9k(1)		
(2) Other credits	9k(2)		
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l		5419799
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m		1796157
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n		
o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the current plan year.....	9o(1)		
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)		
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)		
(3) Total as of valuation date.....	9o(3)		
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	10		
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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 UNITE/HERE 74 PENSION TRUST FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES UNITE/HERE LOCAL 74 PENSION TRUST FUND	D Employer Identification Number (EIN) 43-6101313	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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)

THE COMMERCE TRUST COMPANY

48-0962626

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	134637	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)

MORIAH DOYEL

5585 PERSHING AVENUE SUITE 220B
ST. LOUIS, MO 63112

(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?
30	EMPLOYEE	42488	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)

SEGAL SELECT INSURANCE SERVICES

333 WEST 34TH ST.
NEW YORK, NY 10001

(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?
23	NONE	36716	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)

LESHELL FAIR

5585 PERSHING AVENUE SUITE 220B
ST. LOUIS, MO 63112

(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?
30	EMPLOYEE	35068	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)

ANDERS CPAS + ADVISORS

800 MARKET ST. STE 500
ST. LOUIS, MO 63101

(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	33249	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)

MILLIMAN USA, INC.

91-0675641

(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?
11	NONE	27246	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)

MADDOCK HENSON PC

5353 S LINDBERGH BLVD STE 200
ST. LOUIS, MO 63128

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	10650	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)

ANDERS

5317 KNIGHTS OF COLUMBUS DR.
ST. LOUIS, MO 63119

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	9545	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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.	<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 UNITE/HERE 74 PENSION TRUST FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES UNITE/HERE LOCAL 74 PENSION TRUST FUND	D Employer Identification Number (EIN) 43-6101313

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	35204	46892
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1106137	1018377
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	362253	379656
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1562303	1289922
(2) U.S. Government securities	1c(2)	3609641	5137505
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	5603351	5446550
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	27441210	30850368
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	1313122	1132765

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	41033221	45302035
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	3608	1562
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		8131
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	3608	9693
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	41029613	45292342

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)	1754634	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1754634
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)	164755	
(C) Corporate debt instruments.....	2b(1)(C)	195582	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	94924	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		455261
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	443084	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		443084
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	8165600	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	8269586	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-103986
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-105122	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-105122

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		5738773
c Other income	2c		1029
d Total income. Add all income amounts in column (b) and enter total	2d		8183673

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3434754	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		3434754
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	83257	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	10650	
(4) IQPA audit fees	2i(4)	38380	
(5) Investment advisory and investment management fees	2i(5)	161902	
(6) Bank or trust company trustee/custodial fees	2i(6)	11288	
(7) Actuarial fees	2i(7)	800	
(8) Legal fees	2i(8)	3830	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	176083	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		486190
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3920944

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4262729
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **ANDERS MINKLER HUBER HELM LLP**

(2) EIN: **43-0831507**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		3000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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 580546.

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.	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 <u>UNITE/HERE 74 PENSION TRUST FUND</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES UNITE/HERE LOCAL 74 PENSION TRUST FUND</u>	D Employer Identification Number (EIN) <u>43-6101313</u>	

Part I	Distributions
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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	
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): _____		
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.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> 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?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A

Part III	Amendments
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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.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input checked="" type="checkbox"/> No
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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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11 a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 **HOST INTERNATIONAL**

b EIN **52-1242334**

c Dollar amount contributed by employer **985455**

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 **10** Day **16** Year **2028**

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 **SCHNUCKS KITCHEN**

b EIN **43-0726776**

c Dollar amount contributed by employer **140395**

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 **05** Day **30** Year **2026**

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 **HOLIDAY INN DOWNTOWN**

b EIN **47-1702084**

c Dollar amount contributed by employer **126903**

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 **09** Day **30** Year **2024**

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 **AMERICAS CENTER FOOD SERV**

b EIN **80-0771304**

c Dollar amount contributed by employer **136740**

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 **06** Day **30** Year **2027**

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 **LE MERIDIEN**

b EIN **36-4901082**

c Dollar amount contributed by employer **139899**

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 **03** Day **31** Year **2027**

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 **STRAUBS**

b EIN **43-0619411**

c Dollar amount contributed by employer **89781**

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 **10** Day **01** Year **2024**

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): _____

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 **ARAMARK @ ANHEUSER BUSCH**

b EIN **95-3082883**

c Dollar amount contributed by employer

30419

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 **10** Day **01** Year **2024**

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 **UNITE HERE LOCAL#74**

b EIN **43-0682781**

c Dollar amount contributed by employer

22113

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 **BARTOLINO'S ASTERIA**

b EIN _____

c Dollar amount contributed by employer

21152

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 **12** Day **31** Year **2024**

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 **MAGGIE O'BRIENS**

b EIN **82-2575682**

c Dollar amount contributed by employer

48515

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 **12** Day **31** Year **2024**

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 checked="" type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	1725
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	1762
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	1800

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	82.37
b The corresponding number for the second preceding plan year	15b	82.76

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

UNITE HERE LOCAL 74 PENSION TRUST FUND

**FINANCIAL STATEMENTS WITH
SUPPLEMENTARY INFORMATION AND
ADDITIONAL INFORMATION
AND
INDEPENDENT AUDITORS' REPORT
YEARS ENDED DECEMBER 31, 2024 AND 2023**

Contents

	<u>Page</u>
Independent Auditors' Report	1 - 3
Financial Statements	
Statements of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits	5
Statement of Accumulated Plan Benefits	6
Statement of Changes in Accumulated Plan Benefits	7
Notes to Financial Statements	8 - 19
Supplementary Information	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	20 - 25
Schedule H, Line 4j - Schedule of Reportable Transactions	26
Additional Information	
Schedules of Administrative Expenses	27



Independent Auditors' Report

Board of Trustees
UNITE HERE Local 74 Pension Trust Fund
St. Louis, MO

Opinion

We have audited the accompanying financial statements of UNITE HERE Local 74 Pension Trust Fund (the "Trust"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of December 31, 2023, the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Trust as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, and the accumulated plan benefits as of December 31, 2023, and the changes in its accumulated plan benefits for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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 Trust'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 Trust instrument, including all Trust amendments, administering the Trust, and determining that the Trust's transactions that are presented and disclosed in the financial statements are in conformity with the Trust's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Trust'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 Trust's ability to continue as a going concern for a reasonable period of time.

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

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedules of Assets (Held at End of Year) and Reportable Transactions 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 has been subjected to the 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.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, 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 information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Report on Additional Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The additional Schedules of Administrative Expenses are presented for purposes of additional analysis and not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. In our opinion, the additional information is fairly stated in all material respects in relation to the financial statements as a whole.



Chesterfield, Missouri

October 09, 2025

UNITE HERE Local 74 Pension Trust Fund
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023

Assets	2024	2023
Investments, at Fair Value	\$ 43,857,110	\$ 39,529,627
Receivables		
Employer contributions	179,961	190,259
Employer withdrawal liability	838,416	915,878
Dividends and interest	112,825	93,600
Total Receivables	1,131,202	1,199,737
Other Assets		
Cash	46,892	35,204
Prepaid benefits	266,831	268,653
Total Other Assets	313,723	303,857
Total Assets	45,302,035	41,033,221
Liabilities		
Accounts Payable and Accrued Expenses	1,562	3,608
Due to Related Party	8,131	-
Total Liabilities	9,693	3,608
Net Assets Available for Benefits	\$ 45,292,342	\$ 41,029,613

UNITE HERE Local 74 Pension Trust Fund
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2024 and 2023

	2024	2023
Additions to Net Assets:		
Investment Income		
Interest and dividend income	\$ 898,345	\$ 854,695
Net appreciation in fair value of investments	5,529,665	5,579,955
	6,428,010	6,434,650
Less: investment expense	(161,902)	(158,633)
Net Investment Income	6,266,108	6,276,017
Employer Contributions	1,754,634	1,518,033
Other	1,029	9,823
Total Additions	8,021,771	7,803,873
Deductions from Net Assets:		
Benefits Paid Directly to Participants	3,434,754	3,468,617
Administrative Expenses	324,288	336,547
Total Deductions	3,759,042	3,805,164
Net Increase	4,262,729	3,998,709
Net Assets Available for Benefits, Beginning of Year	41,029,613	37,030,904
Net Assets Available for Benefits, End of Year	\$ 45,292,342	\$ 41,029,613

UNITE HERE Local 74 Pension Trust Fund
Statement of Accumulated Plan Benefits
December 31, 2023

	<u>2023</u>
Actuarial Present Value of Accumulated Plan Benefits:	
Vested Benefits	
Participants currently receiving payments	\$ 27,361,557
Other participants	<u>19,246,879</u>
Total Vested Benefits	46,608,436
Non-Vested Benefits	<u>537,900</u>
Total Actuarial Present Value of Accumulated Plan Benefits	<u>\$ 47,146,336</u>

UNITE HERE Local 74 Pension Trust Fund
Statement of Changes in Accumulated Plan Benefits
Year Ended December 31, 2023

	2023
Actuarial Present Value of Accumulated Plan Benefits at Beginning of Year	\$ 47,714,939
Increase (decrease) during the year attributed to:	
Reduction in discount period	3,220,697
Benefits accumulated and others	273,463
Benefits paid, net	(3,468,617)
Actuarial gain	(594,146)
Net decrease	(568,603)
Actuarial Present Value of Accumulated Plan Benefits at End of Year	\$ 47,146,336

UNITE HERE Local 74 Pension Trust Fund
Notes to Financial Statements
December 31, 2024 and 2023

1. Description of the Trust

The following description of UNITE HERE Local 74 Pension Trust Fund (the "Trust") provides only general information. Participants of the Trust should refer to the trust document and summary plan description for a more complete description of the Trust's provisions.

General

The Trust is a multiemployer defined benefit pension plan. The Trust was established in 1965, pursuant to a collective bargaining agreement ("CBA") between the Hotel and Motel Association of Greater St. Louis, the St. Louis Restaurant Owners Association, representing contributing employers ("Employers") and the St. Louis Joint Executive Board of the Hotel Employees, Restaurant Employees Local 74, AFL-CIO (the "Union") to provide retirement, death, and disability retirement benefits to eligible participants and beneficiaries. The Trust is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

Administration of the Trust is the responsibility of the Board of Trustees (the "Trustees") and is governed by a joint board consisting of equal representation from the Employers and the Union.

Eligibility

To become a participant of the Trust, an employee must be working for an Employer who is subject to the CBA or for an Employer subject to a Trustee approved participation agreement. Participants are considered eligible to participate in the Trust on the later of (a) the January 1 following the date of covered employment or (b) the January 1 nearest to a participant's 21st birthday, provided the participant is in covered employment on that date.

Funding Policy

The Employers make monthly contributions to the Trust on behalf of covered employees in amounts determined by the CBA or such other agreements and is subject to minimum funding requirements of ERISA and maximum deductibility of contributions by the Employers under the Internal Revenue Code ("IRC"). Contributions by participants are not permitted under the Trust. The Trustees design the benefit structure based on information from the actuarial consultants. The Trust's actuary has certified that the minimum funding requirements under ERISA have been met as of December 31, 2024 and 2023.

UNITE HERE Local 74 Pension Trust Fund
Notes to Financial Statements
December 31, 2024 and 2023

Pension Protection Act Funding Status

As required by ERISA under the Pension Protection Act of 2006 ("PPA"), the Trust's actuary has completed the Trust's actuarial funding certification as of January 1, 2024, in accordance with generally accepted actuarial principles and practices. The certification was based on projections using the actuarial present value of accumulated benefit obligations as of December 31, 2022 and audited financial information as of December 31, 2022, as well as other information, including estimated cash flows for the year ended December 31, 2023 and the rate of market value return as reported by investment consultants. The funded (zone) status provides an indication of the financial health of the Trust.

The actuary employed by the Trust calculated the funding status for the Trust and determined that the Trust was neither critical nor endangered (green zone) for the 2024 Trust year beginning January 1, 2024.

Vesting

For participants that had at least one hour of service in covered employment on or after January 1, 1999, or if they worked in covered employment for the Union or Trust on or after January 1, 1989, they become fully vested once they have earned five years of vesting credit. Otherwise participants are vested when they earn ten years of vesting credit. A year of vesting credit is a calendar year during which at least 1,000 hours of vesting service are completed.

Pension Benefits

The Trust provides the following types of monthly pensions for qualified participants who retire from covered employment: 1) normal retirement, 2) early retirement, 3) postponed retirement, 4) disability retirement, and 5) maximum benefit. The monthly pension amount is related to the number of pension credits earned by a participant. Once an participant retires, benefits will be paid for life as long as the participant remains retired. At death, survivor benefits may be paid to the deceased participant's spouse. In certain instances, a death benefit is also payable if a participant dies before retirement. The normal retirement date is the first of the month following the later of the participant's 65th birthday or the fifth anniversary of participation in the Trust. A detailed description of all available elections for the payment of benefits is available in the summary plan description, which is provided to each participant.

UNITE HERE Local 74 Pension Trust Fund
Notes to Financial Statements
December 31, 2024 and 2023

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Trust have been prepared in accordance with the provisions of the Financial Accounting Standards Board ("FASB"), Accounting Standards Codification (the "FASB ASC"), which is the source of authoritative, non-governmental accounting principles generally accepted in the United States of America ("GAAP"). All references to authoritative accounting guidance contained in our disclosures are based on the general accounting topics within the FASB ASC.

Use of Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect certain reported amounts of assets, liabilities, and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Accordingly, actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the amount 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.

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 in fair value of investments includes the Trust's gains and losses on investments bought and sold, as well as held during the year.

Fair Value Measurements

The Trust follows guidance issued by the FASB on fair value measurements, which establishes a framework for measuring fair value, clarifies the definition of fair value within that framework, and expands disclosures about the use of fair value measurements. This guidance applies whenever fair value is the applicable measurement. The three general valuation techniques used to measure fair value are the market approach, cost approach, and income approach.

UNITE HERE Local 74 Pension Trust Fund
Notes to Financial Statements
December 31, 2024 and 2023

Employer Contributions Receivable

Employer contributions receivable represents Employer contributions due to the Trust for hours worked prior to the end of the Trust year, but not yet received by year-end. Employer contributions receivables are reported at their outstanding balances, net of an estimate made for credit losses. Management estimates the allowance for credit losses by regularly evaluating individual Employer receivables and considering an Employer's financial condition, payment history, current economic conditions, and management's expectations of conditions in the future. Employer contributions receivables are written off when deemed uncollectible and collection enforcement efforts have failed to produce payments and additional efforts are not warranted. Management is of the opinion that no allowance is necessary as of December 31, 2024 or 2023.

Employers' Withdrawal Liability Assessments

The Trust is a multiemployer collectively bargained Trust subject to the provisions of the Multiemployer Pension Plan Amendments Act of 1980 (the "Act"). Under the Act, an Employer that withdraws from the Trust after April 28, 1980, in either a complete or partial withdrawal, shall owe and pay a withdrawal liability to the Trust, determined by a formula adopted by the Trustees in accordance with the Act. The actuary has determined there may be a withdrawal liability assessed against any Employer that would terminate its participation in the Trust after December 31, 2024. The Trust's policy is to recognize a receivable at its present value, net of any allowance for collectibility, once a withdrawal liability has been actuarially determined and formally assessed by the Trust.

Payments of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

The Trust permits the payment of Trust expenses from Trust assets. Expenses incurred in connection with the general administration of the Trust are recorded as deductions in the accompanying statements of changes in net assets available for benefits. The Trust shares certain administrative expenses with other related plans. In computing these allocated costs, various factors were considered, including the time spent, space used, costs incurred, and volume of transactions relating to the Trust in relation to the other plans. The administrative expenses are shown net of these allocations.

Subsequent Events

The Trust has evaluated subsequent events through October 09, 2025, the date on which the financial statements were available to be issued.

UNITE HERE Local 74 Pension Trust Fund
Notes to Financial Statements
December 31, 2024 and 2023

3. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy which prioritizes the inputs to valuation techniques used to measure fair value into Levels 1, 2, and 3. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

- | | |
|---------|---|
| Level 1 | Inputs to the valuation methodology are unadjusted quoted prices for identical instruments in active markets. |
| Level 2 | Inputs to the valuation method to include quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in inactive markets, inputs other than quoted prices that are observable for the instrument, or inputs that are derived principally from or corroborated by observable market data by correlation or other means. |
| Level 3 | Inputs to the valuation methodology are unobservable and significant to the fair value measurement. |

The instruments' fair value measurement levels 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 should maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for investments measured at fair value.

Level 1 investments consist of a money market fund and registered investment companies ("mutual funds"). The money market fund is valued at cost plus accrued interest which approximates fair value. Mutual funds are recorded at the closing price recorded by the fund. These are open ended mutual funds and 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 Trust are deemed to be actively traded.

Level 2 investments consist of U.S. government and agency securities, corporate bonds, and municipal bonds. U.S. government and agency securities, corporate bonds, and municipal bonds are valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

Level 3 investments consist of Employers' withdrawal liability assessments. The Employers' withdrawal liability assessment receivables are valued at the net present value of future cash flows.

UNITE HERE Local 74 Pension Trust Fund
Notes to Financial Statements
December 31, 2024 and 2023

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Trust believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The fair value of investments is measured as of December 31, as follows:

	2024			
	Total	Fair Value Measurements		Level 3
		Level 1	Level 2	
Money market fund	\$ 1,289,922	\$ 1,289,922	\$ -	\$ -
U.S. government and agency securities	5,137,505	-	5,137,505	-
Municipal bonds	1,132,765	-	1,132,765	-
Corporate bonds	5,446,550	-	5,446,550	-
Mutual Funds	30,850,368	30,850,368	-	-
Employers' withdrawal liability assessments	838,416	-	-	838,416
Total assets in fair value hierarchy	<u>\$ 44,695,526</u>	<u>\$ 32,140,290</u>	<u>\$ 11,716,820</u>	<u>\$ 838,416</u>
	2023			
	Total	Fair Value Measurements		Level 3
		Level 1	Level 2	
Money market fund	\$ 1,562,303	\$ 1,562,303	\$ -	\$ -
U.S. government and agency securities	3,609,641	-	3,609,641	-
Municipal bonds	1,313,122	-	1,313,122	-
Corporate bonds	5,603,351	-	5,603,351	-
Mutual Funds	27,441,210	27,441,210	-	-
Employers' withdrawal liability assessments	915,878	-	-	915,878
Total assets in fair value hierarchy	<u>\$ 40,445,505</u>	<u>\$ 29,003,513</u>	<u>\$ 10,526,114</u>	<u>\$ 915,878</u>

UNITE HERE Local 74 Pension Trust Fund
Notes to Financial Statements
December 31, 2024 and 2023

The following table provides a summary of changes in the estimated fair value of the Plan's Level 3 assets for the years ended December 31:

	<u>Employers' Withdrawal Liability Assessments</u>
Balance, December 31, 2022	\$ 992,224
Purchases, sales, issuances, and settlements (net)	<u>(76,346)</u>
Balance, December 31, 2023	915,878
Purchases, sales, issuances, and settlements (net)	<u>(77,462)</u>
Balance, December 31, 2024	<u>\$ 838,416</u>

The following table represents the Plan's level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments as of December 31, and the significant unobservable inputs and the ranges of values for those inputs:

<u>2024</u>			
<u>Instrument</u>	<u>Fair Value</u>	<u>Valuation Technique(s)</u>	<u>Unobservable Inputs</u>
Employers' Withdrawal liability Assessments	\$ 838,416	Income Approach	Actuarial Measurements - Discount rate of 7% to 7.75% on remaining payments

<u>2023</u>			
<u>Instrument</u>	<u>Fair Value</u>	<u>Valuation Technique(s)</u>	<u>Unobservable Inputs</u>
Employers' Withdrawal liability Assessments	\$ 915,878	Income Approach	Actuarial Measurements - Discount rate of 7% to 7.75% on remaining payments

4. Related Party Transactions

The Trust shares office expense and certain common expenses relating to the operation of the office, including salaries, with the Unite HERE Local 74 Welfare and Dental Trust (the "Welfare and Dental Trust"). The Trust and the Welfare and Dental Trust are related entities through common membership.

In accordance with an agreement between the plans, common expenses are allocated to each plan. The allocated expenses are paid directly by each plan.

UNITE HERE Local 74 Pension Trust Fund
Notes to Financial Statements
December 31, 2024 and 2023

As of December 31, 2024, \$8,131 was due to the Welfare and Dental Trust for the Trust's share of a payroll audit expense.

The Trust paid certain expenses related to Trust operations and investment activity to various service providers. These transactions are party in interest transactions under ERISA.

5. Lease Commitments

The Trust leases office space from the Union, a related party, under a joint lease with the Welfare and Dental Trust, which expires in January 2026. Monthly lease payments are equally shared with the Welfare and Dental Trust. Future minimum lease commitments for the Trust's portion of the lease are as follows:

Year Ending December 31, 2025	<u>7,014</u>
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The Trust incurred office lease expense of \$6,738 and \$6,112 for the years ending December 31, 2024 and 2023, respectively.

6. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump sum distributions, that are attributable under the Trust's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Trust are accumulated based on participants' years of credited service. The accumulated plan benefits of active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances—retirement, death, disability, and termination of employment—are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by the Trust's independent actuary, as of December 31, 2023 and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

**UNITE HERE Local 74 Pension Trust Fund
Notes to Financial Statements
December 31, 2024 and 2023**

Significant assumptions underlying the actuarial computations are:

Assumed rate of return on investments 7.00%
Current Liability 2.82%

Mortality basis Regular: Healthy: RP-2014 Blue Collar Mortality Table, projected to year 2026 with Mortality Improvement Scale BB.
Disabled: RP-2014 Disabled Mortality Table

Retirement

The assumed retirement rates for those eligible are:

Age	Rate
55 - 59	6%
60 - 61	8%
62	10%
63 - 64	8%
65	40%
66 - 69	30%
70+	100%

Deferred Vested assumed retirement age: Age 65

Administrative expenses The prior year's actual administrative expenses (discounted to the beginning of the year) are added to the normal cost.

Form of payment Life annuity is single, actuarially equivalent joint and 50% survivor annuity if married.

Actuarial Cost Method Entry age normal

Were the Trust to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of actuarial present value of accumulated plan benefits were made as of January 1. Had the valuation been performed as of December 31, there would be no material differences.

UNITE HERE Local 74 Pension Trust Fund
Notes to Financial Statements
December 31, 2024 and 2023

7. Employer Withdrawal Liability Assessments

The Plan complies with the provisions of the MPPA Act, which requires imposition of a withdrawal liability assessment on a participating Employer that partially or totally withdraws from the Plan. Under the provisions of MPPA Act, a portion of the Trust's unfunded vested liability would be allocated to a withdrawing Employer. A withdrawal liability assessment is usually paid in quarterly installments as determined by a statutory formula over a maximum of 20 years. The Trust entered into various settlement agreements with participating Employers who withdrew from the Trust and were subject to withdrawal liability assessments. Quarterly payments are to be received through April 2032. The Trustees, at times, approve settlements and payment plan arrangements for assessment amounts owed to the Trust.

At December 31, 2024 and 2023, the Trust was receiving withdrawal liability assessment payments under payment plan arrangements from two former Employers. The receivable amount represents the present value of the remaining payments at a discount rate between 7.0% and 7.75%.

8. Trust Termination

It is the intent of the Trustees to continue the Trust in full force and effect; however, the right to discontinue the Trust is reserved by the Trustees. During termination, the Trust's assets should not be used for or diverted to purposes other than the exclusive benefit of the pensioners, beneficiaries, and participants. In the event of termination, the net assets of the Trust will be used to pay benefits and satisfy obligations of the Trust to pay administrative expenses. A detail description of the priority order of participant's claims can be found in the summary plan description provided to each participant.

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

Whether all participants receive their benefits should the Trust terminate at some future time will depend on the sufficiency, at that time, of the Trust's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Trust and the level of benefits guaranteed by the PBGC. For multiemployer plans, the PBGC provides financial assistance to plans that are unable to pay basic PBGC guaranteed benefits when due.

UNITE HERE Local 74 Pension Trust Fund
Notes to Financial Statements
December 31, 2024 and 2023

9. Tax Status of Trust

The Internal Revenue Service has determined and informed the Trustees by a letter dated December 8, 2015, that the Trust and related trust are designed in accordance with the applicable sections of the IRC. The Trust has been amended since receiving the determination letter. Management believes that the Trust is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believes that the Trust is qualified and the related trust is tax-exempt.

In accordance with GAAP, management is required to evaluate tax positions taken by the Trust and recognize a tax liability if the Trust has taken an uncertain position that more likely than not would not be sustained upon examination by the applicable taxing authorities. Management has analyzed the tax positions taken by the Trust and has concluded that as of December 31, 2024 and 2023, there are no uncertain positions taken, or expected to be taken, that would require recognition of a liability or disclosure in the financial statements. Management believes the Trust is no longer subject to income tax examinations for years prior to 2021. The Trust is also subject to routine audits by the Department of Labor, generally for six years after the statutory due date of the annual information return. There are currently no audits in progress for any tax periods.

10. Risks and Uncertainties

Concentrations of Credit Risk

Financial instruments that subject Trust to concentrations of credit and market risk consist of cash, investments, and receivables. The Trust maintains its cash primarily with one financial institution. Deposits at this bank are insured by the Federal Deposit Insurance Corporation up to \$250,000. At December 31, 2024, there were no cash balances in excess of FDIC limits at the bank.

Investments

The Trust 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 those changes could materially affect the amounts reported in the statements of net assets available for benefits.

Contributions

The majority of receivables are from Employers primarily located in or working in St. Louis, Missouri. The Trust generally does not require collateral, but in some cases can require a performance bond.

UNITE HERE Local 74 Pension Trust Fund
Notes to Financial Statements
December 31, 2024 and 2023

Actuarial Present Value

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

UNITE HERE Local 74 Pension Trust Fund
EIN: 43-6101313 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
MONEY MARKET FUNDS:			
	FINANCIAL SQUARE TR GOVERNMENT INST CLASS FD #465	\$ 1,289,922	\$ 1,289,922
	TOTAL MONEY MARKET FUNDS	<u>1,289,922</u>	<u>1,289,922</u>
U.S. GOVERNMENT AND AGENCY SECURITIES:			
	BALTA 2005-9 CL 25A1 V/R 11/25/35	17,776	11,807
	CMLTI 2005-5 CL 2A3 5% 8/25/35	143	146
	CSFB 2003-17 CL 4A1 5.5% 6/25/33	7,969	8,132
	CWALT 2004-18CB CL 3A1 5.25% 9/25/19	313	297
	FH UMBS POOL #SD6639 5.5% 10/25/54	191,931	191,598
	FHASI 2005-AR5 3A1 5.5349% 10/25/35	2,918	30
	FHLM UMBS POOL #SD7185 5.5% 12/25/54	197,938	197,740
	FHLMC GOLD POOL #C01573 5.5% 6/1/33	925	912
	FHLMC GOLD POOL #G60923 4% 4/1/47	8,337	7,339
	FHLMC GOLD POOL #J14978 4% 4/1/26	1,369	1,276
	FHLMC GOLD POOL #T65302 3% 6/1/45	12,397	10,358
	FHLMC PC 2382 CL GE 6.5% 11/15/31	3,167	3,202
	FHLMC POOL #781530 V/R 5/1/34	723	773
	FHLMC UMBS POOL #SD5290 5.5% 4/25/54	93,030	94,625
	FHLMC UMBS POOL #SD8225 3% 7/25/52	38,279	37,766
	FHR 2021-5081 CL QA 2% 12/25/50	68,966	52,066
	FHR 2021-5122 CL A 2.5% 7/25/40	85,536	73,567
	FHR 2024-5000 CL NA 1% 6/25/50	79,412	76,427
	FHR 2024-5083 CL BT 5% 2/25/51	104,030	99,380
	FHR 2024-5460 CL EB 4.75% 9/25/54	105,394	98,716
	FHR 3954 CL PG 2.50% 7/15/41	5,312	5,180
	FHR 4272 CL DG 3% 4/15/43	2,523	2,397
	FHR 4666 CL PB 3% 8/15/45	6,099	5,805
	FM SCRT 2017-3 CL MA 3% 7/25/56	25,728	23,680
	FN POOL #AL3922 2.5% 7/1/28	19,744	18,408
	FN POOL #CA8079 2% 12/1/50	92,075	68,116
	FN UMBS POOL #BX8202 4.5% 4/1/53	80,511	77,500
	FN UMBS POOL #FM5256 2.5% 12/1/50	82,625	66,197
	FN UMBS POOL #MA4054 2.5% 6/1/40	28,070	23,489
	FN UMBS POOL #MA4360 2% 6/1/36	79,989	68,421
	FN UMBS POOL #MA4380 3% 7/1/51	74,689	61,246
	FN UMBS POOL #MA5166 6% 10/1/53	46,325	46,104

UNITE HERE Local 74 Pension Trust Fund
EIN: 43-6101313 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
U.S. GOVERNMENT AND AGENCY SECURITIES (CONTINUED):			
	FNMA 2018-83 CL LH 4% 11/25/48	\$ 8,241	\$ 7,542
	FNMA POOL #190302 6% 6/1/29	146	161
	FNMA POOL #539256 6% 09/01/29	2,620	2,561
	FNMA POOL #659517 5.5% 3/1/33	1,724	1,703
	FNMA POOL #675570 6% 12/1/32	635	629
	FNMA POOL #683128 5% 2/1/33	2,375	2,387
	FNMA POOL #685393 5.5% 3/1/33	951	936
	FNMA POOL #766027 5% 2/1/34	3,482	3,454
	FNMA POOL #813174 V/R 2/1/35	176	176
	FNMA POOL #890541 2.5% 6/1/28	5,532	5,269
	FNMA POOL #AT2767 2.5% 5/1/28	7,733	7,277
	FNMA POOL #AZ2331 3.5% 7/1/45	19,541	16,888
	FNMA POOL #MA1454 2.5% 5/1/28	6,094	5,809
	FNMA POOL #MA2947 2.5% 2/1/32	13,928	13,098
	FNMA POOL #MA3498 4.5% 9/1/33	2,960	2,782
	FNMA POOL 535623 6.5% 11/01/30	193	209
	FNMA UMBS POOL #CB2545 3% 1/25/52	91,037	87,123
	FNMA UMBS POOL #DC0424 5.5% 9/25/54	166,051	163,817
	FNMA UMBS POOL #FS9693 2% 8/25/42	100,005	99,041
	FNR 2003-117 CL KB 6% 12/25/33	24,161	23,628
	FNR 2004-37 CL AL 4.5% 6/25/34	122,700	116,451
	FNR 2012-93 CL QD 1.75% 1/25/42	2,687	2,643
	FNR 2015-2 CL PA 2.25% 3/25/44	9,101	8,492
	FNR 2016-16 CL PD 3% 12/25/44	4,193	4,005
	FNR 2021-80 CL KE 2% 11/25/51	59,921	47,625
	FNR 2024-73 CL PM 4.75% 9/25/54	100,176	95,435
	FR UMBS POOL #QH7648 5.5% 11/25/53	92,469	90,359
	FR UMBS POOL #SD8226 3.5% 7/1/52	76,769	76,762
	FR UMBS POOL #SD8371 5% 11/25/53	116,865	113,671
	GNMA II POOL #003172 6% 12/20/31	903	937
	GNMA II POOL #784174 2.5% 6/20/31	5,698	5,317
	GNMA POOL #607720 5.25% 3/15/33	858	886
	GNR 2020-10 CL AE 2.5% 9/16/60	91,197	73,777
	GNR 2020-12 CL AD 2.4% 7/16/53	37,722	30,003
	GNR 2021-107 CL T 2% 5/20/51	91,955	75,915
	IMM 2004-4 CL 2A2 V/R 9/25/34	10,397	12,433
	MLMI 2005-A7 CL 2A1 5.4005% 9/25/35	6,049	4,904

UNITE HERE Local 74 Pension Trust Fund
EIN: 43-6101313 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
U.S. GOVERNMENT AND AGENCY SECURITIES (CONTINUED):			
	RBSGC 2007-B CL 2A1 6.0826% 11/25/21	\$ 5,983	\$ 3,577
	RBSGC 2007-B CL 3A1 5.4504% 7/25/35	770	788
	SLST 2018-2 CL A1 3.5% 11/25/28	29,163	28,386
	U S TREASURY INFL NT .75% 2/15/42	105,417	80,344
	US TREASURY BD 1.75% 8/15/41	113,531	97,191
	US TREASURY BND 2.25% 8/15/49	276,562	151,760
	US TREASURY BOND 2.25% 8/15/46	111,552	90,423
	US TREASURY BOND 2.5% 2/15/45	136,616	86,768
	US TREASURY BOND 2.75% 11/15/47	322,548	270,278
	US TREASURY BOND 2.75% 8/15/42	123,462	93,960
	US TREASURY BOND 3% 2/15/48	108,579	91,736
	US TREASURY BOND 3.125% 5/15/48	161,411	142,375
	US TREASURY NOTE 2.875% 4/30/25	112,000	99,542
	US TREASURY NT 1.25% 12/31/26	209,713	198,095
	US TREASURY NT 3.125% 8/31/27	175,345	174,845
	US TREASURY NT 3.125% 8/31/29	172,167	170,537
	US TREASURY NT 3.375% 5/15/33	153,478	156,267
	US TREASURY NT 3.75% 8/31/31	175,317	172,498
	US TREASURY NT 3.875% 8/15/34	290,672	283,755
	US TREASURY NT 4.375% 5/15/34	101,051	98,494
	WAMU 2006-AR12 CL 2A1 5.75% 10/25/36	9,930	9,081
	TOTAL U.S. GOVERNMENT AND AGENCY SECURITIES	<u>5,746,755</u>	<u>5,137,505</u>
MUNICIPAL BONDS:			
	ESTES PARK CO TXBL 2.746% 11/1/26	85,000	82,403
	HONOLULU HI GO TXBL 3.068% 10/1/30	80,000	73,202
	MONTGOMERY PA EDU TXBL 2.08% 5/1/29	145,000	129,363
	NC ST UNIV TXBL 4% 10/1/41	80,000	70,012
	NH ST HSG TXBL 3.893% 7/1/32	70,000	66,394
	NY ST DORM TXBL 1.748% 3/15/28	120,000	110,164
	OK ST PWR TXBL 1.802% 1/1/28	100,000	92,697
	SPRINGDALE AR TXBL 4.975% 8/1/27	110,000	110,884
	TN HSG TXBL BAB 5.336% 7/1/32	115,000	115,608
	TX ST UNIV OF TX TXBL 2.351% 3/15/26	100,000	97,566
	VERMILLION IN ECON TXBL 5% 8/1/34	100,000	98,125

UNITE HERE Local 74 Pension Trust Fund
EIN: 43-6101313 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
MUNICIPAL BONDS (CONTINUED):			
	WV ED BAB TXBL 7.45% 4/1/30	\$ 80,000	\$ 86,347
	TOTAL MUNICIPAL BONDS	<u>1,185,000</u>	<u>1,132,765</u>
CORPORATE BONDS:			
	ABFS 2001-2 CL A4 V/R 12/25/31	736	618
	AIR LEASE NT 3.625% 4/1/27	37,903	38,656
	ALABAMA POWER NT 4.1% 1/15/42	102,155	97,985
	APACHE CORP NT 7.375% 8/15/47	43,388	41,333
	APPLIED MATERIALS NT 5.85% 6/15/41	48,156	41,484
	ARTHUR GALLAGHER NT 5% 2/15/32	64,957	64,154
	ASCENSION HEALTH NT 3.945% 11/15/46	76,622	59,814
	AVALONBAY CMNTY NT 3.2% 1/15/28	119,505	105,278
	BANK OF AMERICA NT 3.875% 8/1/25	78,009	74,658
	BANK OF MONTREAL NT 1.85% 5/1/25	124,172	118,880
	BANK OF NY MELLON NT V/R 10/25/34	100,000	107,978
	BAPTIST HLTH FL NT 4.342% 11/15/41	55,439	46,468
	BAXTER INTL NT 6.25% 12/1/37	54,912	56,152
	BHP BILLITON FIN NT 6.42% 3/1/26	70,182	61,220
	BK OF NOVA SCOTIA NT 2.15% 8/1/31	119,846	99,803
	BORGWARNER INC NT 4.375% 3/15/45	41,737	36,686
	BP CAP MARKETS NT 4.989% 4/10/34	118,498	116,711
	BURLINGTON SANTA FE NT 6.53% 7/15/37	85,791	86,614
	CANADIAN NATL RR NT 6.2% 6/1/36	24,916	26,775
	CANADIAN PAC NT 2.875% 11/15/29	40,466	41,108
	CARMX 2022-4 CL A3 5.34% 8/16/27	75,989	76,386
	CHARLES SCHWAB CORP NT 3.2% 1/25/28	152,786	133,969
	CITIGROUP NT 4.45% 9/29/27	63,163	59,187
	CNA FINANCIAL NT 3.45% 8/15/27	64,002	58,026
	COLUMBUS SO PWR NT 5.85% 10/1/35	79,622	81,173
	COMCAST CORP NT 6.4% 5/15/38	39,914	41,908
	CUMMINS INC NT 0.75% 9/1/25	89,836	87,735
	CVS HEALTH CORP NT 1.3% 8/21/27	49,860	45,305
	DANAHER CORP NT 3.35% 9/15/25	79,027	79,402
	EVERGY INC NT 2.9% 9/15/29	34,536	36,395
	EXXON MOBIL CORP NT 2.992% 3/19/25	98,104	89,720
	FIDELITY NATL INFO NT 4.7% 7/15/27	54,913	54,842

UNITE HERE Local 74 Pension Trust Fund
EIN: 43-6101313 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
CORPORATE BONDS (CONTINUED):			
	FORTIVE CORP NT 4.3% 6/15/46	\$ 59,531	\$ 40,225
	GENERAL MOTORS FIN NT 5.8% 6/23/28	39,992	40,800
	GLAXOSMITHKLINE NT 3.875% 5/15/28	119,236	102,414
	GOLDMAN SACHS GP INC NT V/R 6/5/28	50,000	48,563
	GONZAGA UNIV NT 4.158% 4/1/46	40,000	30,370
	HCP INC NT 3.25% 7/15/26	39,962	39,098
	HONEYWELL INTL NT 5.375% 3/1/41	69,206	69,144
	HORACE MANN NT 7.25% 9/15/28	89,372	90,575
	ILLINOIS TOOL NT 4.875% 9/15/41	52,511	51,448
	INTEL CORP NT 4.15% 8/5/32	106,709	100,126
	JPMORGAN CHASE NT V/R 6/1/29	140,000	127,212
	KENTUCKY UTIL CO NT 4.65% 11/15/43	105,139	97,817
	KINDER MORGAN NT 3.6% 2/15/51	75,308	70,876
	LAB CORP OF AMER NT 1.55% 6/1/26	60,177	57,332
	LOEWS CORP NT 3.75% 4/1/26	74,431	74,170
	MASTERCARD INC NT 4.85% 3/9/33	49,757	49,572
	MID-AMERICA NT 4.95% 3/1/35	119,004	115,637
	MITSUBISHI FIN NT 3.961% 3/2/28	80,000	78,034
	MORGAN STANLEY NT V/R 4/22/39	110,118	107,418
	NATWEST GROUP NT V/R 6/14/27	55,000	52,480
	NORFOLK SOUTHERN NT 4.45% 6/15/45	43,139	33,837
	NORTHERN STATES PWR NT 6.25% 6/1/36	83,722	64,928
	NVIDIA CORP NT 1.55% 6/15/28	109,651	99,889
	PACIFICORP NT 5.8% 1/15/55	115,221	111,751
	PNC FINANCIAL SVCS NT V/R 7/23/35	100,000	99,223
	PRICELINE GROUP NT 3.6% 6/1/26	121,750	108,570
	PUB SVC EL & GAS NT 3.95% 5/1/42	89,421	73,286
	PUGET SOUND ENERGY NT 3.25% 9/15/49	71,616	66,731
	SANTANDER HOLDINGS NT V/R 5/31/35	62,630	60,793
	SCHLUMBERGER FIN CA NT 1.4% 9/17/25	84,898	83,082
	SIMON PPTY GRP NT 5.85% 3/8/53	113,240	110,760
	SPIRE MISSOURI NT 3.3% 6/1/51	139,601	93,628
	STATE STREET NT V/R 11/21/34	100,000	104,065
	STATOIL ASA NT 7.15% 11/15/25	96,786	76,600
	TRANS-CANADA PIPE NT 4.875% 1/15/26	64,728	64,981
	TRANSCONT GAS PIPE NT 7.85% 2/1/26	45,254	35,877
	TRUIST FINANCIAL NT V/R 6/7/29	80,000	72,177

UNITE HERE Local 74 Pension Trust Fund
EIN: 43-6101313 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
CORPORATE BONDS (CONTINUED):			
	UDR INC NT 3.2% 1/15/30	\$ 39,865	\$ 36,612
	UNILEVER CAPITAL NT 2.125% 9/6/29	116,067	102,365
	UNION PACIFIC CORP NT 4.15% 1/15/45	80,845	59,778
	US BANCORP NT 3.1% 4/27/26	79,729	78,285
	VERIZON COMM NT 2.355% 3/15/32	45,823	49,758
	VISA INC NT 1.9% 4/15/27	84,760	80,375
	WELLS FARGO & CO NT 5.375% 2/7/35	65,800	69,465
	TOTAL CORPORATE BONDS	<u>5,859,141</u>	<u>5,446,550</u>
REGISTERED INVESTMENT COMPANIES:			
	AB SMALL CAP GROWTH-ADV	406,534	394,201
	AMER CENT SM CAP GRWTH-Y	384,752	394,863
	DFA US TARGETED VALUE PORTFOLIO	699,698	780,898
	FIDELITY MID CAP GRW INDX	2,158,611	2,673,752
	FIDELITY MID CAP VAL INDX	2,510,342	2,608,345
	NUVEEN L/C GROWTH INDEX FD-R6 #7292	11,663,003	14,669,336
	NUVEEN LARGE CAP VALUE INDEX FUND-R6	8,703,709	9,328,973
	TOTAL MUTUAL FUNDS	<u>26,526,649</u>	<u>30,850,368</u>
	TOTAL ASSETS HELD AT END OF YEAR	<u>\$ 40,607,467</u>	<u>\$ 43,857,110</u>

UNITE HERE Local 74 Pension Trust Fund
EIN: 43-610131 Plan Number: 001
Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2024

Identity of Party Involved (a)	Description of Asset (b)	Purchase Price (c)	Selling Price (d)	Cost of Asset (g)	Current Value of Asset on Transaction Date (h)	Net Gain (Loss) (i)
<u>Category 1 - Individual transactions in excess of five percent of plan assets at beginning of year: None</u>						
<u>Category 2 - Series of transactions with one party in excess of five percent of plan assets at beginning of year: None</u>						
<u>Category 3 - Series of transactions in excess of five percent of plan assets at beginning of year:</u>						
Commerce Bank	Financial Square Tr Government (58)	\$ -	\$ 6,095,158	\$ 6,095,158	\$ 6,095,158	\$ -
Commerce Bank	Financial Square Tr Government (116)	5,822,777	-	5,822,777	5,822,777	-
<u>Category 4 - Other transactions with a party that was involved in a Category 1 transaction: None</u>						

UNITE HERE Local 74 Pension Trust Fund
Schedules of Administrative Expenses
Years Ended December 31, 2024 and 2023

	2024	2023
Accounting fees	\$ 10,650	\$ 11,602
Actuary fees	800	1,000
Audit expense	27,650	25,500
Bank fees	11,288	10,120
Insurance	36,716	27,461
Legal expense	3,830	4,208
Meeting	4,101	4,460
Miscellaneous expenses	14,418	6,990
Office administrative expenses	14,999	12,176
Payroll and other taxes	5,153	8,421
Payroll examinations	10,730	8,445
Pension Benefit Guaranty Corp	81,100	77,035
Rent	6,738	6,112
Salaries and benefits	83,257	121,404
Software	12,858	11,613
	\$ 324,288	\$ 336,547

UNITE HERE Local 74 Pension Trust Fund
EIN: 43-6101313 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
MONEY MARKET FUNDS:			
	FINANCIAL SQUARE TR GOVERNMENT INST CLASS FD #465	\$ 1,289,922	\$ 1,289,922
	TOTAL MONEY MARKET FUNDS	<u>1,289,922</u>	<u>1,289,922</u>
U.S. GOVERNMENT AND AGENCY SECURITIES:			
	BALTA 2005-9 CL 25A1 V/R 11/25/35	17,776	11,807
	CMLTI 2005-5 CL 2A3 5% 8/25/35	143	146
	CSFB 2003-17 CL 4A1 5.5% 6/25/33	7,969	8,132
	CWALT 2004-18CB CL 3A1 5.25% 9/25/19	313	297
	FH UMBS POOL #SD6639 5.5% 10/25/54	191,931	191,598
	FHASI 2005-AR5 3A1 5.5349% 10/25/35	2,918	30
	FHLM UMBS POOL #SD7185 5.5% 12/25/54	197,938	197,740
	FHLMC GOLD POOL #C01573 5.5% 6/1/33	925	912
	FHLMC GOLD POOL #G60923 4% 4/1/47	8,337	7,339
	FHLMC GOLD POOL #J14978 4% 4/1/26	1,369	1,276
	FHLMC GOLD POOL #T65302 3% 6/1/45	12,397	10,358
	FHLMC PC 2382 CL GE 6.5% 11/15/31	3,167	3,202
	FHLMC POOL #781530 V/R 5/1/34	723	773
	FHLMC UMBS POOL #SD5290 5.5% 4/25/54	93,030	94,625
	FHLMC UMBS POOL #SD8225 3% 7/25/52	38,279	37,766
	FHR 2021-5081 CL QA 2% 12/25/50	68,966	52,066
	FHR 2021-5122 CL A 2.5% 7/25/40	85,536	73,567
	FHR 2024-5000 CL NA 1% 6/25/50	79,412	76,427
	FHR 2024-5083 CL BT 5% 2/25/51	104,030	99,380
	FHR 2024-5460 CL EB 4.75% 9/25/54	105,394	98,716
	FHR 3954 CL PG 2.50% 7/15/41	5,312	5,180
	FHR 4272 CL DG 3% 4/15/43	2,523	2,397
	FHR 4666 CL PB 3% 8/15/45	6,099	5,805
	FM SCRT 2017-3 CL MA 3% 7/25/56	25,728	23,680
	FN POOL #AL3922 2.5% 7/1/28	19,744	18,408
	FN POOL #CA8079 2% 12/1/50	92,075	68,116
	FN UMBS POOL #BX8202 4.5% 4/1/53	80,511	77,500
	FN UMBS POOL #FM5256 2.5% 12/1/50	82,625	66,197
	FN UMBS POOL #MA4054 2.5% 6/1/40	28,070	23,489
	FN UMBS POOL #MA4360 2% 6/1/36	79,989	68,421
	FN UMBS POOL #MA4380 3% 7/1/51	74,689	61,246
	FN UMBS POOL #MA5166 6% 10/1/53	46,325	46,104

UNITE HERE Local 74 Pension Trust Fund
EIN: 43-6101313 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
U.S. GOVERNMENT AND AGENCY SECURITIES (CONTINUED):			
	FNMA 2018-83 CL LH 4% 11/25/48	\$ 8,241	\$ 7,542
	FNMA POOL #190302 6% 6/1/29	146	161
	FNMA POOL #539256 6% 09/01/29	2,620	2,561
	FNMA POOL #659517 5.5% 3/1/33	1,724	1,703
	FNMA POOL #675570 6% 12/1/32	635	629
	FNMA POOL #683128 5% 2/1/33	2,375	2,387
	FNMA POOL #685393 5.5% 3/1/33	951	936
	FNMA POOL #766027 5% 2/1/34	3,482	3,454
	FNMA POOL #813174 V/R 2/1/35	176	176
	FNMA POOL #890541 2.5% 6/1/28	5,532	5,269
	FNMA POOL #AT2767 2.5% 5/1/28	7,733	7,277
	FNMA POOL #AZ2331 3.5% 7/1/45	19,541	16,888
	FNMA POOL #MA1454 2.5% 5/1/28	6,094	5,809
	FNMA POOL #MA2947 2.5% 2/1/32	13,928	13,098
	FNMA POOL #MA3498 4.5% 9/1/33	2,960	2,782
	FNMA POOL 535623 6.5% 11/01/30	193	209
	FNMA UMBS POOL #CB2545 3% 1/25/52	91,037	87,123
	FNMA UMBS POOL #DC0424 5.5% 9/25/54	166,051	163,817
	FNMA UMBS POOL #FS9693 2% 8/25/42	100,005	99,041
	FNR 2003-117 CL KB 6% 12/25/33	24,161	23,628
	FNR 2004-37 CL AL 4.5% 6/25/34	122,700	116,451
	FNR 2012-93 CL QD 1.75% 1/25/42	2,687	2,643
	FNR 2015-2 CL PA 2.25% 3/25/44	9,101	8,492
	FNR 2016-16 CL PD 3% 12/25/44	4,193	4,005
	FNR 2021-80 CL KE 2% 11/25/51	59,921	47,625
	FNR 2024-73 CL PM 4.75% 9/25/54	100,176	95,435
	FR UMBS POOL #QH7648 5.5% 11/25/53	92,469	90,359
	FR UMBS POOL #SD8226 3.5% 7/1/52	76,769	76,762
	FR UMBS POOL #SD8371 5% 11/25/53	116,865	113,671
	GNMA II POOL #003172 6% 12/20/31	903	937
	GNMA II POOL #784174 2.5% 6/20/31	5,698	5,317
	GNMA POOL #607720 5.25% 3/15/33	858	886
	GNR 2020-10 CL AE 2.5% 9/16/60	91,197	73,777
	GNR 2020-12 CL AD 2.4% 7/16/53	37,722	30,003
	GNR 2021-107 CL T 2% 5/20/51	91,955	75,915
	IMM 2004-4 CL 2A2 V/R 9/25/34	10,397	12,433
	MLMI 2005-A7 CL 2A1 5.4005% 9/25/35	6,049	4,904

UNITE HERE Local 74 Pension Trust Fund
EIN: 43-6101313 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
U.S. GOVERNMENT AND AGENCY SECURITIES (CONTINUED):			
	RBSGC 2007-B CL 2A1 6.0826% 11/25/21	\$ 5,983	\$ 3,577
	RBSGC 2007-B CL 3A1 5.4504% 7/25/35	770	788
	SLST 2018-2 CL A1 3.5% 11/25/28	29,163	28,386
	U S TREASURY INFL NT .75% 2/15/42	105,417	80,344
	US TREASURY BD 1.75% 8/15/41	113,531	97,191
	US TREASURY BND 2.25% 8/15/49	276,562	151,760
	US TREASURY BOND 2.25% 8/15/46	111,552	90,423
	US TREASURY BOND 2.5% 2/15/45	136,616	86,768
	US TREASURY BOND 2.75% 11/15/47	322,548	270,278
	US TREASURY BOND 2.75% 8/15/42	123,462	93,960
	US TREASURY BOND 3% 2/15/48	108,579	91,736
	US TREASURY BOND 3.125% 5/15/48	161,411	142,375
	US TREASURY NOTE 2.875% 4/30/25	112,000	99,542
	US TREASURY NT 1.25% 12/31/26	209,713	198,095
	US TREASURY NT 3.125% 8/31/27	175,345	174,845
	US TREASURY NT 3.125% 8/31/29	172,167	170,537
	US TREASURY NT 3.375% 5/15/33	153,478	156,267
	US TREASURY NT 3.75% 8/31/31	175,317	172,498
	US TREASURY NT 3.875% 8/15/34	290,672	283,755
	US TREASURY NT 4.375% 5/15/34	101,051	98,494
	WAMU 2006-AR12 CL 2A1 5.75% 10/25/36	9,930	9,081
	TOTAL U.S. GOVERNMENT AND AGENCY SECURITIES	<u>5,746,755</u>	<u>5,137,505</u>
MUNICIPAL BONDS:			
	ESTES PARK CO TXBL 2.746% 11/1/26	85,000	82,403
	HONOLULU HI GO TXBL 3.068% 10/1/30	80,000	73,202
	MONTGOMERY PA EDU TXBL 2.08% 5/1/29	145,000	129,363
	NC ST UNIV TXBL 4% 10/1/41	80,000	70,012
	NH ST HSG TXBL 3.893% 7/1/32	70,000	66,394
	NY ST DORM TXBL 1.748% 3/15/28	120,000	110,164
	OK ST PWR TXBL 1.802% 1/1/28	100,000	92,697
	SPRINGDALE AR TXBL 4.975% 8/1/27	110,000	110,884
	TN HSG TXBL BAB 5.336% 7/1/32	115,000	115,608
	TX ST UNIV OF TX TXBL 2.351% 3/15/26	100,000	97,566
	VERMILLION IN ECON TXBL 5% 8/1/34	100,000	98,125

UNITE HERE Local 74 Pension Trust Fund
EIN: 43-6101313 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
MUNICIPAL BONDS (CONTINUED):			
	WV ED BAB TXBL 7.45% 4/1/30	\$ 80,000	\$ 86,347
	TOTAL MUNICIPAL BONDS	<u>1,185,000</u>	<u>1,132,765</u>
CORPORATE BONDS:			
	ABFS 2001-2 CL A4 V/R 12/25/31	736	618
	AIR LEASE NT 3.625% 4/1/27	37,903	38,656
	ALABAMA POWER NT 4.1% 1/15/42	102,155	97,985
	APACHE CORP NT 7.375% 8/15/47	43,388	41,333
	APPLIED MATERIALS NT 5.85% 6/15/41	48,156	41,484
	ARTHUR GALLAGHER NT 5% 2/15/32	64,957	64,154
	ASCENSION HEALTH NT 3.945% 11/15/46	76,622	59,814
	AVALONBAY CMNTY NT 3.2% 1/15/28	119,505	105,278
	BANK OF AMERICA NT 3.875% 8/1/25	78,009	74,658
	BANK OF MONTREAL NT 1.85% 5/1/25	124,172	118,880
	BANK OF NY MELLON NT V/R 10/25/34	100,000	107,978
	BAPTIST HLTH FL NT 4.342% 11/15/41	55,439	46,468
	BAXTER INTL NT 6.25% 12/1/37	54,912	56,152
	BHP BILLITON FIN NT 6.42% 3/1/26	70,182	61,220
	BK OF NOVA SCOTIA NT 2.15% 8/1/31	119,846	99,803
	BORGWARNER INC NT 4.375% 3/15/45	41,737	36,686
	BP CAP MARKETS NT 4.989% 4/10/34	118,498	116,711
	BURLINGTON SANTA FE NT 6.53% 7/15/37	85,791	86,614
	CANADIAN NATL RR NT 6.2% 6/1/36	24,916	26,775
	CANADIAN PAC NT 2.875% 11/15/29	40,466	41,108
	CARMX 2022-4 CL A3 5.34% 8/16/27	75,989	76,386
	CHARLES SCHWAB CORP NT 3.2% 1/25/28	152,786	133,969
	CITIGROUP NT 4.45% 9/29/27	63,163	59,187
	CNA FINANCIAL NT 3.45% 8/15/27	64,002	58,026
	COLUMBUS SO PWR NT 5.85% 10/1/35	79,622	81,173
	COMCAST CORP NT 6.4% 5/15/38	39,914	41,908
	CUMMINS INC NT 0.75% 9/1/25	89,836	87,735
	CVS HEALTH CORP NT 1.3% 8/21/27	49,860	45,305
	DANAHER CORP NT 3.35% 9/15/25	79,027	79,402
	EVERGY INC NT 2.9% 9/15/29	34,536	36,395
	EXXON MOBIL CORP NT 2.992% 3/19/25	98,104	89,720
	FIDELITY NATL INFO NT 4.7% 7/15/27	54,913	54,842

UNITE HERE Local 74 Pension Trust Fund
EIN: 43-6101313 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
CORPORATE BONDS (CONTINUED):			
	FORTIVE CORP NT 4.3% 6/15/46	\$ 59,531	\$ 40,225
	GENERAL MOTORS FIN NT 5.8% 6/23/28	39,992	40,800
	GLAXOSMITHKLINE NT 3.875% 5/15/28	119,236	102,414
	GOLDMAN SACHS GP INC NT V/R 6/5/28	50,000	48,563
	GONZAGA UNIV NT 4.158% 4/1/46	40,000	30,370
	HCP INC NT 3.25% 7/15/26	39,962	39,098
	HONEYWELL INTL NT 5.375% 3/1/41	69,206	69,144
	HORACE MANN NT 7.25% 9/15/28	89,372	90,575
	ILLINOIS TOOL NT 4.875% 9/15/41	52,511	51,448
	INTEL CORP NT 4.15% 8/5/32	106,709	100,126
	JPMORGAN CHASE NT V/R 6/1/29	140,000	127,212
	KENTUCKY UTIL CO NT 4.65% 11/15/43	105,139	97,817
	KINDER MORGAN NT 3.6% 2/15/51	75,308	70,876
	LAB CORP OF AMER NT 1.55% 6/1/26	60,177	57,332
	LOEWS CORP NT 3.75% 4/1/26	74,431	74,170
	MASTERCARD INC NT 4.85% 3/9/33	49,757	49,572
	MID-AMERICA NT 4.95% 3/1/35	119,004	115,637
	MITSUBISHI FIN NT 3.961% 3/2/28	80,000	78,034
	MORGAN STANLEY NT V/R 4/22/39	110,118	107,418
	NATWEST GROUP NT V/R 6/14/27	55,000	52,480
	NORFOLK SOUTHERN NT 4.45% 6/15/45	43,139	33,837
	NORTHERN STATES PWR NT 6.25% 6/1/36	83,722	64,928
	NVIDIA CORP NT 1.55% 6/15/28	109,651	99,889
	PACIFICORP NT 5.8% 1/15/55	115,221	111,751
	PNC FINANCIAL SVCS NT V/R 7/23/35	100,000	99,223
	PRICELINE GROUP NT 3.6% 6/1/26	121,750	108,570
	PUB SVC EL & GAS NT 3.95% 5/1/42	89,421	73,286
	PUGET SOUND ENERGY NT 3.25% 9/15/49	71,616	66,731
	SANTANDER HOLDINGS NT V/R 5/31/35	62,630	60,793
	SCHLUMBERGER FIN CA NT 1.4% 9/17/25	84,898	83,082
	SIMON PPTY GRP NT 5.85% 3/8/53	113,240	110,760
	SPIRE MISSOURI NT 3.3% 6/1/51	139,601	93,628
	STATE STREET NT V/R 11/21/34	100,000	104,065
	STATOIL ASA NT 7.15% 11/15/25	96,786	76,600
	TRANS-CANADA PIPE NT 4.875% 1/15/26	64,728	64,981
	TRANSCONT GAS PIPE NT 7.85% 2/1/26	45,254	35,877
	TRUIST FINANCIAL NT V/R 6/7/29	80,000	72,177

UNITE HERE Local 74 Pension Trust Fund
EIN: 43-6101313 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
CORPORATE BONDS (CONTINUED):			
	UDR INC NT 3.2% 1/15/30	\$ 39,865	\$ 36,612
	UNILEVER CAPITAL NT 2.125% 9/6/29	116,067	102,365
	UNION PACIFIC CORP NT 4.15% 1/15/45	80,845	59,778
	US BANCORP NT 3.1% 4/27/26	79,729	78,285
	VERIZON COMM NT 2.355% 3/15/32	45,823	49,758
	VISA INC NT 1.9% 4/15/27	84,760	80,375
	WELLS FARGO & CO NT 5.375% 2/7/35	65,800	69,465
	TOTAL CORPORATE BONDS	<u>5,859,141</u>	<u>5,446,550</u>
REGISTERED INVESTMENT COMPANIES:			
	AB SMALL CAP GROWTH-ADV	406,534	394,201
	AMER CENT SM CAP GRWTH-Y	384,752	394,863
	DFA US TARGETED VALUE PORTFOLIO	699,698	780,898
	FIDELITY MID CAP GRW INDX	2,158,611	2,673,752
	FIDELITY MID CAP VAL INDX	2,510,342	2,608,345
	NUVEEN L/C GROWTH INDEX FD-R6 #7292	11,663,003	14,669,336
	NUVEEN LARGE CAP VALUE INDEX FUND-R6	8,703,709	9,328,973
	TOTAL MUTUAL FUNDS	<u>26,526,649</u>	<u>30,850,368</u>
	TOTAL ASSETS HELD AT END OF YEAR	<u>\$ 40,607,467</u>	<u>\$ 43,857,110</u>

UNITE-HERE Local 74 Pension Trust Fund
EIN 43-6101313, PN 001
2024 Schedule MB, Line 8b(2) – Schedule of Active Participant Data

The number of active participants, summarized by attained age and years of credited service as of January 1, 2024, is shown below.

Age	Years of Credited Service										Total	
	0	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+		
0-24	22	22	-	-	-	-	-	-	-	-	-	44
25-29	15	24	5	-	-	-	-	-	-	-	-	44
30-34	17	31	5	2	-	-	-	-	-	-	-	55
35-39	10	23	2	3	6	-	-	-	-	-	-	44
40-44	11	33	7	5	6	5	-	-	-	-	-	67
45-49	9	19	5	4	3	5	5	-	-	-	-	50
50-54	5	11	5	-	2	1	1	1	-	-	-	26
55-59	8	20	6	6	3	4	1	-	2	-	-	50
60-64	3	11	6	1	5	4	5	3	2	3	-	43
65-69	-	2	2	3	1	1	2	-	3	-	-	14
70+	2	3	2	1	-	1	-	-	-	-	1	10
Total	102	199	45	25	26	21	14	4	7	4	4	447

UNITE-HERE Local 74 Pension Trust Fund
EIN 43-6101313, PN 001
2024 Schedule MB, Line 3(d) – Withdrawal Liability Amounts

The following table contains the withdrawal liability payments, broken down between periodic and lump sum amounts, that were made to the plan for the current plan year.

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
February 20, 2024	\$22,140.76		\$22,140.76
May 16, 2024	\$22,140.76		\$22,140.76
August 1, 2024	\$22,140.76		\$22,140.76
November 18, 2024	\$22,140.76		\$22,140.76
January 9, 2024	\$13,392.00		\$13,392.00
April 5, 2024	\$13,392.00		\$13,392.00
July 8, 2024	\$13,392.00		\$13,392.00
October 4, 2024	\$13,392.00		\$13,392.00
Total	\$142,131.04		\$142,131.04

UNITE-HERE Local 74 Pension Trust Fund
EIN 43-6101313, PN 001

2024 Schedule MB, Lines 9c and 9h – Schedule of Funding Standard Account Bases

The amortization charges and credits for the Funding Standard Account for the plan year beginning are determined below after bases were combined.

1. 1. Charges as of January 1, 2024

	Date		Amortization	Years	Outstanding
	<u>Established</u>	<u>Description</u>	<u>Amount</u>	<u>Remaining</u>	<u>Balance</u>
a.	January 1, 1980	Plan amendment	\$100,505	1	\$100,505
b.	January 1, 1990	Plan amendment	80,737	1	80,737
c.	January 1, 1993	Plan amendment	31,831	4	115,371
d.	January 1, 1994	Plan amendment	46,167	5	202,538
e.	January 1, 1995	Change in assumptions	23,119	6	117,907
f.	January 1, 1995	Plan amendment	204,066	6	1,040,777
g.	January 1, 1996	Plan amendment	62,296	7	359,229
h.	January 1, 1997	Change in assumptions	162,233	8	1,036,554
i.	January 1, 1999	Change in assumptions	20,966	10	157,564
j.	January 1, 1999	Plan amendment	47,201	10	354,734
k.	January 1, 2000	Change in assumptions	91,264	11	732,274
l.	January 1, 2000	Plan amendment	51,860	11	416,108
m.	January 1, 2005	Actuarial loss	39,094	1	39,094
n.	January 1, 2006	Actuarial loss	134,579	2	260,356
o.	January 1, 2009	Actuarial loss	353,318	5	1,550,082
p.	January 1, 2011	Actuarial loss	93,054	7	536,602
q.	January 1, 2012	Actuarial loss	39,773	8	254,115
r.	January 1, 2012	Change in assumptions	169,499	8	1,082,987
s.	January 1, 2013	Actuarial loss	81,117	4	293,991
t.	January 1, 2014	Actuarial loss	40,366	5	177,088
u.	January 1, 2015	Change in assumptions	30,570	6	155,917
v.	January 1, 2016	Change in assumptions	27,429	7	158,179
w.	January 1, 2016	Actuarial loss	282,754	7	1,630,516
x.	January 1, 2017	Actuarial loss	93,113	8	594,924
y.	January 1, 2018	Actuarial loss	84,033	9	585,816
z.	January 1, 2019	Actuarial loss	54,770	10	411,612
aa.	January 1, 2021	Actuarial loss	107,912	26	1,365,469
bb.	January 1, 2023	Actuarial loss	304,947	14	2,853,587
cc.	January 1, 2024	Actuarial loss	<u>18,249</u>	15	<u>177,847</u>
dd.	Total		2,876,822		16,842,480

2.

3. 2. Credits as of January 1, 2024

UNITE-HERE Local 74 Pension Trust Fund
EIN 43-6101313, PN 001

2024 Schedule MB, Lines 9c and 9h – Schedule of Funding Standard Account Bases

	Date		Amortization	Years	Outstanding
	<u>Established</u>	<u>Description</u>	<u>Amount</u>	<u>Remaining</u>	<u>Balance</u>
a.	January 1, 2020	Actuarial gain	\$4,040	11	\$32,416
b.	January 1, 2021	Actuarial gain	442,937	12	3,764,380
c.	January 1, 2022	Actuarial gain	248,406	13	2,221,416
d.	January 1, 2024	Combined bases	<u>1,487,615</u>	4.6	<u>6,077,184</u>
e.	Total		2,182,998		12,095,396
4.	3.	Net outstanding balance [(1dd) - (2e)]			4,747,084
5.	4.	Credit Balance as of January 1, 2024			1,047,498
6.	5.	Waived funding deficiency			0
7.	6.	Balance test result [(3) - (4) - (5)]			3,699,586
8.	7.	Unfunded Actuarial Accrued Liability as of January 1, 2024, minimum \$0			3,699,586

UNITE-HERE Local 74 Pension Trust Fund
EIN 43-6101313, PN 001

2024 Schedule MB, Lines 9c and 9h – Schedule of Funding Standard Account Bases

The amortization charges and credits for the Funding Standard Account for the plan year beginning are determined below before bases were combined.

1. Charges as of January 1, 2024

	Date		Amortization	Years	Outstanding
	<u>Established</u>	<u>Description</u>	<u>Amount</u>	<u>Remaining</u>	<u>Balance</u>
a.	January 1, 1980	Plan amendment	\$100,505	1	\$100,505
b.	January 1, 1990	Plan amendment	80,737	1	80,737
c.	January 1, 1993	Plan amendment	31,831	4	115,371
d.	January 1, 1994	Plan amendment	46,167	5	202,538
e.	January 1, 1995	Change in assumptions	23,119	6	117,907
f.	January 1, 1995	Plan amendment	204,066	6	1,040,777
g.	January 1, 1996	Plan amendment	62,296	7	359,229
h.	January 1, 1997	Change in assumptions	162,233	8	1,036,554
i.	January 1, 1999	Change in assumptions	20,966	10	157,564
j.	January 1, 1999	Plan amendment	47,201	10	354,734
k.	January 1, 2000	Change in assumptions	91,264	11	732,274
l.	January 1, 2000	Plan amendment	51,860	11	416,108
m.	January 1, 2005	Actuarial loss	39,094	1	39,094
n.	January 1, 2006	Actuarial loss	134,579	2	260,356
o.	January 1, 2009	Actuarial loss	353,318	5	1,550,082
p.	January 1, 2011	Actuarial loss	93,054	7	536,602
q.	January 1, 2012	Actuarial loss	39,773	8	254,115
r.	January 1, 2012	Change in assumptions	169,499	8	1,082,987
s.	January 1, 2013	Actuarial loss	81,117	4	293,991
t.	January 1, 2014	Actuarial loss	40,366	5	177,088
u.	January 1, 2015	Change in assumptions	30,570	6	155,917
v.	January 1, 2016	Change in assumptions	27,429	7	158,179
w.	January 1, 2016	Actuarial loss	282,754	7	1,630,516
x.	January 1, 2017	Actuarial loss	93,113	8	594,924
y.	January 1, 2018	Actuarial loss	84,033	9	585,816
z.	January 1, 2019	Actuarial loss	54,770	10	411,612
aa.	January 1, 2021	Actuarial loss	107,912	26	1,365,469
bb.	January 1, 2023	Actuarial loss	304,947	14	2,853,587
cc.	January 1, 2024	Actuarial loss	<u>18,249</u>	15	<u>177,847</u>
dd.	Total		2,876,822		16,842,480

UNITE-HERE Local 74 Pension Trust Fund
EIN 43-6101313, PN 001

2024 Schedule MB, Lines 9c and 9h – Schedule of Funding Standard Account Bases

2. Credits as of January 1, 2024

Date <u>Established</u>	<u>Description</u>	Amortization <u>Amount</u>	Years <u>Remaining</u>	Outstanding <u>Balance</u>
a. January 1, 2020	Actuarial gain	\$4,040	11	\$32,416
b. January 1, 2010	Actuarial gain	433,923	1	433,923
c. January 1, 2010	Change in assumptions	171,453	1	171,453
d. January 1, 2015	Actuarial gain	128,068	6	653,174
b. January 1, 2021	Actuarial gain	442,937	12	3,764,380
c. January 1, 2022	Actuarial gain	248,406	13	2,221,416
d. January 1, 2022	Method Change	<u>754,174</u>	8	<u>4,818,637</u>
e. Total		2,183,001		12,095,402
3.	Net outstanding balance [(1dd) - (2e)]			4,747,084
4.	Credit Balance as of January 1, 2024			1,047,498
5.	Waived funding deficiency			0
6.	Balance test result [(3) - (4) - (5)]			3,699,586
7.	Unfunded Actuarial Accrued Liability as of January 1, 2024, minimum \$0			3,699,586

UNITE-HERE Local 74 Pension Trust Fund
EIN 43-6101313, PN 001
2024 Schedule MB, Line 6 – Statement of Actuarial Assumptions / Methods

Summary of Actuarial Methods

Actuarial Cost Method

Entry Age Normal

Asset Valuation Method

Expected Return Method

Under this method, a gain or loss for a year is determined by calculating the difference between the expected return on the Market Value of Assets for the year and the actual return on the Market Value of Assets for the year. The expected return on the Market Value of Assets for the year is the Market Value of Assets at the prior valuation date brought forward with interest at the valuation interest rate to the current valuation date plus contributions minus disbursements, all adjusted with interest at the valuation rate to the current valuation date. Ultimately, the actuarial value of assets is equal to the market value less:

- (i) 4/5 of the prior year's gain/(loss)
- (ii) 3/5 of the prior year's gain/(loss)
- (iii) 2/5 of the second preceding year's gain/(loss)
- (iv) 1/5 of the third preceding year's gain/(loss)
- (v) In accordance with asset relief elected pursuant to the Pension Relief Act of 2010, the market value loss for 2008 is phased in over 10 years rather than 5.

Changes in Actuarial Methods Since Prior Valuation

None

Summary of Actuarial Assumptions

ECONOMIC ASSUMPTIONS

Interest Rates

Funding and SFAS 35: 7.00% per year (effective January 1, 2015).

Current Liability: 2.82% per year.

Asset Returns

Funding: 7.00% per year (effective January 1, 2015).

Administrative Expenses

The prior year's actual administrative expenses (discounted to the beginning of the year) are added to the normal cost (effective January 1, 2015).

DEMOGRAPHIC ASSUMPTIONS

Mortality

Funding and SFAS 35: RP-2014 Blue Collar Mortality Table, male and female rates set forward one year, projected to year 2026 with Mortality Improvement Scale BB, with employee rates before benefit commencement

UNITE-HERE Local 74 Pension Trust Fund
EIN 43-6101313, PN 001
2024 Schedule MB, Line 6 – Statement of Actuarial Assumptions / Methods

and healthy annuitant rates after benefit commencement (effective January 1, 2016). For disabled lives, RP-2014 Disabled Mortality Table, male and female rates (effective January 1, 2016).

We have reviewed the Plan’s historical experience in developing this assumption and believe it to be reasonable.

Current Liability: Statutory current liability tables for 2024, with separate rates for non-annuitants and annuitants.

Retirement

Annual rates of retirement are shown in the following table for active participants.

Age	Rate
55 – 59	6%
60 – 61	8
62	10
63 – 64	8
65	40
66 – 69	30
70+	100

Terminated vested participants are assumed to retire at age 65.

We have reviewed the Plan’s historical experience and believe the assumption continues to be reasonable.

Termination

Annual rates of termination are based on years of participation and age. Rates are shown in the following table.

Age	1	2	3	4	5
30	50%	45%	40%	35%	10%
40	48	43	35	30	10
50	43	35	33	30	8
60	12	10.5	9	9	1.5

We have reviewed the Plan’s historical experience and believe the assumption continues to be reasonable.

Disability

Annual rates of disability are based on age and are shown in the following table.

UNITE-HERE Local 74 Pension Trust Fund
EIN 43-6101313, PN 001
2024 Schedule MB, Line 6 – Statement of Actuarial Assumptions / Methods

Age	Rate
50	0.79%
55	0.13
60	1.71

We have reviewed the Plan's historical experience and believe the assumption continues to be reasonable.

Marital Characteristics

For participants not in pay status: 75% of participants are assumed to be married to a spouse of the opposite sex. Males are assumed to be 3 years older than females.

For participants in pay status: Actual birth dates of beneficiaries are included in the census data, where relevant.

For beneficiaries: Actual birth dates are included in the census data, where relevant.

Future Service and Accruals

Each active participant is assumed to work 1,400 hours in each future year.

We have reviewed the Plan's historical experience and believe the assumption continues to be reasonable.

CHANGES IN ACTUARIAL ASSUMPTIONS SINCE PRIOR VALUATION

Interest Rate for Current Liability: From 2.19% per year to 2.82% per year as required by statute.

Mortality for Current Liability: From statutory tables for 2023 to statutory tables for 2024 as required by statute

Administrative Expenses: The administrative expense load was updated to reflect actual administrative expenses paid from the Plan's trust during the previous year.

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.)

B This return/report is: a single-employer plan a DFE (specify _____)
 the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)

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

D Check box if filing under: Form 5558 automatic extension the DFVC program
 special extension (enter description)


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

Part II Basic Plan Information - enter all requested information

1a Name of plan UNITE/HERE 74 PENSION TRUST FUND	1b Three-digit plan number (PN) ▶ 001
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) BOARD OF TRUSTEES UNITE/HERE LOCAL 74 PENSION TRUST 5585 PERSHING AVE SUITE 220B ST. LOUIS MO 63112-4621	1c Effective date of plan 01/01/1969 2b Employer Identification Number (EIN) 43-6101313 2c Plan Sponsor's telephone number (314) 209-0858 2d Business code (see instructions) 525100

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

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

SIGN HERE		<u>10/14/25</u>	KIM BARTHOLOMEW
	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	2,198
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a (1) Total number of active participants at the beginning of the plan year	6a(1)	410
a (2) Total number of active participants at the end of the plan year	6a(2)	447
b Retired or separated participants receiving benefits	6b	777
c Other retired or separated participants entitled to future benefits	6c	867
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	2,091
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	105
f Total. Add lines 6d and 6e	6f	2,196
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	14

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1B

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input checked="" type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) - Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information - Small Plan) (3) <input type="checkbox"/> A (Insurance Information) - Number Attached _____ (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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UNITE HERE Local 74 Pension Trust Fund
EIN: 43-610131 Plan Number: 001
Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2024

Identity of Party Involved (a)	Description of Asset (b)	Purchase Price (c)	Selling Price (d)	Cost of Asset (g)	Current Value of Asset on Transaction Date (h)	Net Gain (Loss) (i)
<u>Category 1 - Individual transactions in excess of five percent of plan assets at beginning of year: None</u>						
<u>Category 2 - Series of transactions with one party in excess of five percent of plan assets at beginning of year: None</u>						
<u>Category 3 - Series of transactions in excess of five percent of plan assets at beginning of year:</u>						
Commerce Bank	Financial Square Tr Government (58)	\$ -	\$ 6,095,158	\$ 6,095,158	\$ 6,095,158	\$ -
Commerce Bank	Financial Square Tr Government (116)	5,822,777	-	5,822,777	5,822,777	-
<u>Category 4 - Other transactions with a party that was involved in a Category 1 transaction: None</u>						

**SCHEDULE MB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Multiemployer Defined Benefit Plan and Certain
Money Purchase Plan Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2024

**This Form is Open to Public
Inspection**

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

▶ **Round off amounts to nearest dollar.**

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

A Name of plan <u>UNITE HERE LOCAL 74 PENSION TRUST FUND</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>BOARD OF TRUSTEES OF UNITE HERE LOCAL 74 PENSION TRUST FUND</u>	D Employer Identification Number (EIN) <u>43-6101313</u>

E Type of plan: (1) Multiemployer Defined Benefit (2) Money Purchase (see instructions)


1a Enter the valuation date: Month 01 Day 01 Year 2024

b Assets

(1) Current value of assets	1b(1)	<u>41029613</u> ✓
(2) Actuarial value of assets for funding standard account	1b(2)	<u>44475248</u> ✓
c (1) Accrued liability for plan using immediate gain methods	1c(1)	<u>48174834</u> ✓
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method	1c(3)	<u>47146336</u> ✓
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	<u>0</u>
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	<u>78782746</u> ✓
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	<u>960663</u> ✓
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	<u>3826305</u> ✓
(3) Expected plan disbursements for the plan year	1d(3)	<u>3826305</u> ✓

Statement by Enrolled Actuary

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

SIGN HERE		<u>09/08/2025</u>
	Signature of actuary	Date
	<u>MICHAEL SUDDUTH</u>	<u>23-06248</u>
	Type or print name of actuary	Most recent enrollment number
	<u>MILLIMAN, INC.</u>	<u>314-446-5607</u>
	Firm name	Telephone number (including area code)
	<u>500 N. BROADWAY, SUITE 1750, SAINT LOUIS, MO 63102</u>	
	Address of the firm	

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

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

Schedule MB (Form 5500) 2024
v. 240311

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....		6a	2.82 %												
b Rates specified in insurance or annuity contracts.....		<table border="1"> <tr> <th colspan="2">Pre-retirement</th> <th colspan="2">Post-retirement</th> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> N/A</td> <td colspan="2"><input type="checkbox"/> N/A</td> </tr> </table>		Pre-retirement		Post-retirement		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A		<input type="checkbox"/> N/A	
Pre-retirement		Post-retirement													
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No												
<input type="checkbox"/> N/A		<input type="checkbox"/> N/A													
c Mortality table code for valuation purposes:															
(1) Males	6c(1)	12P26+1	12P26+1												
(2) Females	6c(2)	12FP26+1	12FP26+1												
d Valuation liability interest rate	6d	7.00 %	7.00%												
e Salary scale.....	6e	%	<input checked="" type="checkbox"/> N/A												
f Withdrawal liability interest rate:															
(1) Type of interest rate	6f(1)	<input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A													
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	7.00%													
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	5.4%													
h Estimated investment return on current value of assets for year ending on the valuation date	6h	17.5%													
i Expense load included in normal cost reported in line 9b	6i	<input type="checkbox"/> N/A													
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%													
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	324627													
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>													

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	177847	18249

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	8d(2)	5
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).	8e	5351155

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	509759

c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	16842480	2876822
(2) Funding waivers	9c(2)		
(3) Certain bases for which the amortization period has been extended.....	9c(3)		
d Interest as applicable on lines 9a, 9b, and 9c.....	9d		237061
e Total charges. Add lines 9a through 9d.....	9e		3623642
Credits to funding standard account:			
f Prior year credit balance, if any.....	9f		1047498
g Employer contributions. Total from column (b) of line 3.....	9g		1897515
		Outstanding balance	
h Amortization credits as of valuation date.....	9h	12095396	2182998
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i		291788
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)	9311652	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	26667632	
(3) FFL credit	9j(3)		0
k (1) Waived funding deficiency	9k(1)		0
(2) Other credits	9k(2)		0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l		5419799
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m		1796157
n Funding deficiency: If line 9e is greater than line 9l, enter the difference.....	9n		
o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the current plan year.....	9o(1)		0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)		0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)		0
(3) Total as of valuation date.....	9o(3)		0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	10		0
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			

Yes No

UNITE-HERE Local 74 Pension Trust Fund
EIN 43-6101313, PN 001
2024 Schedule MB, Line 3(d) – Withdrawal Liability Amounts

The following table contains the withdrawal liability payments, broken down between periodic and lump sum amounts, that were made to the plan for the current plan year.

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
February 20, 2024	\$22,140.76		\$22,140.76
May 16, 2024	\$22,140.76		\$22,140.76
August 1, 2024	\$22,140.76		\$22,140.76
November 18, 2024	\$22,140.76		\$22,140.76
January 9, 2024	\$13,392.00		\$13,392.00
April 5, 2024	\$13,392.00		\$13,392.00
July 8, 2024	\$13,392.00		\$13,392.00
October 4, 2024	\$13,392.00		\$13,392.00
Total	\$142,131.04		\$142,131.04

UNITE-HERE Local 74 Pension Trust Fund
EIN 43-6101313, PN 001
2024 Schedule MB, Line 6 – Statement of Actuarial Assumptions / Methods

Summary of Actuarial Methods

Actuarial Cost Method

Entry Age Normal

Asset Valuation Method

Expected Return Method

Under this method, a gain or loss for a year is determined by calculating the difference between the expected return on the Market Value of Assets for the year and the actual return on the Market Value of Assets for the year. The expected return on the Market Value of Assets for the year is the Market Value of Assets at the prior valuation date brought forward with interest at the valuation interest rate to the current valuation date plus contributions minus disbursements, all adjusted with interest at the valuation rate to the current valuation date. Ultimately, the actuarial value of assets is equal to the market value less:

- (i) 4/5 of the prior year's gain/(loss)
- (ii) 3/5 of the prior year's gain/(loss)
- (iii) 2/5 of the second preceding year's gain/(loss)
- (iv) 1/5 of the third preceding year's gain/(loss)
- (v) In accordance with asset relief elected pursuant to the Pension Relief Act of 2010, the market value loss for 2008 is phased in over 10 years rather than 5.

Changes in Actuarial Methods Since Prior Valuation

None

Summary of Actuarial Assumptions

ECONOMIC ASSUMPTIONS

Interest Rates

Funding and SFAS 35: 7.00% per year (effective January 1, 2015).

Current Liability: 2.82% per year.

Asset Returns

Funding: 7.00% per year (effective January 1, 2015).

Administrative Expenses

The prior year's actual administrative expenses (discounted to the beginning of the year) are added to the normal cost (effective January 1, 2015).

DEMOGRAPHIC ASSUMPTIONS

Mortality

Funding and SFAS 35: RP-2014 Blue Collar Mortality Table, male and female rates set forward one year, projected to year 2026 with Mortality Improvement Scale BB, with employee rates before benefit commencement

UNITE-HERE Local 74 Pension Trust Fund
EIN 43-6101313, PN 001
2024 Schedule MB, Line 6 – Statement of Actuarial Assumptions / Methods

and healthy annuitant rates after benefit commencement (effective January 1, 2016). For disabled lives, RP-2014 Disabled Mortality Table, male and female rates (effective January 1, 2016).

We have reviewed the Plan’s historical experience in developing this assumption and believe it to be reasonable.

Current Liability: Statutory current liability tables for 2024, with separate rates for non-annuitants and annuitants.

Retirement

Annual rates of retirement are shown in the following table for active participants.

Age	Rate
55 – 59	6%
60 – 61	8
62	10
63 – 64	8
65	40
66 – 69	30
70+	100

Terminated vested participants are assumed to retire at age 65.

We have reviewed the Plan’s historical experience and believe the assumption continues to be reasonable.

Termination

Annual rates of termination are based on years of participation and age. Rates are shown in the following table.

Age	1	2	3	4	5
30	50%	45%	40%	35%	10%
40	48	43	35	30	10
50	43	35	33	30	8
60	12	10.5	9	9	1.5

We have reviewed the Plan’s historical experience and believe the assumption continues to be reasonable.

Disability

Annual rates of disability are based on age and are shown in the following table.

UNITE-HERE Local 74 Pension Trust Fund
EIN 43-6101313, PN 001
2024 Schedule MB, Line 6 – Statement of Actuarial Assumptions / Methods

Age	Rate
50	0.79%
55	0.13
60	1.71

We have reviewed the Plan's historical experience and believe the assumption continues to be reasonable.

Marital Characteristics

For participants not in pay status: 75% of participants are assumed to be married to a spouse of the opposite sex. Males are assumed to be 3 years older than females.

For participants in pay status: Actual birth dates of beneficiaries are included in the census data, where relevant.

For beneficiaries: Actual birth dates are included in the census data, where relevant.

Future Service and Accruals

Each active participant is assumed to work 1,400 hours in each future year.

We have reviewed the Plan's historical experience and believe the assumption continues to be reasonable.

CHANGES IN ACTUARIAL ASSUMPTIONS SINCE PRIOR VALUATION

Interest Rate for Current Liability: From 2.19% per year to 2.82% per year as required by statute.

Mortality for Current Liability: From statutory tables for 2023 to statutory tables for 2024 as required by statute

Administrative Expenses: The administrative expense load was updated to reflect actual administrative expenses paid from the Plan's trust during the previous year.

UNITE-HERE Local 74 Pension Trust Fund
EIN 43-6101313, PN 001
2024 Schedule MB, Line 6 – Summary of Plan Provisions

This summary of plan provisions is intended to only describe the essential features of the Plan. All eligibility requirements and benefit amounts shall be determined in strict accordance with the plan document itself.

This summary of plan provisions is intended to only describe the essential features of the Plan. All eligibility requirements and benefit amounts shall be determined in strict accordance with the plan document itself.

Definitions

Plan Effective Date: January 1, 1969.

Plan Year: The 12-month period beginning January 1 and ending December 31.

Service Credits: Service Credits is the sum of (a) and (b) below:

- (a) Past Service Credits: years of service prior to January 1, 1969, up to a maximum of 10 years.
- (b) Future Service Credits: Service Credits on and after January 1, 1969 determined according to the table below:

Hours of Service in Plan Year	Years of Benefit Service Credit
1,800+	1.00
1,000 – 1,799	Actual Hours / 1,800
900 – 999	0.50
450 – 899	0.25
0 – 449	0.00

Vesting Service: Participant becomes 100% vested after 5 years of Vesting Service.

Eligibility for Participation

An employee shall be eligible to participate in the Plan on January 1 of the plan year following the first plan year of covered or non-covered employment, provided the employee has attained age 21 or will attain age 21 during the first six months of such plan year.

Normal Retirement

Normal Retirement Date: The first day of the month coincident with or next following the attainment of age 65 and 5 years of participation.

Normal Retirement Benefit: The monthly benefit is the sum of (a) and (b) below:

- (a) Past Service Credits multiplied by \$3.00
- (b) Future Service Credits multiplied by \$30.00.

Early Retirement

Early Retirement Date: The first day of the month coincident with or next following the attainment of age 55 and completion of 15 Service Credits.

UNITE-HERE Local 74 Pension Trust Fund
EIN 43-6101313, PN 001
2024 Schedule MB, Line 6 – Summary of Plan Provisions

Early Retirement Benefit: The monthly benefit is equal to the Normal Retirement Benefit reduced by 5/12% for each month preceding Normal Retirement Date.

Vested Termination Benefit

Eligibility: Termination of employment with at least 5 years of Vesting Service

Termination Benefit: The monthly benefit is equal to the participant's Normal Retirement Benefit payable as of his Normal Retirement Date.

Preretirement Death

Preretirement Death Benefit Eligibility: Surviving spouses of vested participants who die before commencement of payments.

Preretirement Death Benefit: The monthly benefit is equal to the amount the spouse would have received had the participant terminated employment on the date of death, survived to his earliest retirement date, retired under the 50% Joint and Survivor Annuity form and died on the following day. Monthly benefits are payable for the lifetime of the Surviving Spouse.

Disability Retirement

Disability Retirement Eligibility: Age 50 with 10 Service Credits and entitled to Social Security disability benefits.

Disability Retirement Benefit: The monthly benefit is equal to the Normal Retirement Benefit.

Forms of Payment

Normal Forms: Life annuity if single, actuarially equivalent joint and 50% survivor annuity if married.

Changes in Principal Plan Provisions Since Prior Valuation

None.

UNITE-HERE Local 74 Pension Trust Fund
EIN 43-6101313, PN 001

2024 Schedule MB, Line 8b(1) – Schedule of Projection of Expected Benefit Payments

The following table provides the projected benefit payments in each of the next fifty years starting with the current plan year of this filing assuming (1) no additional accruals, (2) experience (e.g., termination, mortality, and retirement) is in line with valuation assumptions, and (3) no new entrants are covered by the plan. Expected expenses are not included.

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	104,586	368,695	3,348,190	3,821,471
2025	169,236	471,530	3,222,521	3,863,286
2026	222,652	621,516	3,096,732	3,940,900
2027	262,235	729,831	2,968,982	3,961,047
2028	299,061	853,914	2,836,578	3,989,553
2029	335,143	965,239	2,695,297	3,995,679
2030	363,487	1,049,185	2,560,064	3,972,735
2031	380,831	1,133,015	2,424,623	3,938,470
2032	394,310	1,204,244	2,288,347	3,886,901
2033	405,589	1,237,511	2,149,031	3,792,130
2034	411,236	1,306,433	2,013,956	3,731,625
2035	412,421	1,347,184	1,883,232	3,642,837
2036	412,702	1,374,279	1,754,063	3,541,044
2037	413,321	1,408,091	1,626,894	3,448,306
2038	412,714	1,442,119	1,502,198	3,357,031
2039	407,162	1,451,816	1,380,454	3,229,432
2040	416,424	1,457,627	1,262,102	3,136,153
2041	416,402	1,474,492	1,147,547	3,038,441
2042	423,968	1,474,026	1,037,220	2,935,214
2043	442,791	1,465,643	931,584	2,840,018
2044	445,017	1,455,645	831,031	2,731,693
2045	440,160	1,432,132	735,900	2,608,192
2046	442,591	1,417,765	646,504	2,506,860
2047	450,713	1,397,338	563,157	2,411,208
2048	445,904	1,375,932	486,112	2,307,948
2049	441,092	1,344,768	415,567	2,201,427
2050	432,793	1,300,494	351,654	2,084,941
2051	429,017	1,248,226	294,432	1,971,675
2052	408,346	1,203,165	243,840	1,855,351
2053	385,616	1,145,558	199,669	1,730,843
2054	370,931	1,095,947	161,610	1,628,488

UNITE-HERE Local 74 Pension Trust Fund
EIN 43-6101313, PN 001

2024 Schedule MB, Line 8b(1) – Schedule of Projection of Expected Benefit Payments

2055	350,798	1,036,597	129,258	1,516,653
2056	337,344	973,871	102,150	1,413,365
2057	316,136	911,052	79,767	1,306,955
2058	299,915	845,645	61,546	1,207,106
2059	280,272	783,776	46,934	1,110,982
2060	263,424	720,987	35,392	1,019,803
2061	247,232	660,650	26,413	934,295
2062	233,279	603,534	19,524	856,337
2063	217,734	551,047	14,322	783,103
2064	201,395	500,513	10,448	712,356
2065	185,585	453,032	7,608	646,225
2066	170,272	408,642	5,554	584,468
2067	155,462	367,257	4,084	526,803
2068	141,159	328,772	3,044	472,975
2069	127,400	293,061	2,311	422,772
2070	114,250	260,009	1,795	376,054
2071	101,767	229,499	1,428	332,694
2072	90,000	201,427	1,161	295,588
2073	78,992	175,703	959	255,654

UNITE-HERE Local 74 Pension Trust Fund
EIN 43-6101313, PN 001
2024 Schedule MB, Line 8b(2) – Schedule of Active Participant Data

The number of active participants, summarized by attained age and years of credited service as of January 1, 2024, is shown below.

Age	Years of Credited Service										Total	
	0	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+		
0-24	22	22	-	-	-	-	-	-	-	-	-	44
25-29	15	24	5	-	-	-	-	-	-	-	-	44
30-34	17	31	5	2	-	-	-	-	-	-	-	55
35-39	10	23	2	3	6	-	-	-	-	-	-	44
40-44	11	33	7	5	6	5	-	-	-	-	-	67
45-49	9	19	5	4	3	5	5	-	-	-	-	50
50-54	5	11	5	-	2	1	1	1	-	-	-	26
55-59	8	20	6	6	3	4	1	-	2	-	-	50
60-64	3	11	6	1	5	4	5	3	2	3	-	43
65-69	-	2	2	3	1	1	2	-	3	-	-	14
70+	2	3	2	1	-	1	-	-	-	1	-	10
Total	102	199	45	25	26	21	14	4	7	4	4	447

UNITE-HERE Local 74 Pension Trust Fund
EIN 43-6101313, PN 001
Schedule MB, Line 8b(3) – Schedule of Projection of Employer Contributions and
Withdrawal Liability Payments

The following table provides the projected employer contributions and withdrawal liability payments expected to be received for the entire plan in each of the next ten plan years starting with the current plan year of this filing based on the assumptions used to determine the plan's status reported in Line 4b.

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
Current Plan Year	\$1,729,869	\$142,131	\$1,872,000
Current Plan Year +1	\$1,729,869	\$142,131	\$1,872,000
Current Plan Year +2	\$1,729,869	\$142,131	\$1,872,000
Current Plan Year +3	\$1,729,869	\$142,131	\$1,872,000
Current Plan Year +4	\$1,729,869	\$142,131	\$1,872,000
Current Plan Year +5	\$1,729,869	\$142,131	\$1,872,000
Current Plan Year +6	\$1,729,869	\$142,131	\$1,872,000
Current Plan Year +7	\$1,729,869	\$142,131	\$1,872,000
Current Plan Year +8	\$1,729,869	\$101,955	\$1,831,824
Current Plan Year +9	\$1,729,869	\$0	\$1,729,869

UNITE-HERE Local 74 Pension Trust Fund
EIN 43-6101313, PN 001

2024 Schedule MB, Lines 9c and 9h – Schedule of Funding Standard Account Bases

The amortization charges and credits for the Funding Standard Account for the plan year beginning are determined below after bases were combined.

1. 1. Charges as of January 1, 2024

	Date		Amortization	Years	Outstanding
	<u>Established</u>	<u>Description</u>	<u>Amount</u>	<u>Remaining</u>	<u>Balance</u>
a.	January 1, 1980	Plan amendment	\$100,505	1	\$100,505
b.	January 1, 1990	Plan amendment	80,737	1	80,737
c.	January 1, 1993	Plan amendment	31,831	4	115,371
d.	January 1, 1994	Plan amendment	46,167	5	202,538
e.	January 1, 1995	Change in assumptions	23,119	6	117,907
f.	January 1, 1995	Plan amendment	204,066	6	1,040,777
g.	January 1, 1996	Plan amendment	62,296	7	359,229
h.	January 1, 1997	Change in assumptions	162,233	8	1,036,554
i.	January 1, 1999	Change in assumptions	20,966	10	157,564
j.	January 1, 1999	Plan amendment	47,201	10	354,734
k.	January 1, 2000	Change in assumptions	91,264	11	732,274
l.	January 1, 2000	Plan amendment	51,860	11	416,108
m.	January 1, 2005	Actuarial loss	39,094	1	39,094
n.	January 1, 2006	Actuarial loss	134,579	2	260,356
o.	January 1, 2009	Actuarial loss	353,318	5	1,550,082
p.	January 1, 2011	Actuarial loss	93,054	7	536,602
q.	January 1, 2012	Actuarial loss	39,773	8	254,115
r.	January 1, 2012	Change in assumptions	169,499	8	1,082,987
s.	January 1, 2013	Actuarial loss	81,117	4	293,991
t.	January 1, 2014	Actuarial loss	40,366	5	177,088
u.	January 1, 2015	Change in assumptions	30,570	6	155,917
v.	January 1, 2016	Change in assumptions	27,429	7	158,179
w.	January 1, 2016	Actuarial loss	282,754	7	1,630,516
x.	January 1, 2017	Actuarial loss	93,113	8	594,924
y.	January 1, 2018	Actuarial loss	84,033	9	585,816
z.	January 1, 2019	Actuarial loss	54,770	10	411,612
aa.	January 1, 2021	Actuarial loss	107,912	26	1,365,469
bb.	January 1, 2023	Actuarial loss	304,947	14	2,853,587
cc.	January 1, 2024	Actuarial loss	<u>18,249</u>	15	<u>177,847</u>
dd.	Total		2,876,822		16,842,480

2.

3. 2. Credits as of January 1, 2024

UNITE-HERE Local 74 Pension Trust Fund
EIN 43-6101313, PN 001

2024 Schedule MB, Lines 9c and 9h – Schedule of Funding Standard Account Bases

	Date		Amortization	Years	Outstanding
	<u>Established</u>	<u>Description</u>	<u>Amount</u>	<u>Remaining</u>	<u>Balance</u>
a.	January 1, 2020	Actuarial gain	\$4,040	11	\$32,416
b.	January 1, 2021	Actuarial gain	442,937	12	3,764,380
c.	January 1, 2022	Actuarial gain	248,406	13	2,221,416
d.	January 1, 2024	Combined bases	<u>1,487,615</u>	4.6	<u>6,077,184</u>
e.	Total		2,182,998		12,095,396
4.	3.	Net outstanding balance [(1dd) - (2e)]			4,747,084
5.	4.	Credit Balance as of January 1, 2024			1,047,498
6.	5.	Waived funding deficiency			0
7.	6.	Balance test result [(3) - (4) - (5)]			3,699,586
8.	7.	Unfunded Actuarial Accrued Liability as of January 1, 2024, minimum \$0			3,699,586

UNITE-HERE Local 74 Pension Trust Fund
EIN 43-6101313, PN 001

2024 Schedule MB, Lines 9c and 9h – Schedule of Funding Standard Account Bases

The amortization charges and credits for the Funding Standard Account for the plan year beginning are determined below before bases were combined.

1. Charges as of January 1, 2024

	Date		Amortization	Years	Outstanding
	<u>Established</u>	<u>Description</u>	<u>Amount</u>	<u>Remaining</u>	<u>Balance</u>
a.	January 1, 1980	Plan amendment	\$100,505	1	\$100,505
b.	January 1, 1990	Plan amendment	80,737	1	80,737
c.	January 1, 1993	Plan amendment	31,831	4	115,371
d.	January 1, 1994	Plan amendment	46,167	5	202,538
e.	January 1, 1995	Change in assumptions	23,119	6	117,907
f.	January 1, 1995	Plan amendment	204,066	6	1,040,777
g.	January 1, 1996	Plan amendment	62,296	7	359,229
h.	January 1, 1997	Change in assumptions	162,233	8	1,036,554
i.	January 1, 1999	Change in assumptions	20,966	10	157,564
j.	January 1, 1999	Plan amendment	47,201	10	354,734
k.	January 1, 2000	Change in assumptions	91,264	11	732,274
l.	January 1, 2000	Plan amendment	51,860	11	416,108
m.	January 1, 2005	Actuarial loss	39,094	1	39,094
n.	January 1, 2006	Actuarial loss	134,579	2	260,356
o.	January 1, 2009	Actuarial loss	353,318	5	1,550,082
p.	January 1, 2011	Actuarial loss	93,054	7	536,602
q.	January 1, 2012	Actuarial loss	39,773	8	254,115
r.	January 1, 2012	Change in assumptions	169,499	8	1,082,987
s.	January 1, 2013	Actuarial loss	81,117	4	293,991
t.	January 1, 2014	Actuarial loss	40,366	5	177,088
u.	January 1, 2015	Change in assumptions	30,570	6	155,917
v.	January 1, 2016	Change in assumptions	27,429	7	158,179
w.	January 1, 2016	Actuarial loss	282,754	7	1,630,516
x.	January 1, 2017	Actuarial loss	93,113	8	594,924
y.	January 1, 2018	Actuarial loss	84,033	9	585,816
z.	January 1, 2019	Actuarial loss	54,770	10	411,612
aa.	January 1, 2021	Actuarial loss	107,912	26	1,365,469
bb.	January 1, 2023	Actuarial loss	304,947	14	2,853,587
cc.	January 1, 2024	Actuarial loss	<u>18,249</u>	15	<u>177,847</u>
dd.	Total		2,876,822		16,842,480

UNITE-HERE Local 74 Pension Trust Fund
EIN 43-6101313, PN 001

2024 Schedule MB, Lines 9c and 9h – Schedule of Funding Standard Account Bases

2. Credits as of January 1, 2024

Date <u>Established</u>	<u>Description</u>	Amortization <u>Amount</u>	Years <u>Remaining</u>	Outstanding <u>Balance</u>
a. January 1, 2020	Actuarial gain	\$4,040	11	\$32,416
b. January 1, 2010	Actuarial gain	433,923	1	433,923
c. January 1, 2010	Change in assumptions	171,453	1	171,453
d. January 1, 2015	Actuarial gain	128,068	6	653,174
b. January 1, 2021	Actuarial gain	442,937	12	3,764,380
c. January 1, 2022	Actuarial gain	248,406	13	2,221,416
d. January 1, 2022	Method Change	<u>754,174</u>	8	<u>4,818,637</u>
e. Total		2,183,001		12,095,402
3.	Net outstanding balance [(1dd) - (2e)]			4,747,084
4.	Credit Balance as of January 1, 2024			1,047,498
5.	Waived funding deficiency			0
6.	Balance test result [(3) - (4) - (5)]			3,699,586
7.	Unfunded Actuarial Accrued Liability as of January 1, 2024, minimum \$0			3,699,586