

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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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
1a	Name of plan G.M.P. - EMPLOYERS RETIREE TRUST
1b	Three-digit plan number (PN) ▶ 501
1c	Effective date of plan 07/01/1966
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) G.M.P.-EMPLOYERS RETIREE TRUST 5245 BIG PINE WAY, S.E. FORT MYERS, FL 33907
2b	Employer Identification Number (EIN) 23-6411794
2c	Plan Sponsor's telephone number 239-936-6242
2d	Business code (see instructions) 327210

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.	10/08/2025	JODI L. HOPPER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2025	JODI L. HOPPER
	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 ☒ 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 21097
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) 7961 6a(2) 7126 6b 12695 6c 6d 19821 6e 6f 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 9

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

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

4A 4B 4H

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ 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) ☐ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ **A** (Insurance Information) – Number Attached 1
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	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 G.M.P. - EMPLOYERS RETIREE TRUST	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 G.M.P.-EMPLOYERS RETIREE TRUST	D Employer Identification Number (EIN) 23-6411794	

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

(a) Name of insurance carrier
HARTFORD LIFE AND ACCIDENT

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0838648	70815	803088G	10547	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	1953515	
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))	9a(4)	1953515	
b Benefit charges (1) Claims paid	9b(1)	1539988	
(2) Increase (decrease) in claim reserves	9b(2)	6299	
(3) Incurred claims (add (1) and (2))	9b(3)	1546287	
(4) Claims charged	9b(4)	1546287	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)	373121	
(E) Taxes	9c(1)(E)	43954	
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention	9c(1)(H)	417075	
(2) Dividends or retroactive rate refunds. (These amounts were ☒ paid in cash, or ☒ credited.)	9c(2)	-163648	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)		
(2) Claim reserves	9d(2)	520464	
(3) Other reserves	9d(3)	324731	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e		

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	16040	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b		

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	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		
A Name of plan G.M.P. - EMPLOYERS RETIREE TRUST	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 G.M.P.-EMPLOYERS RETIREE TRUST	D Employer Identification Number (EIN) 23-6411794	

Part I	Service Provider Information (see instructions)
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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

PACIFIC INVESTMENT MGMT CO LLC	650 NEWPORT CENTER DRIVE NEWPORT BEACH, CA 92660
33-0629048	

(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)

BLUECROSS & BLUESHIELD OF SC

1-20 AT ALPINE ROAD
COLUMBIA, SC 29219

57-0287419

(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?
13	SERVICE PROVIDER	487536	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EXPRESS SCRIPTS

100 PARSONS POND DR
FRANKLIN LAKES, NJ 07417

22-3461740

(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?
13	SERVICE PROVIDER	419865	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DST HEALTH SOLUTIONS, LLC

333 WEST 11TH STREET
KANSAS CITY, MO 64105

59-3771503

(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	SERVICE PROVIDER	309563	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

VBA

W180N11711 RIVER LN.
GERMANTOWN, WI 53022

20-3293066

(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	SERVICE PROVIDER	247017	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DODGE AND COX

555 CALIFORNIA STREET 40TH FL
SAN FRANCISCO, CA 94104-1538

94-1441976

(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?
51	SERVICE PROVIDER	203072	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☐ No ☒

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

BNY MELLON ASSET SERVICES

PO BOX 392006
PITTSBURGH, PA 15251-9006

13-5160382

(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?
21	SERVICE PROVIDER	192190	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

LOS ANGELES CAPITAL

11150 SANTA MONICA BLVD SUITE 200
LOS ANGELES, CA 00025

02-0541198

(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?
51	SERVICE PROVIDER	190938	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TOWERS WATSON DELAWARE INC

901 NORTH GLEBE ROAD
ARLINGTON, VA 22203

53-0181291

(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	SERVICE PROVIDER	183000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JODI HOPPER

5245 BIG PINE WAY SE
FORT MYERS, FL 33907

23-6411794

(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	152804	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

CALLAN

101 CALIFORNIA STREET SUITE 3500
SAN FRANCISCO, CA 94111

94-2192581

(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?
51	SERVICE PROVIDER	120000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WILLIAM BLAIR AND COMPANY

222 WEST ADAMS STREET
CHICAGO, IL 60606

36-2214610

(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?
51	SERVICE PROVIDER	104087	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

HILL, BARTH AND KING LLC

8010 SUMMERLIN LAKES DR SUITE 200
FORT MYERS, FL 33907

34-1897225

(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	SERVICE PROVIDER	100000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

MARIELLEN KING

5245 BIG PINE WAY SE
FORT MYERS, FL 33907

23-6411794

(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	94949	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE BANK OF NEW YORK MELLON

ONE WALL STREET
NEW YORK, NY 10286

13-5106382

(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?
65	SERVICE PROVIDER	93062	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DIAMOND HILL CAPITAL

325 JOHN H. MCCONNELL BLVD STE 200
COLUMBUS, OH 43215

31-1019984

(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?
71 28	SERVICE PROVIDER	87370	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

GDIT

P.O. BOX 829968
PHILADELPHIA, PA 19182-9968

54-1194322

(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	SERVICE PROVIDER	59844	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHANGE HEALTHCARE

3055 LEBANON PIKE SUITE 1000
NASHVILLE, TN 37214

20-5731067

(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	SERVICE PROVIDER	58524	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TRACY M. MCFADDEN

5245 BIG PINE WAY SE
FORT MYERS, FL 33907

23-6411794

(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	51286	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

JACQUELINE KNIGHT

5245 BIG PINE WAY S.E
FORT MYERS, FL 33907

23-6411794

(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	49542	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SHARI GORDON

5245 BIG PINE WAY S.E
FORT MYERS, FL 33907

23-6411794

(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	46204	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KATHRYN MOHR

5245 BIG PINE WAY S.E
FORT MYERS, FL 33907

23-6411794

(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	41448	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

JENNIFER WHITE

5245 BIG PINE WAY S.E
FORT MYERS, FL 33907

23-6411794

(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	40976	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TEAMLOGIC IT

10501 SIX MILE CYPRESS PKWY STE 118
FORT MYERS, FL 33966

47-2229614

(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	SERVICE PROVIDER	40450	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SANDRA GLASE

5245 BIG PINE WAY SE
FORT MYERS, FL 33907

23-6411794

(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	39834	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

CARRIE OLESON

5245 BIG PINE WAY SE
FORT MYERS, FL 33907

23-6411794

(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	39444	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARY GASPAR

5245 BIG PINE WAY S.E
FORT MYERS, FL 33907

23-6411794

(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	34799	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARIE HEARD

5245 BIG PINE WAY S.E
FORT MYERS, FL 33907

23-6411794

(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	27519	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TRIFECTA HOME SOLUTIONS LLC

1636 VERONA DRIVE
NORTH FORT MYERS, FL 33903

92-2065058

(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	SERVICE PROVIDER	21967	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EXPRESS EMPLOYMENT SERVICES INC

7370 COLLEGE PKWY STE 304
FORT MYERS, FL 33907

84-0909680

(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	SERVICE PROVIDER	21780	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARY PEACOCK

5245 BIG PINE WAY S.E.
FORT MYERS, FL 33907

23-6411794

(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	21208	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

CHERYL DEVLIN

5245 BIG PINE WAY S.E
FORT MYERS, FL 33907

23-6411794

(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	20960	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROBISON, CURPHEY AND O'CONNELL

FOUR SEAGATE, 9TH FLOOR
TOLEDO, OH 43604

34-4437851

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	SERVICE PROVIDER	17056	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIRST HEALTH

23291 NETWORK PLACE
CHICAGO, IL 60673-1232

20-1736437

(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?
13	SERVICE PROVIDER	13691	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PRINCIPAL FINANCIAL SERVICES

PO BOX 9394
DES MOINES, IA 50306

42-0127290

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	SERVICE PROVIDER	11143	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

UNITED MECHANICAL, LLC

8170 MAINLINE PARKWAY
FORT MYERS, FL 33912

59-2828859

(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	SERVICE PROVIDER	11043	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FLORIDA POWER AND LIGHT

GENERAL MAIL FACILITY
MIAMI, FL 33188-0001

59-0247775

(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	SERVICE PROVIDER	10058	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ERICKSON'S DRYING SYSTEMS, INC

12651 METRO PKWY
FORT MYERS, FL 33966

65-1065457

(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	SERVICE PROVIDER	9594	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ISLAND COAST LAWN & LANDSCAPE

1880 PINE WOOD CT
FORT MYERS, FL 33905

65-0965224

(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?
	SERVICE PROVIDER	6800	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BRYAN ROTH

5245 BIG PINE WAY S.E
FORT MYERS, FL 33907

23-6411794

(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	6289	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CONTEXT 4 HEALTHCARE, INC

55 SHUMAN BLVD, SUITE 650
NAPERVILLE, IL 60563

27-0386030

(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	SERVICE PROVIDER	5803	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHRISTIAN PHILLIPPI

5245 BIG PINE WAY S.E
FORT MYERS, FL 33907

23-6411794

(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	5773	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PASSAGEWAYS, INC

5140 EAST SOUTHPORT RD 1012
INDIANAPOLIS, IN 46237

82-2007390

(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	SERVICE PROVIDER	5400	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

NEW DIRECTIONS BEHAVIORAL HEALTH

PO BOX 87-0195
KANSAS CITY, MO 64187-0195

43-1698690

(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?
13	SERVICE PROVIDER	5000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 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					
A Name of plan G.M.P. - EMPLOYERS RETIREE TRUST				B Three-digit plan number (PN) ▶ 501	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 G.M.P.-EMPLOYERS RETIREE TRUST				D Employer Identification Number (EIN) 23-6411794	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: ARROWSTREET INTL EQUITY ACWI EX US					
b Name of sponsor of entity listed in (a): ARROWSTREET INTERNATIONAL					
c EIN-PN 13-2614959-001		d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 73196502		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-1		

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

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection

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

A Name of plan G.M.P. - EMPLOYERS RETIREE TRUST	B Three-digit plan number (PN) 501
C Plan sponsor's name as shown on line 2a of Form 5500 G.M.P.-EMPLOYERS RETIREE TRUST	D Employer Identification Number (EIN) 23-6411794

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.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	605766	651605
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	987249	931998
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	578544	504035
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	7870677	0
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	117492503	133352785
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)	1970000	2167000
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	67651543	73196502
(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)	347349547	384883583
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	225386	68056

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	358456	992500
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e	591905	850114
f Total assets (add all amounts in lines 1a through 1e)	1f	545681576	597598178
Liabilities			
g Benefit claims payable	1g	3272099	3673172
h Operating payables	1h	1131497	1132937
i Acquisition indebtedness	1i	40872	12384
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	4444468	4818493
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	541237108	592779685

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)	12686602	
(B) Participants	2a(1)(B)	1591050	
(C) Others (including rollovers)	2a(1)(C)	1780711	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		16058363
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	230891	
(B) U.S. Government securities	2b(1)(B)	107302	
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		338193
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	13674781	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		13674781
(3) Rents	2b(3)		197923
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	88363320	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	70095599	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		18267721
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	32035138	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		32035138

		(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)		
c Other income	2c		7181
d Total income. Add all income amounts in column (b) and enter total	2d		80579300

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	22879614	
(2) To insurance carriers for the provision of benefits	2e(2)	1953515	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		24833129
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	995842	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	3207752	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		4203594
j Total expenses. Add all expense amounts in column (b) and enter total	2j		29036723

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		51542577
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: HILL, BARTH & KING

(2) EIN: 34-1897225

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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		☒	

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

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

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

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

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

August 20, 2025

To the Participants and Board of Trustees of
G.M.P. - Employers Retiree Trust
Fort Myers, Florida

Independent Auditor's Report

Opinion

We have audited the accompanying financial statements of G.M.P. - Employers Retiree 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 and of benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the year ended December 31, 2024, 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 and benefit obligations of G.M.P. - Employers Retiree Trust as of December 31, 2024 and 2023, and the changes in its net assets available for benefits and changes in its benefit obligations for the year ended December 31, 2024, 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. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of G.M.P. - Employers Retiree 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 G.M.P. - Employers Retiree 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 plan instrument, including all plan amendments; administering the plan; and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards 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 generally accepted auditing standards, 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 G.M.P. - Employers Retiree 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 G.M.P. - Employers Retiree 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 audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held for investment purposes at end of year, assets acquired and disposed of within the year and reportable transactions as of December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the 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 audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

In forming our opinion on the supplemental 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.

Hill, Barth & King LLC
Certified Public Accountants

G.M.P. - EMPLOYERS RETIREE TRUST

SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS HELD FOR

INVESTMENT PURPOSES AT END OF YEAR *

EIN 23-6411794

PLAN #501

December 31, 2024

(a) (b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
ABBVIE INC	CORPORATE STOCK - COMMON	\$ 191,583	\$ 191,561
ACADEMY SPORTS & OUTDOORS INC	CORPORATE STOCK - COMMON	90,844	95,211
ACADIA HEALTHCARE CO INC	CORPORATE STOCK - COMMON	167,686	105,509
ACV AUCTIONS INC	CORPORATE STOCK - COMMON	168,094	227,254
ADOBE INC	CORPORATE STOCK - COMMON	388,212	355,299
AEGON LTD	CORPORATE STOCK - COMMON	289,145	268,584
AGILYSYS INC	CORPORATE STOCK - COMMON	116,495	142,642
AIR PRODUCTS AND CHEMICALS INC	CORPORATE STOCK - COMMON	577,499	652,590
ALBANY INTERNATIONAL CORP	CORPORATE STOCK - COMMON	82,864	91,566
ALIGNMENT HEALTHCARE INC	CORPORATE STOCK - COMMON	115,571	142,538
ALLEGANT TRAVEL CO	CORPORATE STOCK - COMMON	403,623	456,764
ALLIENT INC	CORPORATE STOCK - COMMON	175,915	139,027
ALLSTATE CORP/THE	CORPORATE STOCK - COMMON	271,034	301,524
ALNYLAM PHARMACEUTICALS INC	CORPORATE STOCK - COMMON	76,361	247,076
ALPHABET INC	CORPORATE STOCK - COMMON	1,017,476	1,859,647
ALPHABET INC	CORPORATE STOCK - COMMON	141,328	876,024
ALPHABET INC	CORPORATE STOCK - COMMON	1,157,172	2,188,687
ALPHABET INC	CORPORATE STOCK - COMMON	372,624	832,920
AMAZON.COM INC	CORPORATE STOCK - COMMON	590,057	1,162,767
AMAZON.COM INC	CORPORATE STOCK - COMMON	1,746,507	3,158,558
AMBARIELLA INC	CORPORATE STOCK - COMMON	145,509	152,899
AMERICAN ELECTRIC POWER CO INC	CORPORATE STOCK - COMMON	285,722	313,582
AMERICAN EXPRESS CO	CORPORATE STOCK - COMMON	53,316	78,946
AMERIPRISE FINANCIAL INC	CORPORATE STOCK - COMMON	165,113	203,921
AMICUS THERAPEUTICS INC	CORPORATE STOCK - COMMON	172,943	136,609
AMPHENOL CORP	CORPORATE STOCK - COMMON	181,827	201,613
ANHEUSER-BUSCH INBEV SANV	CORPORATE STOCK - COMMON	758,678	665,931
ANTERO RESOURCES CORP	CORPORATE STOCK - COMMON	104,108	123,551
APFOLIO INC	CORPORATE STOCK - COMMON	219,800	232,657
APPLE INC	CORPORATE STOCK - COMMON	2,152,501	6,517,431
APPROVIN CORP	CORPORATE STOCK - COMMON	100,282	109,131
ARISTA NETWORKS INC	CORPORATE STOCK - COMMON	340,506	603,936
ARMSTRONG WORLD INDUSTRIES INC	CORPORATE STOCK - COMMON	399,321	462,856
ASHLAND INC	CORPORATE STOCK - COMMON	378,386	335,219
ASTRANA HEALTH INC	CORPORATE STOCK - COMMON	408,562	316,467
ATLASSIAN CORP	CORPORATE STOCK - COMMON	422,115	429,079
AVANTOR INC	CORPORATE STOCK - COMMON	635,131	657,384
BAKER HUGHES CO	CORPORATE STOCK - COMMON	430,908	635,810
BALCHEM CORP	CORPORATE STOCK - COMMON	162,792	190,704

G.M.P. - EMPLOYERS RETIREE TRUST

**SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS HELD FOR
INVESTMENT PURPOSES AT END OF YEAR (CONTINUED)***

EIN 23-6411794

PLAN #501

December 31, 2024

(a) (b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par. or maturity value	(d) Cost	(e) Current Value
BALDWIN INSURANCE GROUP INC/TH	CORPORATE STOCK - COMMON	\$ 107,896	\$ 153,063
BANK OF AMERICA CORP	CORPORATE STOCK - COMMON	299,266	562,560
BANK OF NEW YORK MELLON CORP/T	CORPORATE STOCK - COMMON	490,229	1,129,401
BANK OZK	CORPORATE STOCK - COMMON	338,152	406,514
BAXTER INTERNATIONAL INC	CORPORATE STOCK - COMMON	571,192	466,560
BIOLIFE SOLUTIONS INC	CORPORATE STOCK - COMMON	57,777	100,725
BIOMARIN PHARMACEUTICAL INC	CORPORATE STOCK - COMMON	344,525	302,358
BLACKSTONE INC	CORPORATE STOCK - COMMON	376,731	359,668
BLUEPRINT MEDICINES CORP	CORPORATE STOCK - COMMON	127,883	131,877
BOK FINANCIAL CORP	CORPORATE STOCK - COMMON	145,024	214,710
BOOKING HOLDINGS INC	CORPORATE STOCK - COMMON	393,093	447,158
BOOKING HOLDINGS INC	CORPORATE STOCK - COMMON	317,063	919,158
BOOZ ALLEN HAMILTON HOLDING CO	CORPORATE STOCK - COMMON	77,618	70,914
BRIGHTHOUSE FINANCIAL INC	CORPORATE STOCK - COMMON	110,383	120,100
BRINKS CO/THE	CORPORATE STOCK - COMMON	156,497	201,311
BRISTOL-MYERS SQUIBB CO	CORPORATE STOCK - COMMON	278,486	294,112
BROADCOM INC	CORPORATE STOCK - COMMON	763,237	2,106,962
BROWN & BROWN INC	CORPORATE STOCK - COMMON	39,418	39,380
BURLINGTON STORES INC	CORPORATE STOCK - COMMON	58,450	82,952
BWX TECHNOLOGIES INC	CORPORATE STOCK - COMMON	91,566	152,716
CADENCE DESIGN SYSTEMS INC	CORPORATE STOCK - COMMON	332,450	339,820
CAL-MAINE FOODS INC	CORPORATE STOCK - COMMON	19,590	48,064
CAPITAL ONE FINANCIAL CORP	CORPORATE STOCK - COMMON	363,274	1,123,416
CARRIER GLOBAL CORP	CORPORATE STOCK - COMMON	169,381	402,734
CASELLA WASTE SYSTEMS INC	CORPORATE STOCK - COMMON	182,346	309,494
CELANESE CORP	CORPORATE STOCK - COMMON	279,474	290,682
CENTRUS ENERGY CORP	CORPORATE STOCK - COMMON	187,247	276,698
CENTURY COMMUNITIES INC	CORPORATE STOCK - COMMON	50,873	69,252
CHAMPION HOMES INC	CORPORATE STOCK - COMMON	85,395	129,067
CHARLES SCHWAB CORP/THE	CORPORATE STOCK - COMMON	651,314	604,736
CHARLES SCHWAB CORP/THE	CORPORATE STOCK - COMMON	896,012	2,057,478
CHART INDUSTRIES INC	CORPORATE STOCK - COMMON	114,063	156,107
CHARTER COMMUNICATIONS INC	CORPORATE STOCK - COMMON	1,021,494	1,182,557
CHEESECAKE FACTORY INC/THE	CORPORATE STOCK - COMMON	96,380	112,907
CHIPOTLE MEXICAN GRILL INC	CORPORATE STOCK - COMMON	222,382	236,135
CIGNA GROUP/THE	CORPORATE STOCK - COMMON	501,470	759,385
CIMPRESS PLC	CORPORATE STOCK - COMMON	113,282	106,935
CINTAS CORP	CORPORATE STOCK - COMMON	191,526	203,162
CISCO SYSTEMS INC	CORPORATE STOCK - COMMON	312,670	485,440

G.M.P. - EMPLOYERS RETIRE TRUST

**SCHEDULE H, PART IV, LINE 4: - SCHEDULE OF ASSETS HELD FOR
INVESTMENT PURPOSES AT END OF YEAR (CONTINUED)***

EIN 23-6411794

PLAN #501

December 31, 2024

(a) (b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par. or maturity value	(d) Cost	(e) Current Value
		\$	\$
CIVITAS RESOURCES INC	CORPORATE STOCK - COMMON	447,691	424,848
CLEAR SECURE INC	CORPORATE STOCK - COMMON	93,996	70,756
CLEARWATER ANALYTICS HOLDINGS	CORPORATE STOCK - COMMON	105,273	147,397
COGENEX CORP	CORPORATE STOCK - COMMON	122,434	107,150
COGNIZANT TECHNOLOGY SOLUTIONS	CORPORATE STOCK - COMMON	405,283	499,850
COHERENT CORP	CORPORATE STOCK - COMMON	166,200	284,190
COMCAST CORP	CORPORATE STOCK - COMMON	614,082	885,708
COMFORT SYSTEMS USA INC	CORPORATE STOCK - COMMON	53,934	62,761
CONCRETE PUMPING HOLDINGS INC	CORPORATE STOCK - COMMON	187,858	161,851
CONFLUENT INC	CORPORATE STOCK - COMMON	141,168	163,091
CONOCOPHILLIPS	CORPORATE STOCK - COMMON	180,233	366,929
CORE MOLDING TECHNOLOGIES INC	CORPORATE STOCK - COMMON	73,856	72,644
COSTCO WHOLESALE CORP	CORPORATE STOCK - COMMON	323,682	683,537
CREDITO TECHNOLOGY GROUP HOLDING	CORPORATE STOCK - COMMON	86,255	169,571
CUBESMART	CORPORATE STOCK - COMMON	26,157	38,822
CURLINE PROPERTIES CORP	CORPORATE STOCK - COMMON	204,555	205,102
CVS HEALTH CORP	CORPORATE STOCK - COMMON	1,412,342	969,624
DECKERS OUTDOOR CORP	CORPORATE STOCK - COMMON	604,973	761,384
DIEBOLD NIXDORF INC	CORPORATE STOCK - COMMON	91,951	91,159
DOMINION ENERGY INC	CORPORATE STOCK - COMMON	391,827	398,564
DONNELLEY FINANCIAL SOLUTIONS	CORPORATE STOCK - COMMON	80,422	100,431
DOORDASH INC	CORPORATE STOCK - COMMON	487,991	601,719
DOUGLAS DYNAMICS INC	CORPORATE STOCK - COMMON	170,814	119,521
DOXIMITY INC	CORPORATE STOCK - COMMON	132,860	229,257
DOXIMITY INC	CORPORATE STOCK - COMMON	460,304	524,930
DUCOMMUN INC	CORPORATE STOCK - COMMON	341,810	392,018
DUTCH BROS INC	CORPORATE STOCK - COMMON	67,241	87,632
DUTCH BROS INC	CORPORATE STOCK - COMMON	22,088	24,095
ECHOSTAR CORP	CORPORATE STOCK - COMMON	424,347	100,417
ELANCO ANIMAL HEALTH INC	CORPORATE STOCK - COMMON	576,437	314,860
ELF BEAUTY INC	CORPORATE STOCK - COMMON	115,386	120,779
ELI LILLY & CO	CORPORATE STOCK - COMMON	513,010	854,604
EMCOR GROUP INC	CORPORATE STOCK - COMMON	137,511	368,113
ENCOMPASS HEALTH CORP	CORPORATE STOCK - COMMON	71,502	107,403
ENERGY RECOVERY INC	CORPORATE STOCK - COMMON	194,621	157,246
ENOVIS CORP	CORPORATE STOCK - COMMON	599,226	497,468
ENSTAR GROUP LTD	CORPORATE STOCK - COMMON	28,750	58,613
EQUITABLE HOLDINGS INC	CORPORATE STOCK - COMMON	392,105	413,492
ESAB CORP	CORPORATE STOCK - COMMON	28,866	71,724

G.M.P. - EMPLOYERS RETIREE TRUST

SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR (CONTINUED)*

EIN 23-6411794
PLAN #501

December 31, 2024

(a) (b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
ESTABLISHMENT LABS HOLDINGS IN	CORPORATE STOCK - COMMON	\$ 152,304	\$ 170,090
EXELIXIS INC	CORPORATE STOCK - COMMON	345,625	397,902
FEDEX CORP	CORPORATE STOCK - COMMON	774,296	1,294,118
FIDELITY NATIONAL INFORMATION	CORPORATE STOCK - COMMON	790,120	872,316
FIRST ADVANTAGE CORP	CORPORATE STOCK - COMMON	426,215	554,651
FIRST WESTERN FINANCIAL INC	CORPORATE STOCK - COMMON	86,814	75,541
FIRSTSERVICE CORP	CORPORATE STOCK - COMMON	145,552	200,208
FISERV INC	CORPORATE STOCK - COMMON	1,072,548	2,074,742
FISERV INC	CORPORATE STOCK - COMMON	18,707	18,077
FL YWIRE CORP	CORPORATE STOCK - COMMON	182,438	164,919
FORTINET INC	CORPORATE STOCK - COMMON	999,659	1,081,890
FORTIVE CORP	CORPORATE STOCK - COMMON	225,990	225,000
FOX CORP	CORPORATE STOCK - COMMON	268,520	374,066
FOX CORP	CORPORATE STOCK - COMMON	N/A	182,960
FOX FACTORY HOLDING CORP	CORPORATE STOCK - COMMON	129,067	182,960
FTAI AVIATION LTD	CORPORATE STOCK - COMMON	143,151	94,775
FTAI AVIATION LTD	CORPORATE STOCK - COMMON	183,083	186,820
FTAI AVIATION LTD	CORPORATE STOCK - COMMON	25,470	173,136
FTAI INFRASTRUCTURE INC	CORPORATE STOCK - COMMON	269,059	224,174
GAMING AND LEISURE PROPERTIES	CORPORATE STOCK - COMMON	206,935	207,088
GAP INC/THE	CORPORATE STOCK - COMMON	213,127	255,204
GARRETT MOTION INC	CORPORATE STOCK - COMMON	138,902	139,279
GE AEROSPACE	CORPORATE STOCK - COMMON	247,308	817,271
GE HEALTHCARE TECHNOLOGIES INC	CORPORATE STOCK - COMMON	281,143	383,082
GENEDX HOLDINGS CORP	CORPORATE STOCK - COMMON	93,704	123,898
GILEAD SCIENCES INC	CORPORATE STOCK - COMMON	759,362	1,034,544
GITLAB INC	CORPORATE STOCK - COMMON	443,542	479,200
GLOBUS MEDICAL INC	CORPORATE STOCK - COMMON	116,313	146,562
GOGO INC	CORPORATE STOCK - COMMON	126,836	83,594
GOLDMAN SACHS GROUP INC/THE	CORPORATE STOCK - COMMON	194,905	758,722
GRAHAM CORP	CORPORATE STOCK - COMMON	64,504	248,320
GRAND CANYON EDUCATION INC	CORPORATE STOCK - COMMON	176,119	209,336
GREEN BRICK PARTNERS INC	CORPORATE STOCK - COMMON	9,250	39,995
GRID DYNAMICS HOLDINGS INC	CORPORATE STOCK - COMMON	85,836	94,720
GSK PLC	CORPORATE STOCK - COMMON	861,809	777,860
H&R BLOCK INC	CORPORATE STOCK - COMMON	87,732	74,874
HALEON PLC	CORPORATE STOCK - COMMON	421,095	572,400
HAMMOND POWER SOLUTIONS INC	CORPORATE STOCK - COMMON	107,023	101,036
HONDA MOTOR CO LTD	CORPORATE STOCK - COMMON	226,701	216,980
HOWMET AEROSPACE INC	CORPORATE STOCK - COMMON	275,522	300,877

G.M.P. - EMPLOYERS RETIREE TRUST

**SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS HELD FOR
INVESTMENT PURPOSES AT END OF YEAR (CONTINUED)***

EIN 23-6411794

PLAN #501

December 31, 2024

(a) (b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par. or maturity value	(d) Cost	(e) Current Value
HP INC	CORPORATE STOCK - COMMON	\$ 186,945	\$ 375,245
HUBSPOT INC	CORPORATE STOCK - COMMON	43,557	41,806
HUMANIA INC	CORPORATE STOCK - COMMON	963,179	811,872
INCYTE CORP	CORPORATE STOCK - COMMON	344,251	310,815
INSMED INC	CORPORATE STOCK - COMMON	76,382	174,188
INSPIRITY INC	CORPORATE STOCK - COMMON	137,555	124,714
INSPIRE MEDICAL SYSTEMS INC	CORPORATE STOCK - COMMON	147,596	152,568
INSPIRE MEDICAL SYSTEMS INC	CORPORATE STOCK - COMMON	103,681	103,998
INTERNATIONAL FLAVORS & FRAGR	CORPORATE STOCK - COMMON	555,063	617,215
INTERNATIONAL GENERAL INSURANC	CORPORATE STOCK - COMMON	126,188	170,383
INTUITIVE SURGICAL INC	CORPORATE STOCK - COMMON	152,413	166,505
JFROG LTD	CORPORATE STOCK - COMMON	104,717	117,081
JOHNSON CONTROLS INTERNATIONAL	CORPORATE STOCK - COMMON	904,116	1,641,744
JOHNSON OUTDOORS INC	CORPORATE STOCK - COMMON	125,721	75,669
KINSALE CAPITAL GROUP INC	CORPORATE STOCK - COMMON	94,166	95,817
KLA CORP	CORPORATE STOCK - COMMON	231,779	229,364
KORUNIT DIGITAL LTD	CORPORATE STOCK - COMMON	26,612	35,654
LAM RESEARCH CORP	CORPORATE STOCK - COMMON	41,472	40,954
LANCASTER COLONY CORP	CORPORATE STOCK - COMMON	298,950	303,861
LIVE OAK BANCSHARES INC	CORPORATE STOCK - COMMON	352,018	446,638
LPL FINANCIAL HOLDINGS INC	CORPORATE STOCK - COMMON	120,672	163,255
LULULEMON ATHLETICA INC	CORPORATE STOCK - COMMON	330,356	315,106
LYFT INC	CORPORATE STOCK - COMMON	262,935	197,447
LYONDELLBASELL INDUSTRIES NV	CORPORATE STOCK - COMMON	379,378	363,923
MADRIGAL PHARMACEUTICALS INC	CORPORATE STOCK - COMMON	89,270	112,628
MAGNOLIA OIL & GAS CORP	CORPORATE STOCK - COMMON	155,856	145,377
MAMA'S CREATIONS INC	CORPORATE STOCK - COMMON	65,717	116,710
MANHATTAN ASSOCIATES INC	CORPORATE STOCK - COMMON	93,777	143,768
MAREX GROUP PLC	CORPORATE STOCK - COMMON	122,384	151,143
MASTERCARD INC	CORPORATE STOCK - COMMON	449,211	991,531
MEDTRONIC PLC	CORPORATE STOCK - COMMON	198,663	183,724
MERCURY SYSTEMS INC	CORPORATE STOCK - COMMON	228,981	202,776
MERIT MEDICAL SYSTEMS INC	CORPORATE STOCK - COMMON	80,347	147,111
MESA LABORATORIES INC	CORPORATE STOCK - COMMON	150,945	173,145
META PLATFORMS INC	CORPORATE STOCK - COMMON	285,950	702,612
META PLATFORMS INC	CORPORATE STOCK - COMMON	1,170,666	2,607,862
METLIFE INC	CORPORATE STOCK - COMMON	740,133	1,498,404
MICROSOFT CORP	CORPORATE STOCK - COMMON	209,723	1,159,125
MICROSOFT CORP	CORPORATE STOCK - COMMON	2,232,424	5,670,861

G.M.P. - EMPLOYERS RETIREE TRUST

**SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS HELD FOR
INVESTMENT PURPOSES AT END OF YEAR (CONTINUED)***

EIN 23-6411794

PLAN #501

December 31, 2024

(a) (b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
		\$	\$
MILLER INDUSTRIES INC/TN	CORPORATE STOCK - COMMON	88,585	145,557
MIRION TECHNOLOGIES INC	CORPORATE STOCK - COMMON	93,246	111,785
MKS INSTRUMENTS INC	CORPORATE STOCK - COMMON	38,864	36,432
MODINE MANUFACTURING CO	CORPORATE STOCK - COMMON	66,952	61,211
MOLINA HEALTHCARE INC	CORPORATE STOCK - COMMON	25,732	18,627
MOLSON COORS BEVERAGE CO	CORPORATE STOCK - COMMON	267,618	286,600
MONGODS INC	CORPORATE STOCK - COMMON	83,217	71,473
MONTROSE ENVIRONMENTAL GROUP I	CORPORATE STOCK - COMMON	129,215	97,128
MOODY'S CORP	CORPORATE STOCK - COMMON	526,749	531,121
MOTOROLA SOLUTIONS INC	CORPORATE STOCK - COMMON	197,271	240,822
MR COOPER GROUP INC	CORPORATE STOCK - COMMON	101,478	449,327
MSCI INC	CORPORATE STOCK - COMMON	482,064	517,809
NEOGEN CORP	CORPORATE STOCK - COMMON	131,481	97,739
NETELIX INC	CORPORATE STOCK - COMMON	1,413,607	1,968,035
NEUROCRINE BIOSCIENCES INC	CORPORATE STOCK - COMMON	234,669	213,077
NEUROCRINE BIOSCIENCES INC	CORPORATE STOCK - COMMON	139,301	150,150
NEW FORTRESS ENERGY INC	CORPORATE STOCK - COMMON	193,900	113,082
NEWS CORP	CORPORATE STOCK - COMMON	35,010	85,374
NORFOLK SOUTHERN CORP	CORPORATE STOCK - COMMON	811,643	891,860
NORWEGIAN CRUISE LINE HOLDINGS	CORPORATE STOCK - COMMON	244,738	261,931
NOVANTA INC	CORPORATE STOCK - COMMON	142,192	169,727
NOVARTIS AG	CORPORATE STOCK - COMMON	275,435	418,433
NRG ENERGY INC	CORPORATE STOCK - COMMON	64,814	70,372
NUTANIX INC	CORPORATE STOCK - COMMON	92,801	90,485
NVIDIA CORP	CORPORATE STOCK - COMMON	1,471,314	5,880,156
OCCIDENTAL PETROLEUM CO CW27	CORPORATE STOCK - COMMON	22,275	123,975
OCCIDENTAL PETROLEUM CORP	CORPORATE STOCK - COMMON	1,033,854	1,106,784
OIL-DRI CORP OF AMERICA	CORPORATE STOCK - COMMON	158,956	295,084
OLD NATIONAL BANCORP/IN	CORPORATE STOCK - COMMON	99,995	99,995
OMNIA INC/OLD	CORPORATE STOCK - COMMON	719	0
OMNIA INC/OLD	CORPORATE STOCK - COMMON	719	0
ONEMAIN HOLDINGS INC	CORPORATE STOCK - COMMON	99,489	93,261
ONESPA WORLD HOLDINGS LTD	CORPORATE STOCK - COMMON	106,720	162,901
ORACLE CORP	CORPORATE STOCK - COMMON	537,836	592,405
ORION SA	CORPORATE STOCK - COMMON	215,471	181,506
ORION SA	CORPORATE STOCK - COMMON	169,444	137,562
ORION SA	CORPORATE STOCK - COMMON	6,776	6,837
PALANTIR TECHNOLOGIES INC	CORPORATE STOCK - COMMON	76,023	244,890
PDF SOLUTIONS INC	CORPORATE STOCK - COMMON	102,952	107,426

G.M.P. - EMPLOYERS RETIREE TRUST

**SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS HELD FOR
INVESTMENT PURPOSES AT END OF YEAR (CONTINUED)***

EIN 23-6411794

PLAN #501

December 31, 2024

(a) (b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
PENTUMERA INC	CORPORATE STOCK - COMMON	\$ 121,287	\$ 155,549
PERMA-FIX ENVIRONMENTAL SERVIC	CORPORATE STOCK - COMMON	99,949	97,493
PLANET FITNESS INC	CORPORATE STOCK - COMMON	140,403	183,997
POST HOLDINGS INC	CORPORATE STOCK - COMMON	143,138	261,427
PRIMO BRANDS CORP	CORPORATE STOCK - COMMON	116,483	155,265
PROCEPT BIROBOTICS CORP	CORPORATE STOCK - COMMON	65,851	82,130
PROICIENT AUTO LOGISTICS INC	CORPORATE STOCK - COMMON	138,974	93,903
PROGRESS SOFTWARE CORP	CORPORATE STOCK - COMMON	61,749	69,124
PROGRESSIVE CORP/THE	CORPORATE STOCK - COMMON	192,162	304,305
Q2 HOLDINGS INC	CORPORATE STOCK - COMMON	163,070	176,741
QUANTERIX CORP	CORPORATE STOCK - COMMON	64,068	48,122
RED ROCK RESORTS INC	CORPORATE STOCK - COMMON	456,967	682,734
REGENERON PHARMACEUTICALS INC	CORPORATE STOCK - COMMON	442,084	498,631
RESMED INC	CORPORATE STOCK - COMMON	840,579	822,141
REVOLVE GROUP INC	CORPORATE STOCK - COMMON	46,817	63,028
RIMINI STREET INC	CORPORATE STOCK - COMMON	73,718	39,828
ROCHE HOLDING AG	CORPORATE STOCK - COMMON	402,170	359,458
ROCKY BRANDS INC	CORPORATE STOCK - COMMON	131,040	103,877
RTX CORP	CORPORATE STOCK - COMMON	1,061,959	1,735,800
RUSH STREET INTERACTIVE INC	CORPORATE STOCK - COMMON	90,564	91,979
RYAN SPECIALTY HOLDINGS INC	CORPORATE STOCK - COMMON	211,283	208,071
RYMAN HOSPITALITY PROPERTIES I	CORPORATE STOCK - COMMON	311,090	361,329
SALESFORCE INC	CORPORATE STOCK - COMMON	433,802	690,391
SANDOT SA	CORPORATE STOCK - COMMON	1,219,085	1,297,387
SBA COMMUNICATIONS CORP	CORPORATE STOCK - COMMON	500,255	478,930
SEABOARD CORP	CORPORATE STOCK - COMMON	75,576	55,882
SERVICENOW INC	CORPORATE STOCK - COMMON	281,164	481,294
SILVERCREST ASSET MANAGEMENT G	CORPORATE STOCK - COMMON	80,042	82,516
SIMON PROPERTY GROUP INC	CORPORATE STOCK - COMMON	225,315	251,771
SITINE CORP	CORPORATE STOCK - COMMON	72,511	135,797
SMARTSHEET INC	CORPORATE STOCK - COMMON	264,606	339,318
SOUTHERN COPPER CORP	CORPORATE STOCK - COMMON	154,452	127,855
SPOTIFY TECHNOLOGY SA	CORPORATE STOCK - COMMON	175,985	216,979
STATE STREET CORP	CORPORATE STOCK - COMMON	194,195	294,450
STEPSTONE GROUP INC	CORPORATE STOCK - COMMON	71,591	121,143
STRIDE INC	CORPORATE STOCK - COMMON	91,253	103,202
SUN COMMUNITIES INC	CORPORATE STOCK - COMMON	458,834	442,692
SYNOPSYS INC	CORPORATE STOCK - COMMON	322,023	314,513
TARGA RESOURCES CORP	CORPORATE STOCK - COMMON	239,517	214,914

G.M.P. - EMPLOYERS RETIRE TRUST

**SCHEDULE H, PART IV, LINE 4: - SCHEDULE OF ASSETS HELD FOR
INVESTMENT PURPOSES AT END OF YEAR (CONTINUED)***

EIN 23-6411794

PLAN #501

December 31, 2024

(a) (b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
TASEKO MINES LTD	CORPORATE STOCK - COMMON	\$ 114,920	\$ 141,168
TE CONNECTIVITY PLC	CORPORATE STOCK - COMMON	152,814	528,989
TECNOGLASS INC	CORPORATE STOCK - COMMON	N/A	N/A
TESLA INC	CORPORATE STOCK - COMMON	N/A	N/A
TEXAS ROADHOUSE INC	CORPORATE STOCK - COMMON	856,970	1,605,668
THERMON GROUP HOLDINGS INC	CORPORATE STOCK - COMMON	22,674	23,275
T-MOBILE US INC	CORPORATE STOCK - COMMON	N/A	N/A
TRADE DESK INC/THE	CORPORATE STOCK - COMMON	101,780	95,315
TRADEWEB MARKETS INC	CORPORATE STOCK - COMMON	389,098	728,409
TRANE TECHNOLOGIES PLC	CORPORATE STOCK - COMMON	215,973	309,927
TREACE MEDICAL CONCEPTS INC	CORPORATE STOCK - COMMON	158,574	161,293
TRIMPH FINANCIAL INC	CORPORATE STOCK - COMMON	290,378	414,041
TWILIO INC	CORPORATE STOCK - COMMON	128,700	93,193
TWIST BIOSCIENCE CORP	CORPORATE STOCK - COMMON	443,972	601,353
TYLER TECHNOLOGIES INC	CORPORATE STOCK - COMMON	56,333	63,227
UBER TECHNOLOGIES INC	CORPORATE STOCK - COMMON	155,303	166,363
UBIQUITI INC	CORPORATE STOCK - COMMON	297,596	285,437
UBS GROUP AG	CORPORATE STOCK - COMMON	397,737	361,618
UFP TECHNOLOGIES INC	CORPORATE STOCK - COMMON	127,646	124,806
UGI CORP	CORPORATE STOCK - COMMON	132,083	236,496
UNITED STATES LIME & MINERALS	CORPORATE STOCK - COMMON	N/A	N/A
UNITED STATES LIME & MINERALS	CORPORATE STOCK - COMMON	60,228	159,421
UNITEDHEALTH GROUP INC	CORPORATE STOCK - COMMON	157,560	175,393
VAIL RESORTS INC	CORPORATE STOCK - COMMON	N/A	N/A
VARONIS SYSTEMS INC	CORPORATE STOCK - COMMON	33,807	139,112
VERCEL CORP	CORPORATE STOCK - COMMON	88,883	163,934
VERA MOBILITY CORP	CORPORATE STOCK - COMMON	295,569	657,618
VF CORP	CORPORATE STOCK - COMMON	28,434	44,988
VISA INC	CORPORATE STOCK - COMMON	115,902	143,376
VISTRA CORP	CORPORATE STOCK - COMMON	142,410	200,312
VITA COCO CO INC/THE	CORPORATE STOCK - COMMON	103,697	154,994
VITAL FARMS INC	CORPORATE STOCK - COMMON	213,662	268,250
WEATHERFORD INTERNATIONAL PLC	CORPORATE STOCK - COMMON	549,751	755,652
WEBSTER FINANCIAL CORP	CORPORATE STOCK - COMMON	205,382	190,812
WELLS FARGO & CO	CORPORATE STOCK - COMMON	47,736	98,070
WESCO INTERNATIONAL INC	CORPORATE STOCK - COMMON	79,800	128,824
WESTERN ALLIANCE BANCORP	CORPORATE STOCK - COMMON	168,848	101,858
WHITCAP RESOURCES INC	CORPORATE STOCK - COMMON	N/A	N/A
WILLIAMS COS INC/THE	CORPORATE STOCK - COMMON	31,353	46,330
		948,371	1,720,880
		29,884	80,889
		86,787	154,549
		111,540	114,553
		251,326	676,500

G.M.P. - EMPLOYERS RETIREE TRUST

**SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS HELD FOR
INVESTMENT PURPOSES AT END OF YEAR (CONTINUED)***

FIN 23-6411794

PLAN #501

December 31, 2024

(a) (b) Identify of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
WILLSCOT HOLDINGS CORP	CORPORATE STOCK - COMMON	\$ 139,203	\$ 118,814
WINGSTOP INC	CORPORATE STOCK - COMMON	243,325	181,888
WINMARK CORP	CORPORATE STOCK - COMMON	91,327	141,898
WNS HOLDINGS LTD	CORPORATE STOCK - COMMON	152,736	114,873
WORKDAY INC	CORPORATE STOCK - COMMON	105,406	105,018
WORKIVA INC	CORPORATE STOCK - COMMON	172,471	177,281
ZIMMER BIOMET HOLDINGS INC	CORPORATE STOCK - COMMON	679,439	623,217
ZIPRECRUITER INC	CORPORATE STOCK - COMMON	177,972	74,550
ARROWSTREET INTERNATIONAL	COMMON/COLLECTIVE TRUST	56,000,000	73,196,502
BAIRD AGGREGATE BOND-INST	REGISTERED INVESTMENT COMPANIES	66,582,615	60,812,774
BNYM GLOBAL REAL RETURN-Y	REGISTERED INVESTMENT COMPANIES	23,145,004	20,824,758
DFA GLBL RL EST SECS	REGISTERED INVESTMENT COMPANIES	24,145,749	20,303,170
DREYFUS CASH MGMT INSTL	REGISTERED INVESTMENT COMPANIES	0	0
DREYFUS CASH MGMT INSTL	REGISTERED INVESTMENT COMPANIES	0	0
DREYFUS CASH MGMT INSTL	REGISTERED INVESTMENT COMPANIES	280,618	280,618
DREYFUS TREASURY SECURITIES CM	REGISTERED INVESTMENT COMPANIES	47,084	47,084
DREYFUS TREASURY SECURITIES CM	REGISTERED INVESTMENT COMPANIES	398,384	398,384
DREYFUS TREASURY SECURITIES CM	REGISTERED INVESTMENT COMPANIES	7,630	7,630
DREYFUS TREASURY SECURITIES CM	REGISTERED INVESTMENT COMPANIES	130,806	130,806
DREYFUS TREASURY SECURITIES CM	REGISTERED INVESTMENT COMPANIES	4,938	4,938
DREYFUS TREASURY SECURITIES CM	REGISTERED INVESTMENT COMPANIES	908,762	908,762
DREYFUS TREASURY SECURITIES CM	REGISTERED INVESTMENT COMPANIES	3,429,304	3,429,304
DREYFUS TREASURY SECURITIES CM	REGISTERED INVESTMENT COMPANIES	107	107
GMO RESOURCES FUND-III	REGISTERED INVESTMENT COMPANIES	10,343,403	7,268,655
ISHARES S&P 500 INDEX-K	REGISTERED INVESTMENT COMPANIES	33,563,567	64,959,061
LAZARD GLBL LSTD INFRA-INST	REGISTERED INVESTMENT COMPANIES	14,898,131	15,980,788
MFS INTL DIVERSIFICAT-R6	REGISTERED INVESTMENT COMPANIES	60,940,270	67,659,556
PIMCO PRIVATE FUNDS LLC	REGISTERED INVESTMENT COMPANIES	22,224,663	22,224,663
PIMCO TOTAL RETURN FUND-INST	REGISTERED INVESTMENT COMPANIES	70,430,862	60,773,365
T ROWE PR INST FLING RT-INST	REGISTERED INVESTMENT COMPANIES	11,890,380	11,389,257
T ROWE PR INST HI YLD-INST	REGISTERED INVESTMENT COMPANIES	12,252,885	11,099,584
T ROWE PR NEW ERA-I	REGISTERED INVESTMENT COMPANIES	7,091,609	6,942,020
VANGUARD INFL PROCT SEC-INST	REGISTERED INVESTMENT COMPANIES	10,840,362	9,438,299
TOTAL COMMON STOCK, REGISTERED INV COMPANIES AND PARTNERSHIP/JOINT VENTURE		\$ 520,314,489	\$ 591,432,870

G.M.P. - EMPLOYERS RETIREE TRUST

SCHEDULE H, PART IV, LINE 4 - SCHEDULE OF ASSETS HELD FOR
INVESTMENT PURPOSES AT END OF YEAR (CONTINUED)*

EIN 23-6411794

PLAN #501

December 31, 2024

(a) (b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
TWO STORY OFFICE BUILDING	REAL ESTATE INVESTMENT	767,500	2,167,000
	TOTAL REAL ESTATE	767,500	2,167,000
	GRAND TOTAL	\$ 521,081,989	\$ 593,599,870

G.M.P. - EMPLOYERS RETIREE TRUST

FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULES

December 31, 2024 and 2023



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August 20, 2025

To the Participants and Board of Trustees of
G.M.P. - Employers Retiree Trust
Fort Myers, Florida

Independent Auditor's Report

Opinion

We have audited the accompanying financial statements of G.M.P. - Employers Retiree 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 and of benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the year ended December 31, 2024, 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 and benefit obligations of G.M.P. - Employers Retiree Trust as of December 31, 2024 and 2023, and the changes in its net assets available for benefits and changes in its benefit obligations for the year ended December 31, 2024, 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. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of G.M.P. - Employers Retiree 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 G.M.P. - Employers Retiree 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 plan instrument, including all plan amendments; administering the plan; and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards 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 generally accepted auditing standards, 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 G.M.P. - Employers Retiree 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 G.M.P. - Employers Retiree 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 audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held for investment purposes at end of year, assets acquired and disposed of within the year and reportable transactions as of December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the 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 audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

In forming our opinion on the supplemental 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.

Hill, Barth & King LLC
Certified Public Accountants

G.M.P. - EMPLOYERS RETIREE TRUST**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
<u>ASSETS</u>		
<u>INVESTMENTS AT FAIR VALUE</u>		
Common stock	\$ 133,352,785	\$ 117,492,503
Common/collective trust	73,196,502	67,651,543
Registered investment companies	384,883,583	355,220,224
Real estate	2,167,000	1,970,000
TOTAL INVESTMENTS	<u>593,599,870</u>	<u>542,334,270</u>
Cash	651,605	605,766
Prepaid expenses	68,056	225,386
Accounts receivable	2,646	5,847
Contributions receivable	931,998	987,249
Federal subsidy receivable	376,465	411,108
Broker receivable	25,469	45,701
Investment income receivable	99,455	115,888
Property and equipment	163,815	175,935
Construction in progress	670,965	415,970
Intangibles	15,334	0
Net pension asset	992,500	358,456
TOTAL ASSETS	<u>597,598,178</u>	<u>545,681,576</u>
<u>LIABILITIES</u>		
Bank overdraft	0	56,421
Accounts payable for administrative expenses	868,432	843,038
Claims reported but not paid	3,723,051	3,272,099
Broker payable	12,384	40,872
Deferred premiums	214,627	232,038
TOTAL LIABILITIES	<u>4,818,494</u>	<u>4,444,468</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 592,779,684</u>	<u>\$ 541,237,108</u>

See accompanying notes to financial statements

G.M.P. - EMPLOYERS RETIREE TRUST

STATEMENTS OF BENEFIT OBLIGATIONS

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
<u>AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS, BENEFICIARIES AND DEPENDENTS</u>		
Health claims and insurance premiums payable	\$ 2,931,488	\$ 2,690,054
<u>POSTRETIREMENT BENEFIT OBLIGATIONS</u>		
Current participants	230,996,980	277,126,248
Active employees fully eligible for benefits	134,547,242	146,789,292
Other active employees not yet fully eligible for benefits	143,304,906	161,387,879
	<u>508,849,128</u>	<u>585,303,419</u>
TOTAL BENEFIT OBLIGATIONS	<u>\$ 511,780,616</u>	<u>\$ 587,993,473</u>

See accompanying notes to financial statements

G.M.P. - EMPLOYERS RETIREE TRUST

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year ended December 31, 2024

ADDITIONS

Contributions from participating employers	\$	12,686,602
Premiums		1,591,050
Medicare subsidy payments		1,480,509
Net appreciation in fair value of investments		50,302,859
Net employee pension plan income		300,202
Investment income:		
Interest		338,193
Dividends		13,674,781
Other income		205,104
		<u>14,218,078</u>
Less investment expenses		995,843
	NET INVESTMENT GAINS	<u>13,222,235</u>
	TOTAL ADDITIONS	<u>79,583,457</u>

DEDUCTIONS

Health care claims for participants		22,879,614
Insurance premiums for health and death benefits		2,938,091
Administrative expenses:		
Salaries		745,375
Professional fees and expenses		300,056
Office expenses and supplies		645,354
Rent		103,367
Insurance		189,577
Executive director's and miscellaneous expenses		18,188
Payroll and miscellaneous taxes		55,003
Postage		28,099
Trustees' meeting expenses		17,652
Office improvements		5,122
Telephone		100,609
Depreciation		12,120
Amortization		2,654
	TOTAL DEDUCTIONS	<u>28,040,881</u>
	NET INCREASE	<u>51,542,576</u>

NET ASSETS AVAILABLE FOR BENEFITS

Beginning of year		<u>541,237,108</u>
End of year	\$	<u><u>592,779,684</u></u>

See accompanying notes to financial statements

G.M.P. - EMPLOYERS RETIREE TRUST

STATEMENT OF CHANGES IN BENEFIT OBLIGATIONS

Year ended December 31, 2024

**AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS,
BENEFICIARIES AND DEPENDENTS**

Beginning of year	\$ 2,690,054
Claims and insurance premiums reported and approved for payment	25,817,705
Claims and insurance premiums paid	<u>(25,576,271)</u>
End of year	<u>2,931,488</u>

POSTRETIREMENT BENEFIT OBLIGATIONS

Beginning of year	585,303,419
Decrease during the year attributable to:	
Increase for interest due to the change in the discount period	30,404,755
Other assumptions, changes and actuarial gains and losses	(108,770,215)
Benefits earned	24,258,890
Benefits paid	<u>(22,347,721)</u>
End of year	<u>508,849,128</u>
TOTAL BENEFIT OBLIGATIONS	<u><u>\$ 511,780,616</u></u>

See accompanying notes to financial statements

G.M.P. - EMPLOYERS RETIREE TRUST

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

NOTE A - DESCRIPTION OF PLAN

The following description of the Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General:

The G.M.P. - Employers Retiree Trust (the "Trust") is a trust fund initially established in December 1965 by the Glass Bottle Blowers Association of the United States and Canada, AFL-CIO, and the Glass Container Manufacturers Institute, Inc. The Trust was formerly known as G.B.B.A. - Employers Retiree Trust prior to the merger of the G.B.B.A. with the International Brotherhood of Pottery and Allied Workers in 1982, at which time the Trust's name was changed to G.P.P.A.W. - Employers Retiree Trust. Effective May 1, 1988, the Trust's name was changed to its current name, G.M.P. - Employers Retiree Trust, following the merger of the G.P.P.A.W. International Union with the International Molders and Allied Workers Union. The Trust administers a plan of benefits (the "Plan") that provides health and welfare benefits to 12,695 eligible retirees (and their eligible spouses) of the participating employers.

Under the Trust Agreement (the "Agreement") dated December 3, 1965, the Trust is administered by a Board of Trustees (the "Board") comprised of three union-designated and three employer-designated trustees. The members of the Board change from time to time for various reasons, including retirements and other changes in responsibilities. For all matters before the Board, the union trustees and the employer trustees are always entitled to an equal number of votes. Pursuant to its provisions, the Agreement is changed from time to time. Effective September 23, 2010, the Board removed employees of G.M.P., the plan administrator, from the Plan in response to the Health Care and Education Reconciliation Act of 2010. The Plan now only includes retirees of all other participating employers. The Trust now administers a separate plan of benefits for employees of the plan administrator.

Effective January 1, 2018, the Agreement was amended to incorporate the United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied Industrial and Service Workers International Union (the "Steel Union") as a result of a Union merger. Both the Trust and the Steel Union operate separate plans and will continue to administer separate plans of benefits to their respective eligible retirees (and their eligible spouses) of their respective participating employers.

Contributions:

The Plan receives contributions pursuant to separate collective bargaining agreements, which generally provide that the employers who are parties thereto make contributions to the Plan for the purpose of providing eligible retirees (and their eligible spouses) with benefits under the Plan. The Trust and the Plan are not parties to any of these collective bargaining agreements and do not take part in the collective bargaining negotiations. For the years ended December 31, 2024 and 2023, annual contributions from three participating employer groups represented approximately 91 percent of total annual contributions from participating employers.

Benefits:

The Trust has periodically published booklets entitled "Plan Summary of Coverage," "Plan of Benefits" and "Your Guide to G.M.P. - Employers Retiree Trust Benefits" which summarizes the Plan and some of its main features. These booklets have been distributed to eligible retirees (and their eligible spouses) of the participating employers. The Plan is a comprehensive catastrophic type of plan which offers enrollment in a traditional indemnity program (the "indemnity program") for both non-Medicare and Medicare participants; or in an optional Preferred Provider Organization program (the "PPO option") for non-Medicare participants.

G.M.P. - EMPLOYERS RETIREE TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

December 31, 2024 and 2023

NOTE A - DESCRIPTION OF PLAN (CONTINUED)

Benefits (Continued):

Starting January 1, 2017, the Trust offers an additional PPO option (PPO Plus) for participants whose employer contributes at the highest rate. The PPO Plus option has a lower Prescription Drug deductible, which is offset by a higher premium. For Trust participants who are eligible for Medicare, coverage may be available through a special Medicare health maintenance organization (the “Medicare HMO”).

The Plan provides lifetime maximum medical care benefits of \$200,000 to \$400,000 for eligible retirees (and their eligible spouses), based on the type of program in which the participant is enrolled and the contribution level under the applicable collective bargaining agreement. The PPO option, for non-Medicare participants only, provides the choice of selecting any doctor within certain healthcare provider networks, and provides greater health benefit coverage.

Plan participants enrolled in the PPO options, both retiree and spouse, are required to pay a monthly premium of \$45 (PPO) or \$72 (PPO Plus). The Plan’s indemnity program spouses are required to pay a monthly premium of \$35. There is no monthly premium for the retirees on the indemnity program. Each program has different deductibles, co-insurance and out-of-pocket provisions.

The Plan’s indemnity program coverage is provided on a self-funded basis and is administered by the Trust office. Through contracts with Aetna Life Insurance Company and Aetna Insurance Company of Connecticut (collectively referred to as “Aetna”), claims are audited on a tri-annual basis along with clinical review done on an as needed basis.

The Plan provides death benefits of \$2,000 for eligible retirees of participating employers.

The Plan is administered by the Board in accordance with the Agreement and applicable laws and is subject to modification, change, or discontinuance by the Board at any time and in any manner. Any such modifications, changes, or discontinuances are included in periodic announcements distributed by the Trust. The Plan is further described in the Agreement and in the group and administrative contracts described in Notes G and H.

Allowance for Credit Losses:

Receivables are stated at the amount the Plan expects to collect from balances outstanding at year end. The allowance for credit losses is based on management’s assessment of the collectability of specific customer accounts, the aging of the receivables, historical experience, and other currently available evidence. If there is a deterioration of a major customer’s credit worthiness or actual defaults are higher than the historical experience, management’s estimates of the recoverability of amounts due the Plan could be adversely affected.

Reclassification:

Certain items in the prior year financial statements have been reclassified to conform to the current year presentation. Such reclassifications had no effect on changes in net assets.

G.M.P. - EMPLOYERS RETIREE TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

December 31, 2024 and 2023

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting:

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

Medicare Prescription Drug Improvement and Modernization Act of 2003:

On December 8, 2003, the President signed the Medicare Prescription Drug Improvement and Modernization Act of 2003 (the Act) into law. The Act introduces a prescription drug benefit under Medicare (Medicare Part D) as well as federal subsidy to sponsors of retiree health care benefit plans. The Act provides benefits that may affect the actuarial present value of the Plan participants' future contributions in turn affecting the actuarial present value of the aggregate assumed net claimed costs.

The accumulated postretirement benefit obligation (APBO) and changes in the benefit obligation have not been adjusted in any amount associated with the Act as the Plan is unable to determine what its benefits effect will have on future benefit obligations. The current benefit of the subsidy amount was \$1,480,509 as of December 31, 2024. As of December 31, 2023, the benefit of the subsidy amount was \$1,671,862.

Trust Management Profit Sharing Plan:

The Plan has a deferred compensation plan for its management which allows them to defer a portion of compensation under Internal Revenue Code section 457. The Plan requires a minimum monthly deferral of \$125 and a minimum annual bonus deferral of \$750. The Trust shall contribute each year an amount equal to the lesser of 50% of the participant's deferral or \$2,000. Such amount shall be added to the reported compensation paid to such participant and deemed a deferral of the participant. Any amount contributed by the Plan on behalf of participants is a salary based administrative expense at deferral. Upon retiring, participants have the option of receiving payment as a lump distribution, five equal installments or in ten equal installments. Beginning in November 2014, this plan is being phased out and no new members of management will be allowed to participate. Total amounts expensed were \$274,067 and \$248,705 as of December 31, 2024 and 2023, respectively.

Investment Valuation and Income Recognition:

Investments are recorded on a trade date basis at market values as of the date of the financial statements. Market values, for this purpose, are the closing exchange prices for listed securities or the most recent quoted bid price for securities not listed on an exchange. The market value of the real estate investment is based upon an independent appraisal.

The Plan has a partnership interest in Pacific Investment Management Co. - Private Funds LLC ("the Partnership"). The Partnership is organized as a commodity pool for the purpose of investing in stock index futures and options, and short-term instruments for its partners to approximate the total return of the Standard and Poor's 500 Index. The market value for the Partnership represents an estimated fair value based on the current fair value of the Partnership's net assets.

Net appreciation or depreciation of investments is reported in the statement of changes in net assets available for benefits and consists of the realized gains or losses and the unrealized appreciation or depreciation of these investments. For the years ended December 31, 2024 and 2023, the year-end market value of the investments was above their cost by approximately \$72.5 million and \$51.3 million, respectively.

G.M.P. - EMPLOYERS RETIREE TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

December 31, 2024 and 2023

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Estimates:

The preparation of financial statements in accordance with U.S. generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Fair Value Measurement:

The Plan categorizes its assets and liabilities, measured at fair value, into a three-level hierarchy based on the priority of the inputs to the valuation technique used to determine fair value. The fair value hierarchy gives the highest priority to quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). If the inputs used in the determination of the fair value measurement fall within different levels of the hierarchy, the categorization is based on the lowest level input that is significant to the fair value measurement. Assets and liabilities valued at fair value are categorized based on the inputs to the valuation techniques as follows:

Level 1 – Financial assets and liabilities are valued using inputs that are unadjusted quoted prices in active markets accessible at the measurement date of identical financial assets and liabilities. The inputs include those traded on an active exchange, such as the New York Stock Exchange, as well as U.S. Treasury and other U.S. government and agency mortgage-backed securities that are traded by dealers or brokers in active over-the-counter markets.

Level 2 – Financial assets and liabilities are valued using inputs which are quoted prices for similar assets, or inputs that are observable, either directly or indirectly for substantially the full term through corroboration with observable market data. Level 2 includes private collateralized mortgage obligations, municipal bonds, and corporate debt securities.

Level 3 – Financial assets and liabilities are valued using pricing inputs which are unobservable for the asset or inputs that reflect the reporting entity's own assumptions about the assumptions market participants would use in pricing the asset. Level 3 includes privately held domestic equities.

The Plan measures assets without readily determinable fair values using net asset value per share (or equivalent) as an expedient. These assets and liabilities fall within the hierarchy level known as NAV which includes common/collective trusts.

Postretirement Benefit Obligation:

The postretirement benefit obligation represents the total actuarial present value of those estimated future benefits that are attributed to employee services rendered to December 31, 2024. Postretirement benefits include future benefits expected to be paid to or for (1) currently eligible retired employees and their spouses; (2) active employees and their spouses after retirement from service with the participating employers. Health claims incurred by retired participants but not reported at year end are included in the postretirement benefit obligation. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service in the industry rendered to the valuation date.

G.M.P. - EMPLOYERS RETIREE TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

December 31, 2024 and 2023

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Postretirement Benefit Obligation (Continued):

The actuarial present value of the expected postretirement benefit obligation is determined by an actuary and is the amount that results from applying actuarial assumptions to historical claims-cost data to estimate future annual incurred claims costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, or withdrawal) between the valuation date and the expected date of payment and to reflect the portion of those costs expected to be borne by Medicare, the retired participants and other providers.

For measurement purposes, an annual rate of increase in the per capita cost of covered health care benefits between 5.0 and 7.0 percent was assumed beginning in 2025. The rate of change is dependent on the type of program selected by participants, type of healthcare provided (i.e. medical or drug cost) and on the Medicare eligibility of participants.

The following were other significant assumptions used in the valuations as of December 31, 2024:

Weighted-average discount rate	5.81%
Mortality	Pri-2012 Table

The mortality table was the Pri-2012 Separate Annuitant/Non-Annuitant Blue Collar Participant Table, with generational projection using Scale MP-2021.

The foregoing assumptions are based on the presumption that the Plan will continue without any significant modification in its terms or in the benefits being provided under the Plan. Were the Plan, or any or all of the benefits now provided under the Plan, to be materially modified or discontinued, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the postretirement benefit obligation.

NOTE C - TAX STATUS

The Trust established under the Plan to hold the Plan's assets obtained its latest determination letter on March 9, 2021, in which the Internal Revenue Service stated that the Trust, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Trust has been amended since receiving the determination letter. However, the plan administrator and the Plan's tax counsel believe that the Trust is currently designed and being operated in compliance with the applicable requirements to qualify as a tax-exempt organization under Section 501(c)(9) of the Internal Revenue Code.

G.M.P. - EMPLOYERS RETIREE TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

December 31, 2024 and 2023

NOTE D - INVESTMENTS

During 2024, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by \$50,302,859 as follows:

Common stock	\$ 26,368,175
Common/collective trust	5,544,959
Registered investment companies	18,192,725
Real estate	197,000
TOTAL	<u>\$ 50,302,859</u>

NOTE E - RISKS AND UNCERTAINTIES

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

The actuarial present value of benefit obligations is reported based on certain assumptions pertaining to interest rates and participant demographics, both of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

NOTE F - MINTON BUILDING CORPORATION

The Minton Building Corporation was established by the Trust under Section 501(c)(2) of the Internal Revenue Code for the purposes of holding title to the Minton Building and collecting rent from certain lessees of the building, which is the corporation's only significant asset. These rents are immediately remitted to the Plan upon receipt.

NOTE G - INSURANCE

The Plan has a conventional fully-insured plan arrangement providing death benefits under a group insurance contract with Hartford. Medical benefits are administered and paid by the Plan on a self-funded, self-insured basis. The Plan has an administrative services contract, on a fee for service basis, with Aetna to provide medical review and audit services of the indemnity program.

The Plan also has an administrative services contract on a fee for service basis with BlueCross BlueShield under a self-funded arrangement.

G.M.P. - EMPLOYERS RETIREE TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

December 31, 2024 and 2023

NOTE G - INSURANCE (CONTINUED)

A summary of benefits incurred under the group insurance contract for the year ended December 31, 2024 is as follows:

Death benefits incurred by Hartford	<u>\$ 1,539,988</u>
Medical benefits incurred by the Plan	<u>\$ 22,879,614</u>

The Plan received premiums from participants enrolled in the PPO and Spousal options totaling \$659,105 and \$861,165, respectively, for the year ended December 31, 2024. For the year ended December 31, 2023, the Plan received premiums from participants enrolled in the PPO and Spousal options totaling \$717,872 and \$891,128, respectively.

NOTE H - PLAN TERMINATION

The Agreement provides for procedures in the event of a discontinuance of the Trust. The Agreement further provides, in part, that no amendment or termination of it "... shall permit any part of the Fund to be used for, or diverted to, purposes other than the exclusive benefit of participants and their beneficiaries and defraying the reasonable expenses of maintaining and administering the Plan and Trust, nor permit any part of the Fund directly or indirectly to revert or accrue to the benefit of any employer or the union."

NOTE I - BENEFIT OBLIGATIONS

The Plan assets at December 31, 2024 exceed accumulated obligations.

The weighted-average health care cost-trend rate assumption has a significant effect on the amounts reported in the accompanying financial statements. If the assumed rate increased by two percentage point, it would increase the obligation as of December 31, 2024 by approximately \$77 million.

The most recent actuarial study, dated May 2025 and reflecting data as of December 31, 2024, indicates a Plan life of approximately 56 years. This study is based on the current negotiated cents per hour contribution rates, which are applicable to most contributions received by the Plan, and indicates that Plan life is dependent on numerous assumptions.

G.M.P. - EMPLOYERS RETIREE TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

December 31, 2024 and 2023

NOTE J - FAIR VALUE MEASUREMENTS

The Plan uses fair value measurements to record fair value adjustments to certain assets and to determine fair value disclosures. For additional information on how the Plan measures fair value, refer to Note B.

The following tables present the fair value hierarchy for the balances of the assets of the Plan measured at fair value on a recurring basis as of December 31, 2024 and 2023:

Description	2024	Level 1	Level 2	Level 3	NAV
Common stock:					
Banking and finance	\$ 13,958,892	\$ 13,958,892	\$ 0	\$ 0	\$ 0
Computers	8,958,373	8,958,373	0	0	0
Health care	8,324,431	8,324,431	0	0	0
Internet	18,340,960	18,340,960	0	0	0
Media	2,710,665	2,710,665	0	0	0
Pharmaceuticals	5,953,753	5,953,753	0	0	0
Retail	2,239,842	2,239,842	0	0	0
Software	17,941,349	17,941,349	0	0	0
Other	54,924,520	54,924,520	0	0	0
Common/collective trust	73,196,502	0	0	0	73,196,502
Registered investment companies:					
Large cap	22,224,663	0	22,224,663	0	0
Fixed income	153,513,278	153,513,278	0	0	0
Other	209,145,642	209,145,642	0	0	0
Real estate	2,167,000	0	0	2,167,000	0
TOTAL	<u>\$593,599,870</u>	<u>\$ 496,011,705</u>	<u>\$ 22,224,663</u>	<u>\$ 2,167,000</u>	<u>\$ 73,196,502</u>

G.M.P. - EMPLOYERS RETIREE TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

December 31, 2024 and 2023

NOTE J - FAIR VALUE MEASUREMENTS (CONTINUED)

Description	2023	Level 1	Level 2	Level 3	NAV
Common stock:					
Banking and finance	\$ 13,206,715	\$ 13,206,715	\$ 0	\$ 0	\$ 0
Computers	9,113,621	9,113,621	0	0	0
Health care	6,043,587	6,043,587	0	0	0
Internet	15,055,941	15,055,941	0	0	0
Media	2,556,202	2,556,202	0	0	0
Pharmaceuticals	7,558,324	7,558,324	0	0	0
Retail	4,948,883	4,948,883	0	0	0
Software	17,109,014	17,109,014	0	0	0
Other	41,900,216	41,900,216	0	0	0
Common/collective trust	67,651,543	0	0	0	67,651,543
Registered investment companies:					
Large cap	22,256,973	0	22,256,973	0	0
Fixed income	137,002,606	137,002,606	0	0	0
Other	195,960,645	195,959,335	1,310	0	0
Real estate	1,970,000	0	0	1,970,000	0
TOTAL	<u>\$ 542,334,270</u>	<u>\$ 450,454,444</u>	<u>\$ 22,258,283</u>	<u>\$ 1,970,000</u>	<u>\$ 67,651,543</u>

Following is a description of the valuation methodologies of Level 2 investments where significant other inputs were utilized to value the investments at December 31, 2024 and 2023:

The fair value of corporate and government bonds/notes are determined by using the market approach. This approach is based on prices and other relevant information generated by market transactions involving identical or comparable assets or liabilities.

The fair value of registered investment companies is determined, whenever possible, by reference to quoted market prices and other market information for similar assets.

Following is a description of the valuation methodologies of Level 3 investments where inputs are unobservable at December 31, 2024 and 2023:

The fair value of real estate is determined by a third-party appraisal. In the most recent valuation dated May 27, 2024, the market value was determined using the reconciliation-income approach.

The Plan holds investments in certain entities that calculate net asset value per share (or its equivalent). There are no unfunded commitments as of December 31, 2024.

G.M.P. - EMPLOYERS RETIREE TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

December 31, 2024 and 2023

NOTE J - FAIR VALUE MEASUREMENTS (CONTINUED)

The fair value of assets held at net asset value as of December 31, 2024 was \$73,196,502. The common/collective trust account invests primarily in domestic equity securities and redemption is eligible on a quarterly basis.

Following is a reconciliation of activity for 2024 and 2023 for assets measured at fair value based on significant unobservable information:

	2024	2023
Beginning balance	\$ 1,970,000	\$ 2,226,400
Unrealized gain (loss)	197,000	(256,400)
Ending balance	<u>\$ 2,167,000</u>	<u>\$ 1,970,000</u>

NOTE K - PROPERTY AND EQUIPMENT

Property and equipment are summarized as follows at December 31:

	2024	2023
Leasehold improvements	\$ 188,878	\$ 188,878
Less accumulated depreciation	25,063	12,943
NET PROPERTY AND EQUIPMENT	<u>\$ 163,815</u>	<u>\$ 175,935</u>

Depreciation expense was \$12,120 and \$8,785 for the years ended December 31, 2024 and 2023, respectively.

NOTE L - INTANGIBLES

Intangibles are summarized as follows at December 31:

	2024	2023
Software	\$ 17,988	\$ 0
Less accumulated amortization	2,654	0
NET INTANGIBLES	<u>\$ 15,334</u>	<u>\$ 0</u>

Amortization expense was \$2,654 and \$17,167 for the years ended December 31, 2024 and 2023, respectively.

G.M.P. - EMPLOYERS RETIREE TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

December 31, 2024 and 2023

NOTE M - DEFINED BENEFIT PENSION PLAN

The Trust has a separate pension plan covering all employees of the Plan administrator that has a fiscal year ending June 30. The plan is contributory, with employer contributions adjusted annually based on actuarial valuations and recommendations as to the amounts required to fund benefits under this plan. FASB ASC 715 requires employers to recognize the overfunded or underfunded projected benefit obligation (PBO) of a defined benefit plan as an asset or liability in the balance sheet. The PBO represents the actuarial present values of benefits attributable to employee service rendered to date, including the effects of future salary increases. FASB ASC 715 also requires employers to recognize annual changes in gains and losses, prior service costs, or other credits that have not been recognized as a component of net periodic pension cost through net assets available for benefits.

The Plan anticipates making contributions totaling \$175,000 for the upcoming plan year ending June 30, 2025.

The following table sets forth change in projected benefit obligation and change in Plan assets as of June 30, 2024 and 2023:

	2024	2023
Change in projected benefit obligation:		
Projected benefit obligation, beginning of year	\$ 7,604,690	\$ 8,414,289
Service cost	133,927	190,411
Interest cost	370,907	370,338
Actuarial gain	(277,985)	(834,641)
Benefits paid during year	(543,085)	(535,707)
Projected benefit obligation, end of year	7,288,454	7,604,690
Change in Plan assets:		
Plan assets at fair value, beginning of year	7,963,146	7,790,576
Actual return on Plan assets	585,893	433,277
Employer contributions	275,000	275,000
Benefits paid	(543,085)	(535,707)
Plan assets at fair value, end of year	8,280,954	7,963,146
Funded status of Plan	\$ 992,500	\$ 358,456

G.M.P. - EMPLOYERS RETIREE TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

December 31, 2024 and 2023

NOTE M - DEFINED BENEFIT PENSION PLAN (CONTINUED)

The following table sets forth changes in weighted average assumptions and components of net periodic pension cost of the Plan as of June 30:

	<u>2024</u>	<u>2023</u>
Weighted average assumptions for the benefit obligation:		
Discount rate	5.40%	5.05%
Rate of increase on future compensation	4.12%	4.12%
Weighted average assumptions for the net periodic benefit cost:		
Discount rate	5.05%	4.55%
Expected return on plan assets	6.00%	5.50%
Rate of increase on future compensation	4.12%	4.12%
	<u>2024</u>	<u>2023</u>
Components of net periodic benefit cost:		
Service cost	\$ 133,927	\$ 190,411
Interest cost	370,907	370,338
Less expected return on plan assets	(456,128)	(405,544)
Amortization of net loss	1,683	89,036
Net periodic pension cost	<u>50,389</u>	<u>244,241</u>
Other changes recognized:		
Net gain	(407,750)	(862,374)
Amortization of net loss	(1,683)	(89,036)
Total changes recognized	<u>(409,433)</u>	<u>(951,410)</u>
Total changes recognized in net periodic benefit cost	<u>\$ (359,044)</u>	<u>\$ (707,169)</u>

The Trust's expected long-term return on plan assets assumption is developed as a weighted average rate based on the target asset allocation of the plan and the long-term capital market assumptions. The calculated return is on an arithmetic mean basis.

G.M.P. - EMPLOYERS RETIREE TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

December 31, 2024 and 2023

NOTE M - DEFINED BENEFIT PENSION PLAN (CONTINUED)

Estimated future benefit payments for the five years ending after June 30, 2024 and thereafter are as follows:

2025	\$	550,000
2026		540,000
2027		530,000
2028		520,000
2029		520,000
Thereafter		<u>2,790,000</u>

The allocation of the plan assets as of June 30 was as follows:

<u>Asset Category</u>	<u>2024</u>	<u>2023</u>
Equity securities:		
Large	22%	25%
Small/mid	9%	5%
International	13%	13%
Debt securities	49%	50%
Other	7%	7%
TOTALS	<u>100%</u>	<u>100%</u>

The following table provides the major categories of assets measured at fair value at June 30:

<u>Asset Class</u>	<u>2024</u>	<u>2023</u>
Equity securities:		
Large	\$ 1,831,651	\$ 2,030,240
Small/mid	707,977	358,957
International	1,078,038	1,005,457
Debt securities	4,101,808	3,974,261
Other	561,480	594,231
TOTALS	<u>\$ 8,280,954</u>	<u>\$ 7,963,146</u>

At December 31, 2024, \$8,280,954 of the major categories of assets measured at fair value are categorized as Level 1 inputs. At December 31, 2023, \$7,963,146 of the major categories of assets measured at fair value were categorized as Level 1 inputs.

NOTE N - SUBSEQUENT EVENTS

Management evaluated all activity of the Trust through August 20, 2025, the date the financial statements were available to be issued, and concluded that no subsequent events have occurred that would require recognition or disclosure in the financial statements or notes.

G.M.P. - EMPLOYERS RETIREE TRUST

**SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS HELD FOR
INVESTMENT PURPOSES AT END OF YEAR***

EIN 23-6411794

PLAN #501

December 31, 2024

(a) (b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
ABBVIE INC	CORPORATE STOCK - COMMON N/A N/A	\$ 191,583	\$ 191,561
ACADEMY SPORTS & OUTDOORS INC	CORPORATE STOCK - COMMON N/A N/A	90,844	95,211
ACADIA HEALTHCARE CO INC	CORPORATE STOCK - COMMON N/A N/A	167,686	105,509
ACV AUCTIONS INC	CORPORATE STOCK - COMMON N/A N/A	168,094	227,254
ADOBE INC	CORPORATE STOCK - COMMON N/A N/A	388,212	355,299
AEGON LTD	CORPORATE STOCK - COMMON N/A N/A	289,145	268,584
AGILYSYS INC	CORPORATE STOCK - COMMON N/A N/A	116,495	142,642
AIR PRODUCTS AND CHEMICALS INC	CORPORATE STOCK - COMMON N/A N/A	577,499	652,590
ALBANY INTERNATIONAL CORP	CORPORATE STOCK - COMMON N/A N/A	82,864	91,566
ALIGNMENT HEALTHCARE INC	CORPORATE STOCK - COMMON N/A N/A	115,571	142,538
ALLEGiant TRAVEL CO	CORPORATE STOCK - COMMON N/A N/A	403,623	456,764
ALLIENT INC	CORPORATE STOCK - COMMON N/A N/A	175,915	139,027
ALLSTATE CORP/THE	CORPORATE STOCK - COMMON N/A N/A	271,034	301,524
ALNYLAM PHARMACEUTICALS INC	CORPORATE STOCK - COMMON N/A N/A	76,361	247,076
ALPHABET INC	CORPORATE STOCK - COMMON N/A N/A	1,017,476	1,859,647
ALPHABET INC	CORPORATE STOCK - COMMON N/A N/A	141,328	876,024
ALPHABET INC	CORPORATE STOCK - COMMON N/A N/A	1,157,172	2,188,687
ALPHABET INC	CORPORATE STOCK - COMMON N/A N/A	372,624	832,920
AMAZON.COM INC	CORPORATE STOCK - COMMON N/A N/A	590,057	1,162,767
AMAZON.COM INC	CORPORATE STOCK - COMMON N/A N/A	1,746,507	3,158,558
AMBARELLA INC	CORPORATE STOCK - COMMON N/A N/A	145,509	152,899
AMERICAN ELECTRIC POWER CO INC	CORPORATE STOCK - COMMON N/A N/A	285,722	313,582
AMERICAN EXPRESS CO	CORPORATE STOCK - COMMON N/A N/A	53,316	78,946
AMERIPRISE FINANCIAL INC	CORPORATE STOCK - COMMON N/A N/A	165,113	203,921
AMICUS THERAPEUTICS INC	CORPORATE STOCK - COMMON N/A N/A	172,943	136,609
AMPHENOL CORP	CORPORATE STOCK - COMMON N/A N/A	181,827	201,613
ANHEUSER-BUSCH INBEV SA/NV	CORPORATE STOCK - COMMON N/A N/A	758,678	665,931
ANTERO RESOURCES CORP	CORPORATE STOCK - COMMON N/A N/A	104,108	123,551
APPFOLIO INC	CORPORATE STOCK - COMMON N/A N/A	219,800	232,657
APPLE INC	CORPORATE STOCK - COMMON N/A N/A	2,152,501	6,517,431
APPLOVIN CORP	CORPORATE STOCK - COMMON N/A N/A	100,282	109,131
ARISTA NETWORKS INC	CORPORATE STOCK - COMMON N/A N/A	340,506	603,936
ARMSTRONG WORLD INDUSTRIES INC	CORPORATE STOCK - COMMON N/A N/A	399,321	462,856
ASHLAND INC	CORPORATE STOCK - COMMON N/A N/A	378,386	335,219
ASTRANA HEALTH INC	CORPORATE STOCK - COMMON N/A N/A	408,562	316,467
ATLASSIAN CORP	CORPORATE STOCK - COMMON N/A N/A	422,115	429,079
AVANTOR INC	CORPORATE STOCK - COMMON N/A N/A	635,131	657,384
BAKER HUGHES CO	CORPORATE STOCK - COMMON N/A N/A	430,908	635,810
BALCHEM CORP	CORPORATE STOCK - COMMON N/A N/A	162,792	190,704

G.M.P. - EMPLOYERS RETIREE TRUST

**SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS HELD FOR
INVESTMENT PURPOSES AT END OF YEAR (CONTINUED)***

EIN 23-6411794

PLAN #501

December 31, 2024

(a) (b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
BALDWIN INSURANCE GROUP INC/TH	CORPORATE STOCK - COMMON	\$ 107,896	\$ 153,063
BANK OF AMERICA CORP	CORPORATE STOCK - COMMON	299,266	562,560
BANK OF NEW YORK MELLON CORP/T	CORPORATE STOCK - COMMON	490,229	1,129,401
BANK OZK	CORPORATE STOCK - COMMON	338,152	406,514
BAXTER INTERNATIONAL INC	CORPORATE STOCK - COMMON	571,192	466,560
BIOLIFE SOLUTIONS INC	CORPORATE STOCK - COMMON	57,777	100,725
BIOMARIN PHARMACEUTICAL INC	CORPORATE STOCK - COMMON	344,525	302,358
BLACKSTONE INC	CORPORATE STOCK - COMMON	376,731	359,668
BLUEPRINT MEDICINES CORP	CORPORATE STOCK - COMMON	127,883	131,877
BOK FINANCIAL CORP	CORPORATE STOCK - COMMON	145,024	214,710
BOOKING HOLDINGS INC	CORPORATE STOCK - COMMON	393,093	447,158
BOOKING HOLDINGS INC	CORPORATE STOCK - COMMON	317,063	919,158
BOOZ ALLEN HAMILTON HOLDING CO	CORPORATE STOCK - COMMON	77,618	70,914
BRIGHTHOUSE FINANCIAL INC	CORPORATE STOCK - COMMON	110,383	120,100
BRINK'S CO/THE	CORPORATE STOCK - COMMON	156,497	201,311
BRISTOL-MYERS SQUIBB CO	CORPORATE STOCK - COMMON	278,486	294,112
BROADCOM INC	CORPORATE STOCK - COMMON	763,237	2,106,962
BROWN & BROWN INC	CORPORATE STOCK - COMMON	39,418	39,380
BURLINGTON STORES INC	CORPORATE STOCK - COMMON	58,450	82,952
BWX TECHNOLOGIES INC	CORPORATE STOCK - COMMON	91,566	152,716
CADENCE DESIGN SYSTEMS INC	CORPORATE STOCK - COMMON	332,450	339,820
CAL-MAINE FOODS INC	CORPORATE STOCK - COMMON	19,590	48,064
CAPITAL ONE FINANCIAL CORP	CORPORATE STOCK - COMMON	363,274	1,123,416
CARRIER GLOBAL CORP	CORPORATE STOCK - COMMON	169,381	402,734
CASELLA WASTE SYSTEMS INC	CORPORATE STOCK - COMMON	182,346	309,494
CELANESE CORP	CORPORATE STOCK - COMMON	279,474	290,682
CENTRUS ENERGY CORP	CORPORATE STOCK - COMMON	187,247	276,698
CENTURY COMMUNITIES INC	CORPORATE STOCK - COMMON	50,873	69,252
CHAMPION HOMES INC	CORPORATE STOCK - COMMON	85,395	129,067
CHARLES SCHWAB CORP/THE	CORPORATE STOCK - COMMON	651,314	604,736
CHARLES SCHWAB CORP/THE	CORPORATE STOCK - COMMON	896,012	2,057,478
CHART INDUSTRIES INC	CORPORATE STOCK - COMMON	114,063	156,107
CHARTER COMMUNICATIONS INC	CORPORATE STOCK - COMMON	1,021,494	1,182,557
CHEESECAKE FACTORY INC/THE	CORPORATE STOCK - COMMON	96,380	112,907
CHIPOTLE MEXICAN GRILL INC	CORPORATE STOCK - COMMON	222,382	236,135
CIGNA GROUP/THE	CORPORATE STOCK - COMMON	501,470	759,385
CIMPRESS PLC	CORPORATE STOCK - COMMON	113,282	106,935
CINTAS CORP	CORPORATE STOCK - COMMON	191,526	203,162
CISCO SYSTEMS INC	CORPORATE STOCK - COMMON	312,670	485,440

G.M.P. - EMPLOYERS RETIREE TRUST

**SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS HELD FOR
INVESTMENT PURPOSES AT END OF YEAR (CONTINUED)***

EIN 23-6411794

PLAN #501

December 31, 2024

(a) (b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
CIVITAS RESOURCES INC	CORPORATE STOCK - COMMON N/A N/A	\$ 447,691	\$ 424,848
CLEAR SECURE INC	CORPORATE STOCK - COMMON N/A N/A	93,996	70,756
CLEARWATER ANALYTICS HOLDINGS	CORPORATE STOCK - COMMON N/A N/A	105,273	147,397
COGNEX CORP	CORPORATE STOCK - COMMON N/A N/A	122,434	107,150
COGNIZANT TECHNOLOGY SOLUTIONS	CORPORATE STOCK - COMMON N/A N/A	405,283	499,850
COHERENT CORP	CORPORATE STOCK - COMMON N/A N/A	166,200	284,190
COMCAST CORP	CORPORATE STOCK - COMMON N/A N/A	614,082	885,708
COMFORT SYSTEMS USA INC	CORPORATE STOCK - COMMON N/A N/A	53,934	62,761
CONCRETE PUMPING HOLDINGS INC	CORPORATE STOCK - COMMON N/A N/A	187,858	161,851
CONFLUENT INC	CORPORATE STOCK - COMMON N/A N/A	141,168	163,091
CONOCOPHILLIPS	CORPORATE STOCK - COMMON N/A N/A	180,233	366,929
CORE MOLDING TECHNOLOGIES INC	CORPORATE STOCK - COMMON N/A N/A	73,856	72,644
COSTCO WHOLESALE CORP	CORPORATE STOCK - COMMON N/A N/A	323,682	683,537
CREDO TECHNOLOGY GROUP HOLDING	CORPORATE STOCK - COMMON N/A N/A	86,255	169,571
CUBESMART	CORPORATE STOCK - COMMON N/A N/A	26,157	38,822
CURBLINE PROPERTIES CORP	CORPORATE STOCK - COMMON N/A N/A	204,555	205,102
CVS HEALTH CORP	CORPORATE STOCK - COMMON N/A N/A	1,412,342	969,624
DECKERS OUTDOOR CORP	CORPORATE STOCK - COMMON N/A N/A	604,973	761,384
DIEBOLD NIXDORF INC	CORPORATE STOCK - COMMON N/A N/A	91,951	91,159
DOMINION ENERGY INC	CORPORATE STOCK - COMMON N/A N/A	391,827	398,564
DONNELLEY FINANCIAL SOLUTIONS	CORPORATE STOCK - COMMON N/A N/A	80,422	100,431
DOORDASH INC	CORPORATE STOCK - COMMON N/A N/A	487,991	601,719
DOUGLAS DYNAMICS INC	CORPORATE STOCK - COMMON N/A N/A	170,814	119,521
DOXIMITY INC	CORPORATE STOCK - COMMON N/A N/A	132,860	229,257
DOXIMITY INC	CORPORATE STOCK - COMMON N/A N/A	460,304	524,930
DUCOMMUN INC	CORPORATE STOCK - COMMON N/A N/A	341,810	392,018
DUTCH BROS INC	CORPORATE STOCK - COMMON N/A N/A	67,241	87,632
DUTCH BROS INC	CORPORATE STOCK - COMMON N/A N/A	22,088	24,095
ECHOSTAR CORP	CORPORATE STOCK - COMMON N/A N/A	424,347	100,417
ELANCO ANIMAL HEALTH INC	CORPORATE STOCK - COMMON N/A N/A	576,437	314,860
ELF BEAUTY INC	CORPORATE STOCK - COMMON N/A N/A	115,386	120,779
ELI LILLY & CO	CORPORATE STOCK - COMMON N/A N/A	513,010	854,604
EMCOR GROUP INC	CORPORATE STOCK - COMMON N/A N/A	137,511	368,113
ENCOMPASS HEALTH CORP	CORPORATE STOCK - COMMON N/A N/A	71,502	107,403
ENERGY RECOVERY INC	CORPORATE STOCK - COMMON N/A N/A	194,621	157,246
ENOVIS CORP	CORPORATE STOCK - COMMON N/A N/A	599,226	497,468
ENSTAR GROUP LTD	CORPORATE STOCK - COMMON N/A N/A	28,750	58,613
EQUITABLE HOLDINGS INC	CORPORATE STOCK - COMMON N/A N/A	392,105	413,492
ESAB CORP	CORPORATE STOCK - COMMON N/A N/A	28,866	71,724

G.M.P. - EMPLOYERS RETIREE TRUST

**SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS HELD FOR
INVESTMENT PURPOSES AT END OF YEAR (CONTINUED)***

EIN 23-6411794

PLAN #501

December 31, 2024

(a) (b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
ESTABLISHMENT LABS HOLDINGS IN	CORPORATE STOCK - COMMON	N/A	N/A
EXELIXIS INC	CORPORATE STOCK - COMMON	N/A	N/A
FEDEX CORP	CORPORATE STOCK - COMMON	N/A	N/A
FIDELITY NATIONAL INFORMATION	CORPORATE STOCK - COMMON	N/A	N/A
FIRST ADVANTAGE CORP	CORPORATE STOCK - COMMON	N/A	N/A
FIRST WESTERN FINANCIAL INC	CORPORATE STOCK - COMMON	N/A	N/A
FIRSTSERVICE CORP	CORPORATE STOCK - COMMON	N/A	N/A
FISERV INC	CORPORATE STOCK - COMMON	N/A	N/A
FISERV INC	CORPORATE STOCK - COMMON	N/A	N/A
FLYWIRE CORP	CORPORATE STOCK - COMMON	N/A	N/A
FORTINET INC	CORPORATE STOCK - COMMON	N/A	N/A
FORTIVE CORP	CORPORATE STOCK - COMMON	N/A	N/A
FOX CORP	CORPORATE STOCK - COMMON	N/A	N/A
FOX CORP	CORPORATE STOCK - COMMON	N/A	N/A
FOX FACTORY HOLDING CORP	CORPORATE STOCK - COMMON	N/A	N/A
FTAI AVIATION LTD	CORPORATE STOCK - COMMON	N/A	N/A
FTAI AVIATION LTD	CORPORATE STOCK - COMMON	N/A	N/A
FTAI INFRASTRUCTURE INC	CORPORATE STOCK - COMMON	N/A	N/A
GAMING AND LEISURE PROPERTIES	CORPORATE STOCK - COMMON	N/A	N/A
GAP INC/THE	CORPORATE STOCK - COMMON	N/A	N/A
GARRETT MOTION INC	CORPORATE STOCK - COMMON	N/A	N/A
GE AEROSPACE	CORPORATE STOCK - COMMON	N/A	N/A
GE HEALTHCARE TECHNOLOGIES INC	CORPORATE STOCK - COMMON	N/A	N/A
GENEDX HOLDINGS CORP	CORPORATE STOCK - COMMON	N/A	N/A
GILEAD SCIENCES INC	CORPORATE STOCK - COMMON	N/A	N/A
GITLAB INC	CORPORATE STOCK - COMMON	N/A	N/A
GLOBUS MEDICAL INC	CORPORATE STOCK - COMMON	N/A	N/A
GOGO INC	CORPORATE STOCK - COMMON	N/A	N/A
GOLDMAN SACHS GROUP INC/THE	CORPORATE STOCK - COMMON	N/A	N/A
GRAHAM CORP	CORPORATE STOCK - COMMON	N/A	N/A
GRAND CANYON EDUCATION INC	CORPORATE STOCK - COMMON	N/A	N/A
GREEN BRICK PARTNERS INC	CORPORATE STOCK - COMMON	N/A	N/A
GRID DYNAMICS HOLDINGS INC	CORPORATE STOCK - COMMON	N/A	N/A
GSK PLC	CORPORATE STOCK - COMMON	N/A	N/A
H&R BLOCK INC	CORPORATE STOCK - COMMON	N/A	N/A
HALEON PLC	CORPORATE STOCK - COMMON	N/A	N/A
HAMMOND POWER SOLUTIONS INC	CORPORATE STOCK - COMMON	N/A	N/A
HONDA MOTOR CO LTD	CORPORATE STOCK - COMMON	N/A	N/A
HOWMET AEROSPACE INC	CORPORATE STOCK - COMMON	N/A	N/A

G.M.P. - EMPLOYERS RETIREE TRUST

**SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS HELD FOR
INVESTMENT PURPOSES AT END OF YEAR (CONTINUED)***

EIN 23-6411794

PLAN #501

December 31, 2024

(a) (b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
HP INC	CORPORATE STOCK - COMMON	N/A	N/A
HUBSPOT INC	CORPORATE STOCK - COMMON	N/A	N/A
HUMANA INC	CORPORATE STOCK - COMMON	N/A	N/A
INCYTE CORP	CORPORATE STOCK - COMMON	N/A	N/A
INSMED INC	CORPORATE STOCK - COMMON	N/A	N/A
INSPERITY INC	CORPORATE STOCK - COMMON	N/A	N/A
INSPIRE MEDICAL SYSTEMS INC	CORPORATE STOCK - COMMON	N/A	N/A
INSPIRE MEDICAL SYSTEMS INC	CORPORATE STOCK - COMMON	N/A	N/A
INTERNATIONAL FLAVORS & FRAGRA	CORPORATE STOCK - COMMON	N/A	N/A
INTERNATIONAL GENERAL INSURANC	CORPORATE STOCK - COMMON	N/A	N/A
INTUITIVE SURGICAL INC	CORPORATE STOCK - COMMON	N/A	N/A
JFROG LTD	CORPORATE STOCK - COMMON	N/A	N/A
JOHNSON CONTROLS INTERNATIONAL	CORPORATE STOCK - COMMON	N/A	N/A
JOHNSON OUTDOORS INC	CORPORATE STOCK - COMMON	N/A	N/A
KINSALE CAPITAL GROUP INC	CORPORATE STOCK - COMMON	N/A	N/A
KLA CORP	CORPORATE STOCK - COMMON	N/A	N/A
KORNIT DIGITAL LTD	CORPORATE STOCK - COMMON	N/A	N/A
LAM RESEARCH CORP	CORPORATE STOCK - COMMON	N/A	N/A
LANCASTER COLONY CORP	CORPORATE STOCK - COMMON	N/A	N/A
LIVE OAK BANCSHARES INC	CORPORATE STOCK - COMMON	N/A	N/A
LPL FINANCIAL HOLDINGS INC	CORPORATE STOCK - COMMON	N/A	N/A
LULULEMON ATHLETICA INC	CORPORATE STOCK - COMMON	N/A	N/A
LYFT INC	CORPORATE STOCK - COMMON	N/A	N/A
LYONDELLBASELL INDUSTRIES NV	CORPORATE STOCK - COMMON	N/A	N/A
MADRIGAL PHARMACEUTICALS INC	CORPORATE STOCK - COMMON	N/A	N/A
MAGNOLIA OIL & GAS CORP	CORPORATE STOCK - COMMON	N/A	N/A
MAMA'S CREATIONS INC	CORPORATE STOCK - COMMON	N/A	N/A
MANHATTAN ASSOCIATES INC	CORPORATE STOCK - COMMON	N/A	N/A
MAREX GROUP PLC	CORPORATE STOCK - COMMON	N/A	N/A
MASTERCARD INC	CORPORATE STOCK - COMMON	N/A	N/A
MEDTRONIC PLC	CORPORATE STOCK - COMMON	N/A	N/A
MERCURY SYSTEMS INC	CORPORATE STOCK - COMMON	N/A	N/A
MERIT MEDICAL SYSTEMS INC	CORPORATE STOCK - COMMON	N/A	N/A
MESA LABORATORIES INC	CORPORATE STOCK - COMMON	N/A	N/A
META PLATFORMS INC	CORPORATE STOCK - COMMON	N/A	N/A
META PLATFORMS INC	CORPORATE STOCK - COMMON	N/A	N/A
METLIFE INC	CORPORATE STOCK - COMMON	N/A	N/A
MICROSOFT CORP	CORPORATE STOCK - COMMON	N/A	N/A
MICROSOFT CORP	CORPORATE STOCK - COMMON	N/A	N/A

G.M.P. - EMPLOYERS RETIREE TRUST

**SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS HELD FOR
INVESTMENT PURPOSES AT END OF YEAR (CONTINUED)***

EIN 23-6411794

PLAN #501

December 31, 2024

(a) (b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
MILLER INDUSTRIES INC/TN	CORPORATE STOCK - COMMON	N/A	N/A
MIRION TECHNOLOGIES INC	CORPORATE STOCK - COMMON	N/A	N/A
MKS INSTRUMENTS INC	CORPORATE STOCK - COMMON	N/A	N/A
MODINE MANUFACTURING CO	CORPORATE STOCK - COMMON	N/A	N/A
MOLINA HEALTHCARE INC	CORPORATE STOCK - COMMON	N/A	N/A
MOLSON COORS BEVERAGE CO	CORPORATE STOCK - COMMON	N/A	N/A
MONGODB INC	CORPORATE STOCK - COMMON	N/A	N/A
MONTROSE ENVIRONMENTAL GROUP I	CORPORATE STOCK - COMMON	N/A	N/A
MOODY'S CORP	CORPORATE STOCK - COMMON	N/A	N/A
MOTOROLA SOLUTIONS INC	CORPORATE STOCK - COMMON	N/A	N/A
MR COOPER GROUP INC	CORPORATE STOCK - COMMON	N/A	N/A
MSCI INC	CORPORATE STOCK - COMMON	N/A	N/A
NEOGEN CORP	CORPORATE STOCK - COMMON	N/A	N/A
NETFLIX INC	CORPORATE STOCK - COMMON	N/A	N/A
NEUROCRINE BIOSCIENCES INC	CORPORATE STOCK - COMMON	N/A	N/A
NEUROCRINE BIOSCIENCES INC	CORPORATE STOCK - COMMON	N/A	N/A
NEW FORTRESS ENERGY INC	CORPORATE STOCK - COMMON	N/A	N/A
NEWS CORP	CORPORATE STOCK - COMMON	N/A	N/A
NORFOLK SOUTHERN CORP	CORPORATE STOCK - COMMON	N/A	N/A
NORWEGIAN CRUISE LINE HOLDINGS	CORPORATE STOCK - COMMON	N/A	N/A
NOVANTA INC	CORPORATE STOCK - COMMON	N/A	N/A
NOVARTIS AG	CORPORATE STOCK - COMMON	N/A	N/A
NRG ENERGY INC	CORPORATE STOCK - COMMON	N/A	N/A
NUTANIX INC	CORPORATE STOCK - COMMON	N/A	N/A
NVIDIA CORP	CORPORATE STOCK - COMMON	N/A	N/A
OCCIDENTAL PETROLEUM CO CW27	CORPORATE STOCK - COMMON	N/A	N/A
OCCIDENTAL PETROLEUM CORP	CORPORATE STOCK - COMMON	N/A	N/A
OIL-DRI CORP OF AMERICA	CORPORATE STOCK - COMMON	N/A	N/A
OLD NATIONAL BANCORP/IN	CORPORATE STOCK - COMMON	N/A	N/A
OMNIAB INC/OLD	CORPORATE STOCK - COMMON	N/A	N/A
OMNIAB INC/OLD	CORPORATE STOCK - COMMON	N/A	N/A
ONEMAIN HOLDINGS INC	CORPORATE STOCK - COMMON	N/A	N/A
ONESPAWORLD HOLDINGS LTD	CORPORATE STOCK - COMMON	N/A	N/A
ORACLE CORP	CORPORATE STOCK - COMMON	N/A	N/A
ORION SA	CORPORATE STOCK - COMMON	N/A	N/A
ORION SA	CORPORATE STOCK - COMMON	N/A	N/A
ORION SA	CORPORATE STOCK - COMMON	N/A	N/A
PALANTIR TECHNOLOGIES INC	CORPORATE STOCK - COMMON	N/A	N/A
PDF SOLUTIONS INC	CORPORATE STOCK - COMMON	N/A	N/A

G.M.P. - EMPLOYERS RETIREE TRUST

**SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS HELD FOR
INVESTMENT PURPOSES AT END OF YEAR (CONTINUED)***

EIN 23-6411794

PLAN #501

December 31, 2024

(a) (b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
PENUMBRA INC	CORPORATE STOCK - COMMON	N/A	N/A
PERMA-FIX ENVIRONMENTAL SERVIC	CORPORATE STOCK - COMMON	N/A	N/A
PLANET FITNESS INC	CORPORATE STOCK - COMMON	N/A	N/A
POST HOLDINGS INC	CORPORATE STOCK - COMMON	N/A	N/A
PRIMO BRANDS CORP	CORPORATE STOCK - COMMON	N/A	N/A
PROCEPT BIOROBOTICS CORP	CORPORATE STOCK - COMMON	N/A	N/A
PROFICIENT AUTO LOGISTICS INC	CORPORATE STOCK - COMMON	N/A	N/A
PROGRESS SOFTWARE CORP	CORPORATE STOCK - COMMON	N/A	N/A
PROGRESSIVE CORP/THE	CORPORATE STOCK - COMMON	N/A	N/A
Q2 HOLDINGS INC	CORPORATE STOCK - COMMON	N/A	N/A
QUANTERIX CORP	CORPORATE STOCK - COMMON	N/A	N/A
RED ROCK RESORTS INC	CORPORATE STOCK - COMMON	N/A	N/A
REGENERON PHARMACEUTICALS INC	CORPORATE STOCK - COMMON	N/A	N/A
RESMED INC	CORPORATE STOCK - COMMON	N/A	N/A
REVOLVE GROUP INC	CORPORATE STOCK - COMMON	N/A	N/A
RIMINI STREET INC	CORPORATE STOCK - COMMON	N/A	N/A
ROCHE HOLDING AG	CORPORATE STOCK - COMMON	N/A	N/A
ROCKY BRANDS INC	CORPORATE STOCK - COMMON	N/A	N/A
RTX CORP	CORPORATE STOCK - COMMON	N/A	N/A
RUSH STREET INTERACTIVE INC	CORPORATE STOCK - COMMON	N/A	N/A
RYAN SPECIALTY HOLDINGS INC	CORPORATE STOCK - COMMON	N/A	N/A
RYMAN HOSPITALITY PROPERTIES I	CORPORATE STOCK - COMMON	N/A	N/A
SALESFORCE INC	CORPORATE STOCK - COMMON	N/A	N/A
SANOFI SA	CORPORATE STOCK - COMMON	N/A	N/A
SBA COMMUNICATIONS CORP	CORPORATE STOCK - COMMON	N/A	N/A
SEABOARD CORP	CORPORATE STOCK - COMMON	N/A	N/A
SERVICENOW INC	CORPORATE STOCK - COMMON	N/A	N/A
SILVERCREST ASSET MANAGEMENT G	CORPORATE STOCK - COMMON	N/A	N/A
SIMON PROPERTY GROUP INC	CORPORATE STOCK - COMMON	N/A	N/A
SITIME CORP	CORPORATE STOCK - COMMON	N/A	N/A
SMARTSHEET INC	CORPORATE STOCK - COMMON	N/A	N/A
SOUTHERN COPPER CORP	CORPORATE STOCK - COMMON	N/A	N/A
SPOTIFY TECHNOLOGY SA	CORPORATE STOCK - COMMON	N/A	N/A
STATE STREET CORP	CORPORATE STOCK - COMMON	N/A	N/A
STEPSTONE GROUP INC	CORPORATE STOCK - COMMON	N/A	N/A
STRIDE INC	CORPORATE STOCK - COMMON	N/A	N/A
SUN COMMUNITIES INC	CORPORATE STOCK - COMMON	N/A	N/A
SYNOPSIS INC	CORPORATE STOCK - COMMON	N/A	N/A
TARGA RESOURCES CORP	CORPORATE STOCK - COMMON	N/A	N/A

G.M.P. - EMPLOYERS RETIREE TRUST

**SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS HELD FOR
INVESTMENT PURPOSES AT END OF YEAR (CONTINUED)***

EIN 23-6411794

PLAN #501

December 31, 2024

(a) (b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
TASEKO MINES LTD	CORPORATE STOCK - COMMON	N/A	N/A
TE CONNECTIVITY PLC	CORPORATE STOCK - COMMON	N/A	N/A
TECNOGLASS INC	CORPORATE STOCK - COMMON	N/A	N/A
TESLA INC	CORPORATE STOCK - COMMON	N/A	N/A
TEXAS ROADHOUSE INC	CORPORATE STOCK - COMMON	N/A	N/A
THERMON GROUP HOLDINGS INC	CORPORATE STOCK - COMMON	N/A	N/A
T-MOBILE US INC	CORPORATE STOCK - COMMON	N/A	N/A
TRADE DESK INC/THE	CORPORATE STOCK - COMMON	N/A	N/A
TRADEWEB MARKETS INC	CORPORATE STOCK - COMMON	N/A	N/A
TRANE TECHNOLOGIES PLC	CORPORATE STOCK - COMMON	N/A	N/A
TREACE MEDICAL CONCEPTS INC	CORPORATE STOCK - COMMON	N/A	N/A
TRIUMPH FINANCIAL INC	CORPORATE STOCK - COMMON	N/A	N/A
TWILIO INC	CORPORATE STOCK - COMMON	N/A	N/A
TWIST BIOSCIENCE CORP	CORPORATE STOCK - COMMON	N/A	N/A
TYLER TECHNOLOGIES INC	CORPORATE STOCK - COMMON	N/A	N/A
UBER TECHNOLOGIES INC	CORPORATE STOCK - COMMON	N/A	N/A
UBIQUITI INC	CORPORATE STOCK - COMMON	N/A	N/A
UBS GROUP AG	CORPORATE STOCK - COMMON	N/A	N/A
UFP TECHNOLOGIES INC	CORPORATE STOCK - COMMON	N/A	N/A
UGI CORP	CORPORATE STOCK - COMMON	N/A	N/A
UNITED STATES LIME & MINERALS	CORPORATE STOCK - COMMON	N/A	N/A
UNITED STATES LIME & MINERALS	CORPORATE STOCK - COMMON	N/A	N/A
UNITEDHEALTH GROUP INC	CORPORATE STOCK - COMMON	N/A	N/A
VAIL RESORTS INC	CORPORATE STOCK - COMMON	N/A	N/A
VARONIS SYSTEMS INC	CORPORATE STOCK - COMMON	N/A	N/A
VERICEL CORP	CORPORATE STOCK - COMMON	N/A	N/A
VERRA MOBILITY CORP	CORPORATE STOCK - COMMON	N/A	N/A
VF CORP	CORPORATE STOCK - COMMON	N/A	N/A
VISA INC	CORPORATE STOCK - COMMON	N/A	N/A
VISTRA CORP	CORPORATE STOCK - COMMON	N/A	N/A
VITA COCO CO INC/THE	CORPORATE STOCK - COMMON	N/A	N/A
VITAL FARMS INC	CORPORATE STOCK - COMMON	N/A	N/A
WEATHERFORD INTERNATIONAL PLC	CORPORATE STOCK - COMMON	N/A	N/A
WEBSTER FINANCIAL CORP	CORPORATE STOCK - COMMON	N/A	10.00%
WELLS FARGO & CO	CORPORATE STOCK - COMMON	N/A	N/A
WESCO INTERNATIONAL INC	CORPORATE STOCK - COMMON	N/A	N/A
WESTERN ALLIANCE BANCORP	CORPORATE STOCK - COMMON	N/A	N/A
WHITECAP RESOURCES INC	CORPORATE STOCK - COMMON	N/A	N/A
WILLIAMS COS INC/THE	CORPORATE STOCK - COMMON	N/A	N/A

G.M.P. - EMPLOYERS RETIREE TRUST

**SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS HELD FOR
INVESTMENT PURPOSES AT END OF YEAR (CONTINUED)***

EIN 23-6411794

PLAN #501

December 31, 2024

(a) (b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
WILLSCOT HOLDINGS CORP	CORPORATE STOCK - COMMON N/A N/A	\$ 139,203	\$ 118,814
WINGSTOP INC	CORPORATE STOCK - COMMON N/A N/A	243,325	181,888
WINMARK CORP	CORPORATE STOCK - COMMON N/A N/A	91,327	141,898
WNS HOLDINGS LTD	CORPORATE STOCK - COMMON N/A N/A	152,736	114,873
WORKDAY INC	CORPORATE STOCK - COMMON N/A N/A	105,406	105,018
WORKIVA INC	CORPORATE STOCK - COMMON N/A N/A	172,471	177,281
ZIMMER BIOMET HOLDINGS INC	CORPORATE STOCK - COMMON N/A N/A	679,439	623,217
ZIPRECRUITER INC	CORPORATE STOCK - COMMON N/A N/A	177,972	74,550
ARROWSTREET INTERNATIONAL	COMMON/COLLECTIVE TRUST N/A N/A	56,000,000	73,196,502
BAIRD AGGREGATE BOND-INST	REGISTERED INVESTMENT COMPANIES N/A N/A	66,582,615	60,812,774
BNYM GLOBAL REAL RETURN-Y	REGISTERED INVESTMENT COMPANIES N/A N/A	23,145,004	20,824,758
DFA GLBL RL EST SECS	REGISTERED INVESTMENT COMPANIES N/A N/A	24,145,749	20,303,170
DREYFUS CASH MGMT INSTL	REGISTERED INVESTMENT COMPANIES 12/31/2039 4.14%	0	0
DREYFUS CASH MGMT INSTL	REGISTERED INVESTMENT COMPANIES 12/31/2039 4.14%	0	0
DREYFUS TREASURY SECURITIES CM	REGISTERED INVESTMENT COMPANIES 12/31/2035 4.23%	280,618	280,618
DREYFUS TREASURY SECURITIES CM	REGISTERED INVESTMENT COMPANIES 12/31/2035 4.23%	47,084	47,084
DREYFUS TREASURY SECURITIES CM	REGISTERED INVESTMENT COMPANIES 12/31/2035 4.23%	398,384	398,384
DREYFUS TREASURY SECURITIES CM	REGISTERED INVESTMENT COMPANIES 12/31/2035 4.23%	7,630	7,630
DREYFUS TREASURY SECURITIES CM	REGISTERED INVESTMENT COMPANIES 12/31/2035 4.23%	130,806	130,806
DREYFUS TREASURY SECURITIES CM	REGISTERED INVESTMENT COMPANIES 12/31/2035 4.23%	4,938	4,938
DREYFUS TREASURY SECURITIES CM	REGISTERED INVESTMENT COMPANIES 12/31/2035 4.23%	908,762	908,762
DREYFUS TREASURY SECURITIES CM	REGISTERED INVESTMENT COMPANIES 12/31/2035 4.23%	3,429,304	3,429,304
DREYFUS TREASURY SECURITIES CM	REGISTERED INVESTMENT COMPANIES 12/31/2035 4.23%	107	107
GMO RESOURCES FUND-III	REGISTERED INVESTMENT COMPANIES N/A N/A	10,343,403	7,268,655
ISHARES S&P 500 INDEX-K	REGISTERED INVESTMENT COMPANIES N/A N/A	33,563,567	64,959,061
LAZARD GLBL LSTD INFRA-INST	REGISTERED INVESTMENT COMPANIES N/A N/A	14,898,131	15,980,788
MFS INTL DIVERSIFICAT-R6	REGISTERED INVESTMENT COMPANIES N/A N/A	60,940,270	67,659,556
PIMCO PRIVATE FUNDS LLC	REGISTERED INVESTMENT COMPANIES N/A N/A	22,224,663	22,224,663
PIMCO TOTAL RETURN FUND-INST	REGISTERED INVESTMENT COMPANIES N/A N/A	70,430,862	60,773,365
T ROWE PR INST FLTNG RT-INST	REGISTERED INVESTMENT COMPANIES N/A N/A	11,890,380	11,389,257
T ROWE PR INST HI YLD-INST	REGISTERED INVESTMENT COMPANIES N/A N/A	12,252,885	11,099,584
T ROWE PR NEW ERA-I	REGISTERED INVESTMENT COMPANIES N/A N/A	7,091,609	6,942,020
VANGUARD INFL PROCT SEC-INST	REGISTERED INVESTMENT COMPANIES N/A N/A	10,840,362	9,438,299
TOTAL COMMON STOCK, REGISTERED INV COMPANIES AND PARTNERSHIP/JOINT VENTURE		520,314,489	591,432,870

G.M.P. - EMPLOYERS RETIREE TRUST

**SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS HELD FOR
INVESTMENT PURPOSES AT END OF YEAR (CONTINUED)***

EIN 23-6411794

PLAN #501

December 31, 2024

(a) (b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
TWO STORY OFFICE BUILDING	REAL ESTATE INVESTMENT N/A N/A N/A	767,500	2,167,000
		TOTAL REAL ESTATE 767,500	2,167,000
		GRAND TOTAL \$ 521,081,989	\$ 593,599,870

G.M.P. - EMPLOYERS RETIREE TRUST

**SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS ACQUIRED
AND DISPOSED OF WITHIN THE YEAR**

EIN 23-6411794

PLAN #501

December 31, 2024

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Costs of acquisitions	(e) Proceeds of dispositions
	N/A	N/A	N/A	N/A

G.M.P. - EMPLOYERS RETIREE TRUST

SCHEDULE H, PART IV, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS*

EIN 23-6411794

PLAN #501

December 31, 2024

(a) (b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
DREYFUS CASH MGMT INSTL FD 288		\$ 27,988,184			\$ 27,988,557		\$ (373)
DREYFUS CASH MGMT INSTL FD 288	\$ 20,118,816						
DREYFUS TREASURY SECURITIES CM 5.271% 12/31/2035 DD 04/09/97	53,254,006						
DREYFUS TREASURY SECURITIES CM 5.271% 12/31/2035 DD 04/09/97		48,046,373			48,046,373		

*Transactions or Series of Transactions in excess of five percent of the current value of the Plan's assets as of December 31, 2024 as defined in Section 2520.103-11 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA.

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210 - 0110 1210 - 0089 2024 This Form is Open to Public Inspection
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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.)
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 G.M.P. - EMPLOYERS RETIREE TRUST
1b	Three-digit plan number (PN) ▶ 501
1c	Effective date of plan 07/01/1966
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) G.M.P.-EMPLOYERS RETIREE TRUST 5245 BIG PINE WAY, S.E. FORT MYERS FL 33907
2b	Employer Identification Number (EIN) **-***1794
2c	Plan Sponsor's telephone number (239)936-6242
2d	Business code (see instructions) 327210

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	<i>Jodi L Hopper</i>	10/08/2025	JODI L. HOPPER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>Jodi L Hopper</i>	10/08/2025	JODI L. HOPPER
	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

G.M.P. - EMPLOYERS RETIREE TRUST

SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS HELD FOR
INVESTMENT PURPOSES AT END OF YEAR (CONTINUED)*

EIN 23-6411794

PLAN #501

December 31, 2024

(a) (b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
TWO STORY OFFICE BUILDING	N/A	767,500	2,167,000
	REAL ESTATE INVESTMENT		
	TOTAL REAL ESTATE	767,500	2,167,000
	GRAND TOTAL	\$ 521,081,989	\$ 593,599,870

G.M.P. - EMPLOYERS RETIREE TRUST

SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF REPORTABLE TRANSACTIONS*

EIN 23-6411794

PLAN #501

December 31, 2024

(a) (b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
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DREYFUS TREASURY SECURITIES CM 5.271% 12/31/2035 DD 04/09/97							

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