

SUMMARY ANNUAL REPORT FOR

Greater Metropolitan Hotel Employers-Employees Health & Welfare Fund

This is a summary of the annual report of Greater Metropolitan Hotel Employers-Employees Health & Welfare Fund (the Plan), EIN 41-0737593, for the year ended September 30, 2024. The annual report has been filed with the Employee Benefits Security Administration as required under the Employee Retirement Income Security Act of 1974 (ERISA).

The Joint Board of Trustees of the Fund has committed to provide dental, disability, prescription drug, medical, and death benefits on a self-insured basis for eligible participants and their dependents or beneficiaries incurred under the terms of the Plan.

Insurance Information

The Plan has a contract with HCC Life Insurance Company to pay insurance claims incurred under the terms of the Plan. The total premiums paid for the policy period ended March 31, 2024 were \$265,236.

Basic Financial Statement

The value of plan assets, after subtracting liabilities of the Plan was \$14,637,908 as of September 30, 2024, compared to \$12,824,430 as of October 1, 2023. During the plan year, the Plan experienced an increase in its net assets of \$1,813,478. This increase included unrealized appreciation or depreciation in the value of plan assets; that is, the difference between the value of the Plan's assets at the end of the year and the value of the Plan's assets at the beginning of the year or the cost of assets acquired during the year. During the plan year, the Plan had total income of \$8,854,148 including, but not limited to, employer contributions of \$6,348,849; participant contributions of \$31,394; realized gains from the sale of assets of \$112,907; net earnings from investments of \$1,712,061; and other income of \$648,937.

Plan expenses were \$6,912,356. These expenses included \$68,100 in administrative expenses and \$6,844,256 to provide benefits for participants and beneficiaries.

Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof on request. The items below are included in that report:

- Insurance information including sales commissions paid by insurance carriers
- An auditors' report
- Financial information and information on payments to service providers
- Assets held for investment

To obtain a copy of the full annual report, or any part thereof, write or call the office of Wilson-McShane Corporation, who is the Plan Administrator, 3001 Metro Drive, Suite 500, Bloomington, MN 55425, (952) 854-0795. The charge to cover copying costs will be \$10.00 for the full annual report or \$.25 per page for any part thereof. You also have the right to receive from the Plan Administrator, on request and at no charge, a statement of the assets and liabilities of the Plan and accompanying notes or a statement of income and expenses of the Plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover the copying costs given above does not include a charge for the copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the Plan at Wilson-McShane Corporation, 3001 Metro Drive, Suite 500, Bloomington, MN 55425 and the U.S. Department of Labor in Washington, D.C. or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to:

Public Disclosure Room, Room N-1513
Employee Benefit Security Administration
U.S. Department of Labor
200 Constitution Avenue N.W.
Washington, D.C. 20210

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

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The public reporting burden for this collection of information is estimated to average less than one minute per notice (approximately 3 hours and 11 minutes per plan). Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of the Chief Information Officer, Attention: Departmental Clearance Officer, 200 Constitution Avenue, N.W., Room N-1301, Washington, DC 20210 or email DOL_PRA_PUBLIC@dol.gov and reference the OMB Control Number 1210-0040.

OMB Control Number 1210-0040 (expires 03/31/2026)