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

2018

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] 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
- [X] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
PROVIDENCE HOSPITALITY PARTNERS 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/01/2008

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)
PROVIDENCE HOSPITALITY PARTNERS LLC

1888 NORTH SHERMAN STREET
SUITE 610
DENVER, CO 80203

2b Employer Identification Number (EIN)
84-1610444

2c Plan Sponsor's telephone number
303-952-0823

2d Business code (see instructions)
721110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/27/2020	DAVID STORM
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/27/2020	DAVID STORM
	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 [X] 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**	567
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	548
a(2) Total number of active participants at the end of the plan year	**6a(2)**	729
b Retired or separated participants receiving benefits	**6b**	23
c Other retired or separated participants entitled to future benefits	**6c**	0
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	752
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	752
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	88
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2E 2F 2G 2J 2K 3B 3D

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	**(1)**	[X] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

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

a Pension Schedules

(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

b General Schedules

(1) [X] **H** (Financial Information)

(2) [ ] **I** (Financial Information – Small Plan)

(3) [X] 1 **A** (Insurance Information)

(4) [X] **C** (Service Provider Information)

(5) [X] **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 2018 Form M-1 annual report. If the plan was not required to file the 2018 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

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
PROVIDENCE HOSPITALITY PARTNERS 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PROVIDENCE HOSPITALITY PARTNERS LLC

D Employer Identification Number (EIN)
84-1610444

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

1 Coverage Information:

(a) Name of insurance carrier
GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
84-0467907	68322	941404-01	88	01/01/2018	12/31/2018

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

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	107739
5	Current value of plan's interest under this contract in separate accounts at year end	5	1398131

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.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	80774
c	Additions: (1) Contributions deposited during the year	7c(1)	16710		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	1115		
	(4) Transferred from separate account	7c(4)	19602		
	(5) Other (specify below)	7c(5)	395		
	▶ LOAN REPAYMENT(S)				
	(6) Total additions			7c(6)	37822
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	118596
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	6004		
	(2) Administration charge made by carrier	7e(2)	385		
	(3) Transferred to separate account	7e(3)	4468		
	(4) Other (specify below)	7e(4)	0		
	▶				
	(5) Total deductions			7e(5)	10857
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	107739

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. 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)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2018** **This Form is Open to Public Inspection.**

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
PROVIDENCE HOSPITALITY PARTNERS 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PROVIDENCE HOSPITALITY PARTNERS LLC

D Employer Identification Number (EIN)
84-1610444

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

(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)

EKS&H LLLP

8181 E TUFTS AVE STE 600
DENVER, CO 80237

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	30394	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PLANTE & MORAN

16060 COLLECTIONS CENTER DRIVE
CHICAGO, IL 60693

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	22550	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 ☐

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)

(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 ☐

(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

2018

This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
PROVIDENCE HOSPITALITY PARTNERS 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
PROVIDENCE HOSPITALITY PARTNERS LLC

D Employer Identification Number (EIN)
84-1610444

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: FUTUREFUNDS SERIES II OF GREAT-WEST

b Name of sponsor of entity listed in (a): GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY

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)
84-0467907-003	P	1398131

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)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

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

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
PROVIDENCE HOSPITALITY PARTNERS 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PROVIDENCE HOSPITALITY PARTNERS LLC

D Employer Identification Number (EIN)
84-1610444

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1769	211
(2) Participant contributions	1b(2)	4101	2490
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	6034	42137
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	1162066	1398131
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	80774	107739
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	1254744	1550708
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	1254744	1550708

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)	85693	
	(B) Participants	2a(1)(B)	203621	
	(C) Others (including rollovers)	2a(1)(C)	243740	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		533054
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	1671	
	(F) Other	2b(1)(F)	1115	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		2786
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(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)		-133612
(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		
d Total income. Add all **income** amounts in column (b) and enter total	2d		402228
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	50106	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		50106
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	56158	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		56158
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		106264
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		295964
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) ☐ Unqualified **(2)** ☐ Qualified **(3)** ☒ Disclaimer **(4)** ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

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

(1) Name: PLANTE & MORAN, PLLC **(2)** EIN: 38-1357951

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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.

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.)	4a	X		311864
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.)	4b		X	

			Yes	No	Amount
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.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e		X	
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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 If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

Providence Hospitality Partners 401(k) Plan

Financial Report

December 31, 2018, 2017, 2016, 2015, 2014, 2013, 2012, 2011, 2010

Providence Hospitality Partners 401(k) Plan

Contents

Independent Auditor's Report	2-3
Statement of Net Assets Available for Benefits	4
Statement of Changes in Net Assets Available for Benefits	5
Notes to Financial Statements	6-9
Schedule of Assets Held at End of Year	Schedule 1
Schedule of Delinquent Participant Contributions	Schedule 2

plante moran

Plante & Moran, PLLC
Suite 600
8181 E. Tufts Avenue
Denver, CO 80237
Tel: 303.740.9400
Fax: 303.740.9009
plantemoran.com

Independent Auditor's Report

To the Plan Administrator
Providence Hospitality Partners 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Providence Hospitality Partners 401(k) Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2018, 2017, 2016, 2015, 2014, 2013, 2012, 2011 and 2010 and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

Auditor's Responsibility

Our responsibility is to express an opinion on the 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, and 2018 financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion on the 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, and 2018 Financial Statements* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion on the 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, and 2018 Financial Statements

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Great-West Life & Annuity Insurance Company and Great-West Trust Company, LLC (collectively, the "Custodians"), except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the Custodians hold the Plan's investment assets and participant notes receivable and execute related transactions. The plan administrator has obtained a certification from the Custodians as of December 31, 2018, 2017, 2016, 2015, 2014, 2013, 2012, 2011, and 2010 and for the years then ended that the information provided to the plan administrator is complete and accurate.

Disclaimer of Opinion on the 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, and 2018 Financial Statements

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion on the 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, and 2018 Financial Statements* paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on the 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, and 2018 financial statements.

PRAXITY™
Empowering Business Globally

To the Plan Administrator
Providence Hospitality Partners 401(k) Plan

Other Matter

The supplemental schedules of assets held at end of year as of December 31, 2018, 2017, 2016, 2015, 2014, 2013, 2012, 2011, and 2010 and delinquent participant contributions for the years ended December 31, 2018, 2017, 2016, 2015, 2014, 2013, 2012, 2011, and 2010 are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion on the 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, and 2018 Financial Statements* paragraph, we do not express an opinion on these supplemental schedules.

Report on 2009 Financial Statements

The 2009 statement of net assets available for benefits was not audited, reviewed, or compiled by us, and, accordingly, we do not express an opinion or any other form of assurance on it.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the Custodians, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Plante & Moran, PLLC

Denver, Colorado
June 25, 2020

Providence Hospitality Partners 401(k) Plan

Statement of Net Assets Available for Benefits

December 31, 2018, 2017, 2016, 2015, 2014, 2013, 2012, 2011, 2010 and 2009

	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009 (Unaudited)
Assets										
Participant-directed investments at fair value - pooled separate accounts	$ 1,398,131	$ 1,162,066	$ 878,236	$ 662,973	$ 602,339	$ 588,862	$ 417,977	$ 307,440	$ 246,249	$ 108,098
Participant-directed investments at contract value - unallocated insurance contract	107,739	80,774	128,260	105,786	97,437	86,553	67,815	39,323	25,132	10,864
Total participant-directed investments	1,505,870	1,242,840	1,006,496	768,759	699,776	675,415	485,792	346,763	271,381	118,962
Contributions receivable:										
Employee	2,490	4,101	6,276	12,642	5,517	1,865	1,133	9,710	7,211	3,440
Employer	211	1,769	1,753	5,792	2,676	932	504	3,413	3,287	4,147
Total contributions receivable	2,701	5,870	8,029	18,434	8,193	2,797	1,637	13,123	10,498	7,587
Participant notes receivable	42,137	6,034	10,161	36	5,004	25,724	25,300	4,555	3,386	-
Net Assets Available for Benefits	**$ 1,550,708**	**$ 1,254,744**	**$ 1,024,686**	**$ 787,229**	**$ 712,973**	**$ 703,936**	**$ 512,729**	**$ 364,441**	**$ 285,265**	**$ 126,549**

See notes to financial statements.

Providence Hospitality Partners 401(k) Plan

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2018, 2017, 2016, 2015, 2014, 2013, 2012, 2011, and 2010

	2018	2017	2016	2015	2014	2013	2012	2011	2010
Additions									
Contributions									
Employee	$ 203,621	$ 164,218	$ 154,578	$ 125,853	$ 107,294	$ 84,182	$ 82,155	$ 91,317	$ 92,868
Employer	85,693	67,501	63,853	49,585	45,638	43,083	46,009	47,578	46,386
Rollovers	243,740	60,291	-	-	-	6,724	-	-	-
Total contributions	533,054	292,010	218,431	175,438	152,932	133,989	128,164	138,895	139,254
						-			
Investment income									
Interest and dividends	1,115	997	1,345	1,244	1,181	1,024	750	620	434
Net realized and unrealized gains on investments	-	132,846	57,221	-	32,031	89,877	43,024	-	24,569
Total investment income	1,115	133,843	58,566	1,244	33,212	90,901	43,774	620	25,003
Interest from participant notes receivable	1,671	112	152	63	387	778	264	118	60
Total additions	535,840	425,965	277,149	176,745	186,531	225,668	172,202	139,633	164,317
Deductions									
Net realized and unrealized losses on investments	133,612	-	-	14,835	-	-	-	13,796	-
Benefits paid directly to participants or beneficiaries	50,106	193,662	38,307	86,033	175,869	33,041	22,981	46,024	5,249
Administrative expenses	56,158	2,245	1,385	1,621	1,625	1,420	933	637	352
Total deductions	239,876	195,907	39,692	102,489	177,494	34,461	23,914	60,457	5,601
Net increase	295,964	230,058	237,457	74,256	9,037	191,207	148,288	79,176	158,716
Net assets available for benefits									
Beginning of year	1,254,744	1,024,686	787,229	712,973	703,936	512,729	364,441	285,265	126,549
End of year	**$ 1,550,708**	**$ 1,254,744**	**$ 1,024,686**	**$ 787,229**	**$ 712,973**	**$ 703,936**	**$ 512,729**	**$ 364,441**	**$ 285,265**

See notes to financial statements.

December 31, 2018, 2017, 2016, 2015, 2014, 2013, 2012, 2011, 2010 and 2009

Note 1 - Plan Description

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

General

The Plan is a defined contribution plan covering all full-time employees of Providence Hospitality Partners, LLC (the "Company" or “Providence”) who have completed 6 consecutive months of service, at least 500 hours of service, and are age 18 or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

The Plan provides for employee salary deferral contributions up to a maximum of 100 percent of annual compensation subject to maximum tax-deferred limitations established by the Internal Revenue Code. The Plan allows participants to contribute up to 100 percent of their compensation on an after-tax basis. Participants may also make contributions to the Plan in the form of a rollover of funds from another qualified plan.

Certain participant contributions in 2018, 2017, 2016, 2015, 2014, 2013, 2012, 2011 and 2010 were paid after the time frame required by the Department of Labor. The Company remitted these contributions including related lost earnings to the Plan in 2020.

The Plan provides discretionary employer matching contributions of 50 percent of the participant's contribution not to exceed 6 percent of the employee's elective deferrals for each pay period.

Participant Notes Receivable

Participants may borrow from their accounts subject to certain maximum and minimum amounts, as prescribed in the Plan and in the Internal Revenue Code. Notes receivable are collateralized by the participant’s account balance and bear interest at a market rate.

Participant Accounts

Each participant's account is credited with the participant's contributions and allocations of the Company's contributions and plan earnings and charged with an allocation of administrative expenses and any losses. Allocations are based on participant's compensation or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participants may direct the investments of their account balances into various investment options offered by the Plan.

Vesting

Participants are immediately 100 percent vested in employee salary and rollover contributions and any income or loss thereon. Vesting in the Company's contribution portion of their accounts, plus actual earnings thereon, is based on years of service.

The Company's discretionary contributions, if any, vest according to the following schedule:

Years of Service	Vesting Percentage
2	20%
3	40
4	60
5	80
6	100

A participant's account becomes 100 percent vested upon death, attaining normal retirement age (the age of 65 or, retirement due to disability.

Note 1 – Plan Description (Continued)

Benefit Payments

On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account or various installment annuities. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

Forfeitures

If a participant is not fully vested on his or her termination date, the nonvested amount of the account is forfeited. Forfeitures are used to reduce future company contributions or to pay administrative expenses of the Plan. At December 31, 2018, 2017, 2016, 2015, 2014, 2013, 2012, 2011, 2010 and 2009, forfeited account balances totaled $2,471, 53,636, $30,267, $23,332, $13,211, $5,105, $5,067, $1,421 $678 and $362, respectively.

Party-in-interest Transactions

Certain plan assets are in investment funds managed by Great-West Life & Annuity Insurance Company and Great-West Trust Company or its affiliates. Great-West Life & Annuity Insurance Company and Great-West Trust Company are the custodians of the Plan, therefore these transactions qualify as party-in-interest transactions as defined under ERISA guidelines and are exempt from the prohibited transactions rules.

The Plan provides for loans to participants, which are party-in-interest transactions that are exempt from the prohibited transactions rules.

Termination

While it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in the plan agreement and ERISA. Upon termination of the Plan, participants become 100 percent vested in their account balances.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

The Plan prepares its financial statements on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

Investment Valuation

The Plan's investments are stated at fair value, except as noted below. The fully benefit-responsive unallocated contract is valued at contract value. Contract value represents deposits made to the contract, plus earnings at guaranteed crediting rates, less withdrawals and fees.

The pooled separate accounts are valued at net asset value per share (NAV) (or its equivalent) of the funds, which are based on the fair value of the funds' underlying assets. There are no redemption restrictions or unfunded commitments on these investments.

Participant Notes Receivable

Participant notes receivable are recorded at their unpaid principal balances plus any accrued interest. Participant notes receivable are written off when deemed uncollectible.

Note 2 – Summary of Significant Accounting Policies (Continued)

Benefit Payments

Benefits are recorded when paid.

Administrative Expenses

Various administrative costs are paid by the Company.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

Risks and Uncertainties

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

Subsequent Events

The financial statements and related disclosures include evaluation of events up through and including June 25, 2020, which is the date the financial statements were available to be issued.

Note 3 - Unaudited Information

Great-West Life & Annuity Insurance Company and Great-West Trust Company (collectively, the "Custodians") hold the Plan's investments and participant notes receivable and execute all related transactions. The investment and participant notes receivable balances and related income and losses included in the accompanying financial statements and supplemental schedule of assets held at end of year are based solely on information certified by the Custodians.

Note 4 - Tax Status

The Plan is a prototype plan. The prototype plan has received a favorable opinion letter from the Internal Revenue Service (IRS) indicating that the Plan, as designed, is qualified for federal income tax-exempt status. The Plan has not individually sought its own determination letter.

Note 5 - Unallocated Contract

The Plan has a benefit-responsive unallocated contract with Great-West Life & Annuity Insurance Company (“Great-West”). Great-West maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Interest is credited on contract balances using a single “portfolio rate” approach. Under this methodology, a single interest rate is applied to all contributions made to the product, regardless of the timing of those contributions. Interest crediting rates are reviewed on a semiannual basis for resetting but may not be less than 1 percent. When establishing interest credit rates for this product, Great-West considers many factors, including current economic and market conditions, the general interest rate environment, and both the expected and actual experience of a reference portfolio within the issuer’s general account.

Note 5 – Unallocated Contract (Continued)

Generally, there are no events that could limit the ability of the Plan to transact at contract value paid within 90 days or, in rare circumstances, contract value paid over time. There are no events that allow the issuer to terminate the contract and which require the plan sponsor to settle an amount different than contract value paid either within 90 days or over time.

Note 6 - Reconciliation of the Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2009 to Form 5500:

	2009
Net assets available for benefits per the financial statements	$ 126,549
Contributions receivable	(7,587)
Net assets available for benefits per Form 5500	$ 118,962

The following is a reconciliation of net increase in net assets available for benefits per the financial statements for the year ended December 31, 2010 to Form 5500:

	2010
Net increase (decrease) in net assets available for benefits per the financial statements	$ 158,716
Change in contributions receivable	7,587
Net increase (decrease) in net assets available for benefits per Form 5500	$ 166,303

Providence Hospitality Partners 401(k) Plan

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i
EIN 84-1610444, Plan No. 001
December 31, 2018

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Pooled separate accounts		
Great-West Trust Company, LLC	S&P 500 Index Fund	*	$ 229,899
	Moderate Profile Fund	*	121,248
	T. Rowe Price Equity Income Fund	*	116,335
	Bond Index Fund	*	85,926
	US Government Security Fund	*	69,687
	S&P MidCap 400 Index Fund	*	67,115
	International Index Fund	*	66,214
	Aggressive Profile Fund	*	64,731
	MFS International Value Fund	*	63,854
	T. Rowe Price MidCap Growth Fund	*	56,520
	Conservative Profile Fund	*	54,069
	S&P SmallCap 600 Index Fund	*	43,845
	Real Estate Index Fund	*	36,348
	Multi-Manager Large Cap Growth Fund	*	18,718
	Ariel Mid Cap Value Fund	*	7,048
	Invesco SmallCap Value Fund	*	1,975
	Large Cap Value Fund	*	111,726
	Global Fund	*	39,394
	Growth Fund of America Fund	*	29,972
	Europacific Growth Fund	*	1,412
	Total Return Fund	*	27,332
	Small Cap Growth Fund	*	25,197
	Ceredex Mid-Cap Value Equity Fund	*	24,918
	Comstock Fund	*	13,793
	US Research Enhanced Equity Fund	*	9,597
	Focus Fund	*	8,822
	Leveraged Common Stock Fund	*	2,436
	Total pooled separate accounts		1,398,131
Great-West Life & Annuity Insurance Company	Unallocated contract - Key Guaranteed Portfolio Fund	*	107,739
Participants	Participant notes receivable - Bearing interest rates of 3.50 percent to 4.25 percent	-	42,137
	Total		**$ 1,548,007**

* Cost information not required

Providence Hospitality Partners 401(k) Plan

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i
EIN 84-1610444, Plan No. 001
December 31, 2017

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Pooled separate accounts		
Great-West Trust Company, LLC	Moderate Profile Fund	*	$ 168,694
	S&P 500 Index Fund	*	157,133
	T. Rowe Price Equity Income Fund	*	63,852
	Aggressive Profile Fund	*	60,831
	US Government Security Fund	*	58,714
	Conservative Profile Fund	*	49,137
	MFS International Value Fund	*	44,709
	International Index Fund	*	43,326
	Bond Index Fund	*	42,151
	S&P MidCap 400 Index Fund	*	40,046
	T. Rowe Price MidCap Growth Fund	*	37,059
	Multi-Manager Large Cap Growth Fund	*	26,542
	S&P SmallCap 600 Index Fund	*	24,350
	Real Estate Index Fund	*	22,189
	Ariel Mid Cap Value Fund	*	2,936
	Invesco SmallCap Value Fund	*	1,567
	Large Cap Value Fund	*	156,248
	Growth Fund of America Fund	*	43,264
	Europacific Growth Fund	*	2,043
	Global Fund	*	30,369
	Total Return Fund	*	27,786
	Ceredex Mid-Cap Value Equity Fund	*	24,124
	US Research Enhanced Equity Fund	*	12,459
	Small Cap Growth Fund	*	9,138
	Comstock Fund	*	9,136
	Focus Fund	*	3,005
	Leveraged Common Stock Fund	*	1,258
	Total pooled separate accounts		1,162,066
Great-West Life & Annuity Insurance Company	Unallocated contract - Key Guaranteed Portfolio Fund	*	80,774
Participants	Participant notes receivable - Bearing interest rates of 3.25 percent to 3.50 percent	-	6,034
	Total		**$ 1,248,874**

* Cost information not required

Providence Hospitality Partners 401(k) Plan

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i
EIN 84-1610444, Plan No. 001
December 31, 2016

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Pooled separate accounts		
Great-West Trust Company, LLC	Great-West S&P 500 Index Fund I	*	$ 126,882
	Columbia Diversified Equity Income A	*	117,354
	Great-West Moderate Profile II Fund I	*	111,849
	Great-West US Govt Mortgage Secur Fund I	*	61,915
	Great-West Conserv Profile II Fund I	*	60,082
	Great-West Aggressive Profile II Fund I	*	49,161
	Great-West T. Rowe Price Eq Inc Fund I	*	48,972
	Great-West MFS Intl Value Fund I	*	43,083
	Great-West Bond Index Fund I	*	42,233
	Great-West S&P Mid Cap 400 Index Fund I	*	29,680
	American Funds Growth Fund of Amer R3	*	26,020
	Great-West S&P Smallcap 600 Index Fund I	*	19,889
	Ridgeworth Ceredex Mid Cap Value Eq A	*	18,694
	Great-West Multi-Manager Lg Cap Growth I	*	18,172
	Great-West International Index Fund I	*	17,549
	Great-West Real Estate Index Initial	*	17,191
	Great-West T. Rowe Price Midcap Gr Fund I	*	16,123
	Great-West Ariel Mid Cap Value Fund I	*	11,847
	Oppenheimer Global A	*	9,260
	JPMorgan Disciplined Equity A	*	7,470
	Invesco Comstock R	*	7,235
	PIMCO Total Return Admin	*	6,472
	Clearbridge Small Cap Growth A	*	5,175
	American Funds Europacific Growth R3	*	3,006
	Marsico Focus	*	1,677
	Great-West Invesco Smallcap Value Fund I	*	999
	Fidelity Advisor Leveraged Co Stk - T	*	246
	Total pooled separate accounts		878,236
Great-West Life & Annuity Insurance Company	Unallocated contract - Key Guaranteed Portfolio Fund	*	128,260
Participants	Participant notes receivable - Bearing interest rates of 3.25 percent to 3.50 percent	-	10,161
	Total		**$ 1,016,657**

* Cost information not required

Providence Hospitality Partners 401(k) Plan

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i
EIN 84-1610444, Plan No. 001
December 31, 2015

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Pooled separate accounts		
Great-West Trust Company, LLC	Great-West Moderate Profile II Fund I	*	$ 86,512
	Great-West S&P 500 Index Fund I	*	85,559
	Columbia Diversified Equity Income A	*	77,313
	Great-West Conserv Profile II Fund I	*	56,574
	PIMCO Total Return Admin	*	45,182
	Great-West Aggressive Profile II Fund I	*	34,715
	Great-West US Govt Mortgage Secur Fund I	*	27,504
	Great-West Bond Index Fund I	*	26,194
	Great-West T. Rowe Price Eq Inc Fund I	*	20,500
	Great-West International Index Fund I	*	19,923
	JPMorgan Disciplined Equity A	*	19,715
	Great-West MFS Intl Value Fund I	*	19,144
	Great-West T. Rowe Price Midcap Gr Fund I	*	18,039
	Great-West Ariel Mid Cap Value Fund I	*	17,422
	Great-West S&P Mid Cap 400 Index Fund I	*	16,377
	Invesco Comstock R	*	13,676
	Oppenheimer Global A	*	13,321
	American Funds Europacific Growth R3	*	11,144
	Great-West Real Estate Index Initial	*	11,078
	Great-West American Century Gr Fund I	*	9,535
	American Funds Growth Fund of Amer R3	*	8,805
	Great-West S&P Smallcap 600 Index Fund I	*	8,449
	Ridgeworth Mid-Cap Value Equity A	*	6,436
	Clearbridge Small Cap Growth A	*	6,312
	Great-West Invesco Smallcap Value Fund I	*	2,339
	Marsico Focus	*	1,156
	Royce Total Return K	*	49
	Total pooled separate accounts		662,973
Great-West Life & Annuity Insurance Company	Unallocated contract - Key Guaranteed Portfolio Fund	*	105,786
Participants	Participant notes receivable - Bearing interest rate of 3.25 percent	-	36
	Total		**$ 768,795**

* Cost information not required

Providence Hospitality Partners 401(k) Plan

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i
EIN 84-1610444, Plan No. 001
December 31, 2014

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Pooled separate accounts		
Great-West Trust Company, LLC	Great-West S&P 500 Index Fund I	*	$ 81,902
	Great-West Moderate Profile II Fund I	*	66,756
	Columbia Diversified Equity Income A	*	66,059
	Great-West Conserv Profile II Fund I	*	53,076
	Great-West Bond Index Fund I	*	40,870
	Great-West T. Rowe Price Eq Inc Fund I	*	25,696
	Great-West US Govt Mortgage Secur Fund I	*	24,423
	PIMCO Total Return Admin	*	24,154
	Ridgeworth Mid-Cap Value Equity A	*	23,718
	Great-West Aggressive Profile II Fund I	*	23,519
	Great-West International Index Fund I	*	23,473
	American Funds Growth Fund of Amer R3	*	20,989
	Invesco Comstock R	*	20,246
	MFS International Value R2	*	18,730
	Great-West S&P Smallcap 600 Index Fund I	*	14,038
	Great-West T. Rowe Price Midcap Gr Fund I	*	11,114
	Great-West S&P Mid Cap 400 Index Fund I	*	10,435
	Great-West American Century Gr Fund I	*	9,262
	Lord Abbett Value Opportunities A	*	8,805
	Great-West Real Estate Index Initial	*	8,417
	Royce Total Return K	*	6,610
	Oppenheimer Global A	*	6,436
	Dreyfus Appreciation	*	4,803
	Ridgeworth Small Cap Growth Fund I	*	2,970
	American Funds Europacific Growth R3	*	2,597
	Great-West Loomis Sayles Bond Fund I	*	2,226
	Marsico Focus	*	575
	Clearbridge Small Cap Growth A	*	440
	Total pooled separate accounts		602,339
Great-West Life & Annuity Insurance Company	Unallocated contract - Key Guaranteed Portfolio Fund	*	97,437
Participants	Participant notes receivable - Bearing interest rate of 3.25 percent	-	5,004
	Total		**$ 704,780**

* Cost information not required

Providence Hospitality Partners 401(k) Plan

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i
EIN 84-1610444, Plan No. 001
December 31, 2013

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Pooled separate accounts		
Great-West Trust Company, LLC	Great-West Moderate Profile II Fund I	*	$ 73,982
	Great-West S&P 500 Index Fund I	*	69,614
	Columbia Diversified Equity Income A	*	65,831
	Great-West Conserv Profile II Fund I	*	61,967
	American Funds Growth Fund of Amer R3	*	43,863
	PIMCO Total Return Admin	*	38,400
	Royce Total Return K	*	37,613
	Great-West T. Rowe Price Eq Inc Fund I	*	37,212
	American Funds Europacific Growth R3	*	23,811
	MFS International Value R2	*	22,389
	Great-West Aggressive Profile II Fund I	*	18,438
	Great-West US Govt Mortgage Secur Fund I	*	18,354
	Fidelity Advisor Leveraged Co Stk - T	*	18,267
	Great-West S&P Smallcap 600 Index Fund I	*	14,080
	Great-West Bond Index Fund I	*	10,796
	Great-West American Century Gr Fund I	*	8,460
	Great-West T. Rowe Price Midcap Gr Fund I	*	6,721
	Great-West Loomis Sayles Bond Fund I	*	5,957
	Oppenheimer Global A	*	5,181
	Great-West International Index Fund I	*	3,451
	Dreyfus Appreciation	*	2,928
	Great-West S&P Mid Cap 400 Index Fund I	*	1,063
	Nuveen Small Cap Select A	*	425
	Invesco Comstock R	*	59
	Total pooled separate accounts		588,862
Great-West Life & Annuity Insurance Company	Unallocated contract - Key Guaranteed Portfolio Fund	*	86,553
Participants	Participant notes receivable - Bearing interest rate of 3.25 percent	-	25,724
	Total		**$ 701,139**

* Cost information not required

Providence Hospitality Partners 401(k) Plan

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i
EIN 84-1610444, Plan No. 001
December 31, 2012

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Pooled separate accounts		
Great-West Trust Company, LLC	Columbia Diversified Equity Income A	*	$ 59,287
	Great-West Moderate Profile II Fund I	*	54,499
	Great-West Conserv Profile II Fund I	*	50,915
	Great-West S&P 500 Index Fund I	*	45,745
	Great-West International Index Fund I	*	21,903
	Royce Total Return K	*	21,247
	Great-West T. Rowe Price Eq Inc Fund I	*	20,833
	Great-West Aggressive Profile II Fund I	*	14,382
	PIMCO Total Return Admin	*	13,682
	Oppenheimer Global A	*	12,590
	Great-West US Govt Mortgage Secur Fund I	*	11,866
	Great-West Bond Index Fund I	*	11,595
	MFS International Value R2	*	9,557
	Great-West S&P Mid Cap 400 Index Fund I	*	9,260
	Dreyfus Appreciation	*	8,816
	Fidelity Advisor Leveraged Co Stk - T	*	8,778
	American Funds Europacific Growth R3	*	6,933
	Great-West American Century Gr Fund I	*	6,637
	Great-West S&P Smallcap 600 Index Fund I	*	6,326
	Marsico Focus	*	5,897
	Putnam Int'l Capital Opportunities R	*	5,889
	American Funds Growth Fund of Amer R3	*	5,835
	Great-West T. Rowe Price Midcap Gr Fund I	*	4,374
	Great-West Loomis Sayles Bond Fund I	*	804
	Nuveen Small Cap Select A	*	327
	Total pooled separate accounts		417,977
Great-West Life & Annuity Insurance Company	Unallocated contract - Key Guaranteed Portfolio Fund	*	67,815
Participants	Participant notes receivable - Bearing interest rate of 3.25 percent	-	25,300
	Total		**$ 511,092**

* Cost information not required

Providence Hospitality Partners 401(k) Plan

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i
EIN 84-1610444, Plan No. 001
December 31, 2011

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Pooled separate accounts		
Great-West Trust Company, LLC	Maxim Moderate Profile II	*	$ 41,345
	Maxim S&P 500 Index	*	31,963
	Maxim Conservative Profile II	*	31,624
	Columbia Diversified Equity Income A	*	26,551
	Oppenheimer Global A	*	23,957
	Maxim T. Rowe Price Equity Income	*	20,927
	Royce Total Return K	*	19,600
	American Funds Growth Fund of Amer R3	*	16,236
	Maxim Aggressive Profile II	*	15,076
	Maxim US Government Mort Secs	*	10,926
	MFS International Value R2	*	10,793
	Putnam Int'l Capital Opportunities R	*	10,231
	Marsico Focus	*	7,581
	Maxim Bond Index	*	7,447
	Fidelity Advisor Leveraged Co Stk - T	*	7,277
	Maxim American Century Growth Portfolio	*	6,559
	American Funds Europacific Growth R3	*	6,245
	Maxim Index 600	*	4,424
	Maxim T. Rowe Price Mid-Cap Growth	*	4,260
	Ridgeworth Small Cap Growth Fund I	*	2,055
	Davis NY Venture R	*	1,825
	Nuveen Small Cap Select A	*	296
	PIMCO Total Return Admin	*	192
	Maxim Loomis Sayles Bond Portfolio	*	50
	Total pooled separate accounts		307,440
Great-West Life & Annuity Insurance Company	Unallocated contract - Key Guaranteed Portfolio Fund	*	39,323
	Participant notes receivable - Bearing interest		
Participants	rate of 3.25 percent	-	4,555
	Total		**$ 351,318**

* Cost information not required

Providence Hospitality Partners 401(k) Plan

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i
EIN 84-1610444, Plan No. 001
December 31, 2010

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Pooled separate accounts		
Great-West Trust Company, LLC	Maxim Moderate Profile II	*	$ 38,222
	Maxim S&P 500 Index	*	23,722
	Maxim Conservative Profile II	*	22,104
	Columbia Diversified Equity Income R3	*	21,795
	Maxim Aggressive Profile II	*	19,167
	Oppenheimer Global A	*	18,263
	Columbia Mid Cap Value R	*	14,391
	American Funds Europacific Growth R3	*	10,497
	Maxim T. Rowe Price Equity Income	*	10,065
	MFS International Value R2	*	9,135
	Oppenheimer Capital Appreciation A	*	6,849
	Davis NY Venture R	*	6,661
	Maxim US Government Securities Fund	*	6,596
	American Funds Growth Fund of Amer R3	*	6,552
	Maxim Index 600	*	5,590
	Maxim T. Rowe Price Mid-Cap Growth	*	4,575
	Marsico Focus	*	4,369
	Ridgeworth Small Cap Growth Fund I	*	4,219
	Maxim Bond Index	*	3,503
	Putnam Int'l Capital Opportunities R	*	3,470
	Fidelity Advisor Leveraged Co Stk - T	*	3,332
	Invesco Van Kampen Comstock - R	*	1,370
	PIMCO Total Return Admin	*	1,222
	Nuveen Small Cap Select A	*	351
	Royce Total Return K	*	229
	Total pooled separate accounts		246,249
Great-West Life & Annuity Insurance Company	Unallocated contract - Key Guaranteed Portfolio Fund	*	25,132
Participants	Participant notes receivable - Bearing interest rate of 3.25 percent	-	3,386
	Total		**$ 274,767**

* Cost information not required

Providence Hospitality Partners 401(k) Plan

Schedule of Delinquent Participant Contributions

Form 5500, Schedule H, Line 4a
EIN 84-1610444, Plan No. 001
Year Ended December 31, 2018

	Participant Contributions Transferred Late to the Plan	Total that Constitutes Nonexempt Prohibited Transactions			
	Check Here if Late Participant Loan Repayments are Included	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
2010	☑	$ 32,400	$ -	$ -	$ -
2011	☑	26,695	-	-	-
2012	☑	24,143	-	-	-
2013	☑	16,646	-	-	-
2014	☑	37,089	-	-	-
2015	☑	31,121	-	-	-
2016	☑	54,974	-	-	-
2017	☑	39,773	-	-	-
2018	☑	49,023	-	-	-

Providence Hospitality Partners 401(k) Plan

Schedule of Delinquent Participant Contributions

Form 5500, Schedule H, Line 4a
EIN 84-1610444, Plan No. 001
Year Ended December 31, 2017

	Participant Contributions Transferred Late to the Plan	Total that Constitutes Nonexempt Prohibited Transactions			
	Check Here if Late Participant Loan Repayments are Included	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
2010	☑	$ 32,400	$ -	$ -	$ -
2011	☑	26,695	-	-	-
2012	☑	24,143	-	-	-
2013	☑	16,646	-	-	-
2014	☑	37,089	-	-	-
2015	☑	31,121	-	-	-
2016	☑	54,974	-	-	-
2017	☑	39,773	-	-	-

Providence Hospitality Partners 401(k) Plan

Schedule of Delinquent Participant Contributions

Form 5500, Schedule H, Line 4a
EIN 84-1610444, Plan No. 001
Year Ended December 31, 2016

	Participant Contributions Transferred Late to the Plan	Total that Constitutes Nonexempt Prohibited Transactions			
	Check Here if Late Participant Loan Repayments are Included	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
2010	☑	$ 32,400	$ -	$ -	$ -
2011	☑	26,695	-	-	-
2012	☑	24,143	-	-	-
2013	☑	16,646	-	-	-
2014	☑	37,089	-	-	-
2015	☑	31,121	-	-	-
2016	☑	54,974	-	-	-

Providence Hospitality Partners 401(k) Plan

Schedule of Delinquent Participant Contributions

Form 5500, Schedule H, Line 4a
EIN 84-1610444, Plan No. 001
Year Ended December 31, 2015

	Participant Contributions Transferred Late to the Plan	Total that Constitutes Nonexempt Prohibited Transactions			
	Check Here if Late Participant Loan Repayments are Included	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
2010	☑	$ 32,400	$ -	$ -	$ -
2011	☑	26,695	-	-	-
2012	☑	24,143	-	-	-
2013	☑	16,646	-	-	-
2014	☑	37,089	-	-	-
2015	☑	31,121	-	-	-

Providence Hospitality Partners 401(k) Plan

Schedule of Delinquent Participant Contributions

Form 5500, Schedule H, Line 4a
EIN 84-1610444, Plan No. 001
Year Ended December 31, 2014

	Participant Contributions Transferred Late to the Plan	Total that Constitutes Nonexempt Prohibited Transactions			
	Check Here if Late Participant Loan Repayments are Included	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
2010	☑	$ 32,400	$ -	$ -	$ -
2011	☑	26,695	-	-	-
2012	☑	24,143	-	-	-
2013	☑	16,646	-	-	-
2014	☑	37,089	-	-	-

Providence Hospitality Partners 401(k) Plan

Schedule of Delinquent Participant Contributions

Form 5500, Schedule H, Line 4a
EIN 84-1610444, Plan No. 001
Year Ended December 31, 2013

	Participant Contributions Transferred Late to the Plan	Total that Constitutes Nonexempt Prohibited Transactions			
	Check Here if Late Participant Loan Repayments are Included	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
2010	☑	$ 32,400	$ -	$ -	$ -
2011	☑	26,695	-	-	-
2012	☑	24,143	-	-	-
2013	☑	16,646	-	-	-

Providence Hospitality Partners 401(k) Plan

Schedule of Delinquent Participant Contributions

Form 5500, Schedule H, Line 4a
EIN 84-1610444, Plan No. 001
Year Ended December 31, 2012

	Participant Contributions Transferred Late to the Plan	Total that Constitutes Nonexempt Prohibited Transactions			
	Check Here if Late Participant Loan Repayments are Included	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
2010	☑	$ 32,400	$ -	$ -	$ -
2011	☑	26,695	-	-	-
2012	☑	24,143	-	-	-

Providence Hospitality Partners 401(k) Plan

Schedule of Delinquent Participant Contributions

Form 5500, Schedule H, Line 4a
EIN 84-1610444, Plan No. 001
Year Ended December 31, 2011

	Participant Contributions Transferred Late to the Plan	Total that Constitutes Nonexempt Prohibited Transactions			
	Check Here if Late Participant Loan Repayments are Included	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
2010	☑	$ 32,400	$ -	$ -	$ -
2011	☑	26,695	-	-	-

Providence Hospitality Partners 401(k) Plan

Schedule of Delinquent Participant Contributions

Form 5500, Schedule H, Line 4a
EIN 84-1610444, Plan No. 001
Year Ended December 31, 2010

	Participant Contributions Transferred Late to the Plan	Total that Constitutes Nonexempt Prohibited Transactions			
	Check Here if Late Participant Loan Repayments are Included	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
2010	☑	$ 32,400	$ -	$ -	$ -

Providence Hospitality Partners 401(k) Plan

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i
EIN 84-1610444, Plan No. 001
December 31, 2018

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Pooled separate accounts		
Great-West Trust Company, LLC	S&P 500 Index Fund	*	$ 229,899
	Moderate Profile Fund	*	121,248
	T. Rowe Price Equity Income Fund	*	116,335
	Bond Index Fund	*	85,926
	US Government Security Fund	*	69,687
	S&P MidCap 400 Index Fund	*	67,115
	International Index Fund	*	66,214
	Aggressive Profile Fund	*	64,731
	MFS International Value Fund	*	63,854
	T. Rowe Price MidCap Growth Fund	*	56,520
	Conservative Profile Fund	*	54,069
	S&P SmallCap 600 Index Fund	*	43,845
	Real Estate Index Fund	*	36,348
	Multi-Manager Large Cap Growth Fund	*	18,718
	Ariel Mid Cap Value Fund	*	7,048
	Invesco SmallCap Value Fund	*	1,975
	Large Cap Value Fund	*	111,726
	Global Fund	*	39,394
	Growth Fund of America Fund	*	29,972
	Europacific Growth Fund	*	1,412
	Total Return Fund	*	27,332
	Small Cap Growth Fund	*	25,197
	Ceredex Mid-Cap Value Equity Fund	*	24,918
	Comstock Fund	*	13,793
	US Research Enhanced Equity Fund	*	9,597
	Focus Fund	*	8,822
	Leveraged Common Stock Fund	*	2,436
	Total pooled separate accounts		1,398,131
Great-West Life & Annuity Insurance Company	Unallocated contract - Key Guaranteed Portfolio Fund	*	107,739
Participants	Participant notes receivable - Bearing interest rates of 3.50 percent to 4.25 percent	-	42,137
	Total		**$ 1,548,007**

* Cost information not required

Providence Hospitality Partners 401(k) Plan

Schedule of Delinquent Participant Contributions

Form 5500, Schedule H, Line 4a
EIN 84-1610444, Plan No. 001
Year Ended December 31, 2018

	Participant Contributions Transferred Late to the Plan	Total that Constitutes Nonexempt Prohibited Transactions			
	Check Here if Late Participant Loan Repayments are Included	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
2010	☑	$ 32,400	$ -	$ -	$ -
2011	☑	26,695	-	-	-
2012	☑	24,143	-	-	-
2013	☑	16,646	-	-	-
2014	☑	37,089	-	-	-
2015	☑	31,121	-	-	-
2016	☑	54,974	-	-	-
2017	☑	39,773	-	-	-
2018	☑	49,023	-	-	-