

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                           |                                                                                                                                                                                                                                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                             | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                            |
| For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>  |                                                                                                                                                                                                                                                                                                                                            |
| <b>A</b> This return/report is for:                                                                       | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ |
| <b>B</b> This return/report is:                                                                           | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                      |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                                | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                   |
| <b>D</b> Check box if filing under:                                                                       | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                     |
| <b>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                   |

|                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                                             | <b>Basic Plan Information—enter all requested information</b>                                                                                                                                                                                                                                                                               |                                                                     |                                                                  |                                                             |  |
| <b>1a</b> Name of plan<br><u>HOSPITALITY GROUP, LLC 401(K) PLAN</u>                                                                                                                                                                                                                                                                                                        | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>01/01/1997</u></td> </tr> </table>                             | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>001</u>                                                       | <b>1c</b> Effective date of plan<br><u>01/01/1997</u>       |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                                                                                                                                                   | <u>001</u>                                                                                                                                                                                                                                                                                                                                  |                                                                     |                                                                  |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>01/01/1997</u>                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>HOSPITALITY GROUP, LLC</u><br><br><u>2230 COTTONDALE, SUITE 1</u><br><u>LITTLE ROCK, AR 72202-2048</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/><u>71-0207777</u></td> </tr> <tr> <td><b>2c</b> Plan Sponsor's telephone number<br/><u>501-664-3332</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/><u>721110</u></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br><u>71-0207777</u> | <b>2c</b> Plan Sponsor's telephone number<br><u>501-664-3332</u> | <b>2d</b> Business code (see instructions)<br><u>721110</u> |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>71-0207777</u>                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2c</b> Plan Sponsor's telephone number<br><u>501-664-3332</u>                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>721110</u>                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |

**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.

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 05/24/2022 | WALLY ALLEN                                                  |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2021)  
v. 210624

|                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                   |  | <b>3b</b> Administrator's EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>3c</b> Administrator's telephone number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                     |  | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                    |  | <b>5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 173 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year.....                                                                                                                                                                                                                                                                                                                                     |  | <b>6a(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 133 |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                          |  | <b>6a(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 112 |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                                                                                                                                                                         |  | <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 0   |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                                                                                                                                                                                                         |  | <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 36  |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                |  | <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 148 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                 |  | <b>6e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 0   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                    |  | <b>6f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 148 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                            |  | <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 90  |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                                                                 |  | <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 6   |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                        |  | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E 2F 2G 2J 2K 2R 2T 3D 3H                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                   |  | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                         |     |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |  | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input checked="" type="checkbox"/> <u>1</u> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (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 2021 Form M-1 annual report. If the plan was not required to file the 2021 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 \_\_\_\_\_

|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2021</div> <div>This Form is Open to Public Inspection</div> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                            |                                                      |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|
| For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021 |                                                      |
| A Name of plan<br>HOSPITALITY GROUP, LLC 401(K) PLAN                                       | B Three-digit plan number (PN) ▶ 001                 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>HOSPITALITY GROUP, LLC           | D Employer Identification Number (EIN)<br>71-0207777 |

|        |                                                                           |                                                                                                                                                                    |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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  
JOHN HANCOCK LIFE 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     |
| 01-0233346 | 65838         | 22506                                 | 94                                                                          | 01/01/2021              | 12/31/2021 |

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<br>16837 | (b) Total amount of fees paid<br>160 |
|-----------------------------------------------|--------------------------------------|

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  
MILLENNIUM INSURANCE SERVICES LLC 1501 NORTH UNIVERSITY AVE, STE 551  
LITTLE ROCK, AR 72207

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
| 16837                                         |                                 |             | 3                     |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  
FROST PLLC 425 W. CAPITOL AVENUE, SUITE 3300  
LITTLE ROCK, AR 72201

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               | 160                             | TPA FEES    | 5                     |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

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

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| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

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

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| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> 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.

|          |                                                                                               |          |         |
|----------|-----------------------------------------------------------------------------------------------|----------|---------|
| <b>4</b> | Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |         |
| <b>5</b> | Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> | 2264244 |

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

|          |                                                                                                                                                                                                       |           |  |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> | Premiums paid to carrier .....                                                                                                                                                                        | <b>6b</b> |  |
| <b>c</b> | Premiums due but unpaid at the end of the year .....                                                                                                                                                  | <b>6c</b> |  |
| <b>d</b> | 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. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

**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>b</b> | Balance at the end of the previous year .....                                                  | <b>7b</b>    | 0 |
| <b>c</b> | Additions: (1) Contributions deposited during the year .....                                   | <b>7c(1)</b> |   |
|          | (2) Dividends and credits.....                                                                 | <b>7c(2)</b> |   |
|          | (3) Interest credited during the year.....                                                     | <b>7c(3)</b> |   |
|          | (4) Transferred from separate account.....                                                     | <b>7c(4)</b> |   |
|          | (5) Other (specify below) .....                                                                | <b>7c(5)</b> |   |
|          | ▶                                                                                              |              |   |
|          | (6) Total additions .....                                                                      | <b>7c(6)</b> | 0 |
| <b>d</b> | Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                   | <b>7d</b>    | 0 |
| <b>e</b> | Deductions:                                                                                    |              |   |
|          | (1) Disbursed from fund to pay benefits or purchase annuities during year .....                | <b>7e(1)</b> |   |
|          | (2) Administration charge made by carrier.....                                                 | <b>7e(2)</b> |   |
|          | (3) Transferred to separate account.....                                                       | <b>7e(3)</b> |   |
|          | (4) Other (specify below) .....                                                                | <b>7e(4)</b> |   |
|          | ▶                                                                                              |              |   |
|          | (5) Total deductions .....                                                                     | <b>7e(5)</b> | 0 |
| <b>f</b> | Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) ..... | <b>7f</b>    | 0 |

**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:

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

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                                             |            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                                                       | <b>10a</b> |  |
| <b>b</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. ....<br>Specify nature of costs. | <b>10b</b> |  |

**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. ▶

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |  |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> |  | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |  | <b>2021</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |  | <b>This Form is Open to Public Inspection.</b> |

For calendar plan year 2021 or fiscal plan year beginning **01/01/2021** and ending **12/31/2021**

|                                                                                                |                                                                    |            |
|------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><b>HOSPITALITY GROUP, LLC 401(K) PLAN</b>                             | <b>B</b> Three-digit plan number (PN) <b>►</b>                     | <b>001</b> |
|                                                                                                |                                                                    |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>HOSPITALITY GROUP, LLC</b> | <b>D</b> Employer Identification Number (EIN)<br><b>71-0207777</b> |            |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
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|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</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

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**(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

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**(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

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**(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

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

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

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

JOHN HANCOCK

01-0233346

| (b)<br>Service Code(s)        | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15 28 59<br>60 62 63<br>67 68 | RECORDKEEPER                                                                                      | 372                                                                    | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

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

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

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

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

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

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

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

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

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(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<br>(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<br>(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)

|                    |                                                 |                     |              |
|--------------------|-------------------------------------------------|---------------------|--------------|
| <b>a</b> Name:     | HOGANTAYLOR LLP                                 | <b>b</b> EIN:       | 73-1413977   |
| <b>c</b> Position: | AUDITOR                                         |                     |              |
| <b>d</b> Address:  | 11300 CANTRELL RD #301<br>LITTLE ROCK, AR 72212 | <b>e</b> Telephone: | 501-227-5800 |
|                    |                                                 |                     |              |

Explanation: HOGANTAYLOR, LLP NOTIFIED US THEY WOULD NO LONGER BE ABLE TO PROVIDE AUDIT SERVICES TO US DUE TO STAFFING ISSUES AND THAT WE WOULD NEED TO FIND ANOTHER AUDITOR FOR OUR PLAN.

|                    |  |                     |  |
|--------------------|--|---------------------|--|
| <b>a</b> Name:     |  | <b>b</b> EIN:       |  |
| <b>c</b> Position: |  |                     |  |
| <b>d</b> Address:  |  | <b>e</b> Telephone: |  |
|                    |  |                     |  |

Explanation:

|                    |  |                     |  |
|--------------------|--|---------------------|--|
| <b>a</b> Name:     |  | <b>b</b> EIN:       |  |
| <b>c</b> Position: |  |                     |  |
| <b>d</b> Address:  |  | <b>e</b> Telephone: |  |
|                    |  |                     |  |

Explanation:

|                    |  |                     |  |
|--------------------|--|---------------------|--|
| <b>a</b> Name:     |  | <b>b</b> EIN:       |  |
| <b>c</b> Position: |  |                     |  |
| <b>d</b> Address:  |  | <b>e</b> Telephone: |  |
|                    |  |                     |  |

Explanation:

|                    |  |                     |  |
|--------------------|--|---------------------|--|
| <b>a</b> Name:     |  | <b>b</b> EIN:       |  |
| <b>c</b> Position: |  |                     |  |
| <b>d</b> Address:  |  | <b>e</b> Telephone: |  |
|                    |  |                     |  |

Explanation:

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

|                                                                                                       |                                                                            |            |
|-------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><u>HOSPITALITY GROUP, LLC 401(K) PLAN</u>                                    | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span> | <u>001</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>HOSPITALITY GROUP, LLC</u> | <b>D</b> Employer Identification Number (EIN)<br><u>71-0207777</u>         |            |

|               |                                                                                                                                                                                  |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(Complete as many entries as needed to report all interests in DFEs) |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                     |                               |                                                                                                                                                      |  |  |
|-------------------------------------------------------------------------------------|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH MULTIMANAGER 2040 LIFETIME</u> |                               |                                                                                                                                                      |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>           |                               |                                                                                                                                                      |  |  |
| <b>c</b> EIN-PN <u>01-0233346-000</u>                                               | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>0</u></span>      |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH MULTIMANAGER 2025 LIFETIME</u> |                               |                                                                                                                                                      |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>           |                               |                                                                                                                                                      |  |  |
| <b>c</b> EIN-PN <u>01-0233346-000</u>                                               | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>1364</u></span>   |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH MULTI-INDEX 2055 PRESERV</u>   |                               |                                                                                                                                                      |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>           |                               |                                                                                                                                                      |  |  |
| <b>c</b> EIN-PN <u>01-0233346-000</u>                                               | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>32833</u></span>  |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH MULTI-INDEX 2035 PRESERV</u>   |                               |                                                                                                                                                      |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>           |                               |                                                                                                                                                      |  |  |
| <b>c</b> EIN-PN <u>01-0233346-000</u>                                               | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>3576</u></span>   |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH MULTI-INDEX 2030 PRESERV</u>   |                               |                                                                                                                                                      |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>           |                               |                                                                                                                                                      |  |  |
| <b>c</b> EIN-PN <u>01-0233346-000</u>                                               | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>6180</u></span>   |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH MULTI-INDEX 2025 PRESERV</u>   |                               |                                                                                                                                                      |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>           |                               |                                                                                                                                                      |  |  |
| <b>c</b> EIN-PN <u>01-0233346-000</u>                                               | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>94616</u></span>  |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH MULTIMANAGER AGGRESSIVE LS</u> |                               |                                                                                                                                                      |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>           |                               |                                                                                                                                                      |  |  |
| <b>c</b> EIN-PN <u>01-0233346-000</u>                                               | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>397324</u></span> |  |  |

|                                                                               |                        |                                                                                                            |
|-------------------------------------------------------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER GROWTH LS      |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA            |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346-000                                                | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 531793 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER BALANCED LS    |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA            |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346-000                                                | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 375248 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER MODERATE LS    |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA            |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346-000                                                | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10326  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER CONSERV LS     |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA            |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346-000                                                | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 204114 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: ABERDEEN EM SUSTAINABLE LEADER |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA            |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346-000                                                | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0      |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: BLUE CHIP GROWTH FUND          |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA            |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346-000                                                | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22450  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: CLEARBRIDGE AGGRESSIVE GROWTH  |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA            |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346-000                                                | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0      |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: DFA EMERGING MARKETS VALUE     |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA            |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346-000                                                | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0      |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: DFA US TARGETED VALUE FUND     |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA            |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346-000                                                | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0      |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: DFA U.S. SMALL CAP FUND        |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA            |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346-000                                                | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 316    |

|                                                                                  |                               |                                                                                                                  |
|----------------------------------------------------------------------------------|-------------------------------|------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>EUROPACIFIC GROWTH FUND</b>    |                               |                                                                                                                  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>        |                               |                                                                                                                  |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                            | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>10432</b> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>FIDELITY CONTRAFUND</b>        |                               |                                                                                                                  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>        |                               |                                                                                                                  |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                            | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>12332</b> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>FINANCIAL INDUSTRIES FUND</b>  |                               |                                                                                                                  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>        |                               |                                                                                                                  |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                            | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>29579</b> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>FRANKLIN SMALL-MID GROWTH</b>  |                               |                                                                                                                  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>        |                               |                                                                                                                  |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                            | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b>     |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>INVESCO DEVELOPING MARKETS</b> |                               |                                                                                                                  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>        |                               |                                                                                                                  |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                            | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b>     |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>INVESCO SMALL CAP GROWTH</b>   |                               |                                                                                                                  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>        |                               |                                                                                                                  |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                            | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>1897</b>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>ISHARES GOLD TRUST ETF</b>     |                               |                                                                                                                  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>        |                               |                                                                                                                  |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                            | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>2031</b>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>JPMORGAN LARGE CAP GROWTH</b>  |                               |                                                                                                                  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>        |                               |                                                                                                                  |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                            | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>1132</b>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>JPMORGAN MIDCAP VALUE FUND</b> |                               |                                                                                                                  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>        |                               |                                                                                                                  |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                            | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>738</b>   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>MID CAP INDEX FUND</b>         |                               |                                                                                                                  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>        |                               |                                                                                                                  |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                            | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>2134</b>  |

|                                                                    |                        |                                                                                                       |
|--------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP STOCK FUND  |                        |                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA |                        |                                                                                                       |
| <b>c</b> EIN-PN 01-0233346-000                                     | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |

|                                                                    |                        |                                                                                                       |
|--------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MID VALUE FUND      |                        |                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA |                        |                                                                                                       |
| <b>c</b> EIN-PN 01-0233346-000                                     | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |

|                                                                       |                        |                                                                                                       |
|-----------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: NEW OPPORTUNITIES FUND |                        |                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA    |                        |                                                                                                       |
| <b>c</b> EIN-PN 01-0233346-000                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |

|                                                                          |                        |                                                                                                          |
|--------------------------------------------------------------------------|------------------------|----------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SCIENCE & TECHNOLOGY FUND |                        |                                                                                                          |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA       |                        |                                                                                                          |
| <b>c</b> EIN-PN 01-0233346-000                                           | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1224 |

|                                                                     |                        |                                                                                                       |
|---------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP STOCK FUND |                        |                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA  |                        |                                                                                                       |
| <b>c</b> EIN-PN 01-0233346-000                                      | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |

|                                                                         |                        |                                                                                                           |
|-------------------------------------------------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE HEALTH SCI |                        |                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA      |                        |                                                                                                           |
| <b>c</b> EIN-PN 01-0233346-000                                          | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11311 |

|                                                                         |                        |                                                                                                           |
|-------------------------------------------------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE SCI & TECH |                        |                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA      |                        |                                                                                                           |
| <b>c</b> EIN-PN 01-0233346-000                                          | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14525 |

|                                                                           |                        |                                                                                                           |
|---------------------------------------------------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: THE GROWTH FUND OF AMERICA |                        |                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA        |                        |                                                                                                           |
| <b>c</b> EIN-PN 01-0233346-000                                            | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11774 |

|                                                                     |                        |                                                                                                           |
|---------------------------------------------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD ENERGY FUND |                        |                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA  |                        |                                                                                                           |
| <b>c</b> EIN-PN 01-0233346-000                                      | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20333 |

|                                                                           |                        |                                                                                                           |
|---------------------------------------------------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD GROWTH INDEX FUND |                        |                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA        |                        |                                                                                                           |
| <b>c</b> EIN-PN 01-0233346-000                                            | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 71734 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD MID-CAP VALUE ETF**

**b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

|                                       |                               |                                                                                                              |
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| <b>c</b> EIN-PN <b>01-0233346-000</b> | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b> |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD SMALL CAP GROW INDEX**

**b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

|                                       |                               |                                                                                                                 |
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| <b>c</b> EIN-PN <b>01-0233346-000</b> | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>3209</b> |
|---------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD SMALL CAP VALUE INDEX**

**b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

|                                       |                               |                                                                                                                 |
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| <b>c</b> EIN-PN <b>01-0233346-000</b> | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>2710</b> |
|---------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **500 INDEX FUND**

**b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

|                                       |                               |                                                                                                                  |
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| <b>c</b> EIN-PN <b>01-0233346-000</b> | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>11980</b> |
|---------------------------------------|-------------------------------|------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **CAPITAL WORLD GROWTH & INCOME**

**b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

|                                       |                               |                                                                                                              |
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| <b>c</b> EIN-PN <b>01-0233346-000</b> | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b> |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **JPMORGAN U.S. EQUITY FUND**

**b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

|                                       |                               |                                                                                                                |
|---------------------------------------|-------------------------------|----------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>01-0233346-000</b> | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>724</b> |
|---------------------------------------|-------------------------------|----------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **MFS MASSACHUSETTS INVESTORS**

**b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

|                                       |                               |                                                                                                                |
|---------------------------------------|-------------------------------|----------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>01-0233346-000</b> | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>879</b> |
|---------------------------------------|-------------------------------|----------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **NEW PERSPECTIVE FUND**

**b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

|                                       |                               |                                                                                                                |
|---------------------------------------|-------------------------------|----------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>01-0233346-000</b> | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>854</b> |
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD VALUE INDEX FUND**

**b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

|                                       |                               |                                                                                                              |
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| <b>c</b> EIN-PN <b>01-0233346-000</b> | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b> |
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: **AMERICAN BALANCED FUND**

**b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

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|---------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>01-0233346-000</b> | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>7993</b> |
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|                                                                            |                        |                                                                                                            |
|----------------------------------------------------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: CORE BOND FUND              |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA         |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346-000                                             | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8351   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADVISOR TOTAL BOND |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA         |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346-000                                             | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5294   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO REAL RETURN           |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA         |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346-000                                             | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14255  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TOTAL BOND MARKET FUND      |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA         |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346-000                                             | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13248  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: U.S. HIGH YIELD BOND FUND   |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA         |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346-000                                             | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0      |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK STABLE VAL     |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA         |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346-000                                             | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 317145 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY HERITAGE   |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA         |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346-000                                             | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 607    |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL APPRECIATION FUND   |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA         |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346-000                                             | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 915    |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: INTL EQUITY INDEX FUND      |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA         |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346-000                                             | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1080   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP INDEX FUND        |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA         |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346-000                                             | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 304    |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TOTAL STOCK MARKET INDEX FUND

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

|                                |                        |                                                                                                          |
|--------------------------------|------------------------|----------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 01-0233346-000 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2428 |
|--------------------------------|------------------------|----------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: MFS EMERGING MARKETS DEBT

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

|                                |                        |                                                                                                         |
|--------------------------------|------------------------|---------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 01-0233346-000 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 637 |
|--------------------------------|------------------------|---------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: MFS UTILITIES FUND

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

|                                |                        |                                                                                                         |
|--------------------------------|------------------------|---------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 01-0233346-000 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 315 |
|--------------------------------|------------------------|---------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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  
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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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                    |            |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| For calendar plan year 2021 or fiscal plan year beginning <b>01/01/2021</b> and ending <b>12/31/2021</b> |                                                                    |            |
| <b>A</b> Name of plan<br><b>HOSPITALITY GROUP, LLC 401(K) PLAN</b>                                       | <b>B</b> Three-digit plan number (PN) ►                            | <b>001</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>HOSPITALITY GROUP, LLC</b>           | <b>D</b> Employer Identification Number (EIN)<br><b>71-0207777</b> |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash.....                                                      | <b>1a</b>       | 1054                  | 595             |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                           | <b>1b(1)</b>    | 1048                  | 0               |
| <b>(2)</b> Participant contributions.....                                                         | <b>1b(2)</b>    | 0                     | 0               |
| <b>(3)</b> Other .....                                                                            | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities .....                                                       | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....                                                                        | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                           | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                | <b>1c(8)</b>    | 81469                 | 54629           |
| <b>(9)</b> Value of interest in common/collective trusts .....                                    | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....       | <b>1c(13)</b>   | 2416576               | 1947100         |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other.....                                                                            | <b>1c(15)</b>   | 307234                | 1158422         |

|                    |                                                                  | (a) Beginning of Year | (b) End of Year |
|--------------------|------------------------------------------------------------------|-----------------------|-----------------|
| <b>1d</b>          | Employer-related investments:                                    |                       |                 |
| (1)                | Employer securities.....                                         | 1d(1)                 |                 |
| (2)                | Employer real property.....                                      | 1d(2)                 |                 |
| <b>e</b>           | Buildings and other property used in plan operation .....        | 1e                    |                 |
| <b>f</b>           | Total assets (add all amounts in lines 1a through 1e) .....      | 1f                    | 2807381 3160746 |
| <b>Liabilities</b> |                                                                  |                       |                 |
| <b>g</b>           | Benefit claims payable .....                                     | 1g                    |                 |
| <b>h</b>           | Operating payables .....                                         | 1h                    |                 |
| <b>i</b>           | Acquisition indebtedness.....                                    | 1i                    |                 |
| <b>j</b>           | Other liabilities.....                                           | 1j                    |                 |
| <b>k</b>           | Total liabilities (add all amounts in lines 1g through 1j) ..... | 1k                    | 0 0             |
| <b>Net Assets</b>  |                                                                  |                       |                 |
| <b>l</b>           | Net assets (subtract line 1k from line 1f) .....                 | 1l                    | 2807381 3160746 |

**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.

|          |                                                                                                     | (a) Amount | (b) Total |
|----------|-----------------------------------------------------------------------------------------------------|------------|-----------|
| <b>a</b> | <b>Contributions:</b>                                                                               |            |           |
| (1)      | Received or receivable in cash from: <b>(A)</b> Employers .....                                     | 2a(1)(A)   | 25027     |
|          | <b>(B)</b> Participants .....                                                                       | 2a(1)(B)   | 124484    |
|          | <b>(C)</b> Others (including rollovers).....                                                        | 2a(1)(C)   |           |
| (2)      | Noncash contributions.....                                                                          | 2a(2)      |           |
| (3)      | Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2) .....                             | 2a(3)      | 149511    |
| <b>b</b> | <b>Earnings on investments:</b>                                                                     |            |           |
| (1)      | Interest:                                                                                           |            |           |
|          | <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit)..... | 2b(1)(A)   |           |
|          | <b>(B)</b> U.S. Government securities .....                                                         | 2b(1)(B)   |           |
|          | <b>(C)</b> Corporate debt instruments .....                                                         | 2b(1)(C)   |           |
|          | <b>(D)</b> Loans (other than to participants) .....                                                 | 2b(1)(D)   |           |
|          | <b>(E)</b> Participant loans.....                                                                   | 2b(1)(E)   | 3718      |
|          | <b>(F)</b> Other .....                                                                              | 2b(1)(F)   |           |
|          | <b>(G)</b> Total interest. Add lines 2b(1)(A) through (F).....                                      | 2b(1)(G)   | 3718      |
| (2)      | Dividends: <b>(A)</b> Preferred stock.....                                                          | 2b(2)(A)   |           |
|          | <b>(B)</b> Common stock .....                                                                       | 2b(2)(B)   |           |
|          | <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                            | 2b(2)(C)   |           |
|          | <b>(D)</b> 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: <b>(A)</b> Aggregate proceeds .....                              | 2b(4)(A)   |           |
|          | <b>(B)</b> Aggregate carrying amount (see instructions).....                                        | 2b(4)(B)   |           |
|          | <b>(C)</b> Subtract line 2b(4)(B) from line 2b(4)(A) and enter result .....                         | 2b(4)(C)   | 0         |
| (5)      | Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                      | 2b(5)(A)   |           |
|          | <b>(B)</b> Other .....                                                                              | 2b(5)(B)   |           |
|          | <b>(C)</b> 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)  |            | 325131    |
| (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     |            | 4         |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 478364    |
| <b>Expenses</b>                                                                                |        |            |           |
| e Benefit payment and payments to provide benefits:                                            |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers.....                 | 2e(1)  | 104159     |           |
| (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)  |            | 104159    |
| f Corrective distributions (see instructions).....                                             | 2f     |            |           |
| g Certain deemed distributions of participant loans (see instructions).....                    | 2g     |            | 344       |
| h Interest expense.....                                                                        | 2h     |            |           |
| i Administrative expenses: (1) Professional fees.....                                          | 2i(1)  | 160        |           |
| (2) Contract administrator fees.....                                                           | 2i(2)  | 20311      |           |
| (3) Investment advisory and management fees.....                                               | 2i(3)  | 25         |           |
| (4) Other.....                                                                                 | 2i(4)  |            |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                            | 2i(5)  |            | 20496     |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....            | 2j     |            | 124999    |
| <b>Net Income and Reconciliation</b>                                                           |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d.....                                        | 2k     |            | 353365    |
| 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: **HCJ CPAS & ADVISORS, PLLC**

(2) EIN: **71-0650689**

**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:

**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.).....

|           | Yes | No | Amount |
|-----------|-----|----|--------|
| <b>4a</b> |     | X  |        |

|                                                                                                                                                                                                                                                                                                                                                                                                 | Yes                 | No                 | Amount |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|--------|
| <b>b</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.) .....                                                                                |                     |                    |        |
| <b>4b</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | X                  |        |
| <b>c</b> 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.) .....                                                                                                                                                                                                            |                     |                    |        |
| <b>4c</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | X                  |        |
| <b>d</b> 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.) .....                                                                                                                                                                                                 |                     |                    |        |
| <b>4d</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | X                  |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                                                                                                        | X                   |                    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                                                                                                         |                     | X                  |        |
| <b>4f</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | X                  |        |
| <b>g</b> 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? .....                                                                                                                                                                                                                      |                     |                    |        |
| <b>4g</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | X                  |        |
| <b>h</b> 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? .....                                                                                                                                                                                                            |                     |                    |        |
| <b>4h</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | X                  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                                                                                                  | X                   |                    |        |
| <b>4i</b>                                                                                                                                                                                                                                                                                                                                                                                       | X                   |                    |        |
| <b>j</b> 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.) .....                                                                                                                                                                    |                     |                    |        |
| <b>4j</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | X                  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                                                                                                             |                     |                    |        |
| <b>4k</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | X                  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                                                                                                              |                     |                    |        |
| <b>4l</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | X                  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                                                                                                    |                     |                    |        |
| <b>4m</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | X                  |        |
| <b>n</b> 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. ....                                                                                                                                                                                                        |                     |                    |        |
| <b>4n</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     |                    |        |
| <b>5a</b> Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.                                                                                                             |                     |                    |        |
| <b>5b</b> 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.)                                                                                                                                                                                    |                     |                    |        |
| <b>5b(1)</b> Name of plan(s)                                                                                                                                                                                                                                                                                                                                                                    | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> PN(s) |        |
|                                                                                                                                                                                                                                                                                                                                                                                                 |                     |                    |        |
|                                                                                                                                                                                                                                                                                                                                                                                                 |                     |                    |        |
|                                                                                                                                                                                                                                                                                                                                                                                                 |                     |                    |        |
|                                                                                                                                                                                                                                                                                                                                                                                                 |                     |                    |        |
| <b>5c</b> 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.) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not determined<br>If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____. |                     |                    |        |

|                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2021</div> <div>This Form is Open to Public Inspection.</div> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

|                                                                                         |                                                             |
|-----------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>A</b> Name of plan<br>HOSPITALITY GROUP, LLC 401(K) PLAN                             | <b>B</b> Three-digit plan number (PN) ▶<br>001              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>HOSPITALITY GROUP, LLC | <b>D</b> Employer Identification Number (EIN)<br>71-0207777 |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                             |          |   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                       | <b>1</b> | 0 |
| <b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): 01-0233346 |          |   |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                            |          |   |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                            | <b>3</b> |   |

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

|                                                                                                                                                                                                                                                                                                                                                                    |                              |                                        |                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....                                                                                                                                                                                                                                               | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                               |                              |                                        |                              |
| <b>5</b> If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. <b>Date:</b> Month _____ Day _____ Year _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                              |                                        |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                                     | <b>6a</b>                    |                                        |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                         | <b>6b</b>                    |                                        |                              |
| <b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) .....                                                                                                                                                                                                                   | <b>6c</b>                    |                                        |                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                                      |                              |                                        |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A |
| <b>8</b> If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? .....                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                   |                                   |                               |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

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

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</b> If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

Schedule R (Form 5500) 2021  
v. 201209

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

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

**a** The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

**14a**

**b** The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

**14b**

**c** The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

**14c**

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

**a** The corresponding number for the plan year immediately preceding the current plan year.....

**15a**

**b** The corresponding number for the second preceding plan year.....

**15b**

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

**a** Enter the number of employers who withdrew during the preceding plan year.....

**16a**

**b** If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

**16b**

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

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

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

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

**a** Enter the percentage of plan assets held as:

Stock: \_\_\_\_\_% Investment-Grade Debt: \_\_\_\_\_% High-Yield Debt: \_\_\_\_\_% Real Estate: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

**c** What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): \_\_\_\_\_

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

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

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation \_\_\_\_\_

**HOSPITALITY GROUP, LLC 401(k) PLAN**  
**FINANCIAL STATEMENTS AND**  
**SUPPLEMENTAL INFORMATION**  
**DECEMBER 31, 2021 AND 2020**  
**with**  
**INDEPENDENT AUDITOR'S REPORT**



## **CONTENTS**

|                                                                 | <b><u>PAGE</u></b> |
|-----------------------------------------------------------------|--------------------|
| <b>Independent Auditor's Report</b>                             | 1 - 4              |
| <b>Financial Statements:</b>                                    |                    |
| Statements of Net Assets Available for Benefits                 | 5                  |
| Statements of Changes in Net Assets Available for Benefits      | 6                  |
| Notes to Financial Statements                                   | 7 - 14             |
| <b>Supplemental Information:</b>                                |                    |
| Schedule H, Line 4i - Schedules of Assets (Held at End of Year) | 15 - 17            |

## **INDEPENDENT AUDITOR'S REPORT**

To the Plan Administrator and Trustee of  
Hospitality Group, LLC 401(k) Plan

### **Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements**

We have performed an audit of the accompanying financial statements of Hospitality Group, LLC 401(k) Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 financial statements performed in accordance with the ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 7 to the financial statements, is complete and accurate.

### **Opinion on the 2021 Financial Statements**

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section:

- The amounts and disclosures in the 2021 financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the 2021 financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

### **Basis for Opinion on the 2021 Financial Statements**

We conducted our audit 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 2021 Financial Statements section of our report. We are required to be independent of Hospitality Group, LLC 401(k) Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

## **Responsibilities of Management for the 2021 Financial Statements**

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Hospitality Group, LLC 401(k) Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

## **Auditor's Responsibilities for the Audit of the 2021 Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 Hospitality Group, LLC 401(k) Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Hospitality Group, LLC 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

## **2021 Supplemental Schedules Required by ERISA**

The supplemental schedules of assets (held at year end) are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

#### **Auditor's Report on the 2020 Financial Statements**

The 2020 financial statements of Hospitality Group, LLC 401(k) Plan were audited by predecessor auditors. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed the predecessor auditor not to perform, and they did not perform, any auditing procedures with respect to the information certified by a qualified institution. Their report dated July 26, 2021, indicated that (a) because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements and supplemental schedules, and (b) the form and content of the information included in the financial statements and supplemental schedules other than that derived from the certified information, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

HCT CPAs & Advisors, PLLC

Little Rock, Arkansas  
September 15, 2022

**FINANCIAL STATEMENTS**

**HOSPITALITY GROUP, LLC 401(K) PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
**DECEMBER 31, 2021 AND 2020**

|                                          | <u><b>Assets</b></u>       |                            |
|------------------------------------------|----------------------------|----------------------------|
|                                          | <u><b>2021</b></u>         | <u><b>2020</b></u>         |
| <b>Cash</b>                              | \$ 595                     | \$ 1,054                   |
| <b>Investments, at Fair Value:</b>       |                            |                            |
| Pooled Separate Accounts                 | 2,264,245                  | 2,723,810                  |
| Participant-Directed Brokerage Account   | <u>841,277</u>             | <u>-</u>                   |
| Total Investments                        | 3,105,522                  | 2,723,810                  |
| <b>Receivables:</b>                      |                            |                            |
| Notes Receivable from Participants       | 54,629                     | 81,469                     |
| Employer Contributions                   | <u>-</u>                   | <u>1,048</u>               |
| Total Receivables                        | <u>54,629</u>              | <u>82,517</u>              |
| <b>Net Assets Available for Benefits</b> | <u><u>\$ 3,160,746</u></u> | <u><u>\$ 2,807,381</u></u> |

See accompanying notes.

**HOSPITALITY GROUP, LLC 401(K) PLAN**  
**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
**YEARS ENDED DECEMBER 31, 2021 AND 2020**

|                                                              | <b>2021</b>                | <b>2020</b>                |
|--------------------------------------------------------------|----------------------------|----------------------------|
| <b>Contributions:</b>                                        |                            |                            |
| Participants'                                                | \$ 124,484                 | \$ 106,515                 |
| Employer                                                     | 25,027                     | 24,942                     |
| Rollover                                                     | -                          | 117,629                    |
| Total Contributions                                          | <u>149,511</u>             | <u>249,086</u>             |
| <b>Investment Income:</b>                                    |                            |                            |
| Net Change in Fair Value of Investments                      | 325,131                    | 421,962                    |
| Interest Income                                              | 4                          | -                          |
| Net Investment Income                                        | <u>325,135</u>             | <u>421,962</u>             |
| <b>Interest Income on Notes Receivable from Participants</b> | 3,718                      | 5,766                      |
| <b>Deductions from Net Assets Attributed to:</b>             |                            |                            |
| Benefit Payments to Participants                             | 104,159                    | 202,692                    |
| Deemed Distributions                                         | 344                        | -                          |
| Administrative Expenses                                      | 20,496                     | 25,468                     |
| Total Deductions from Net Assets                             | <u>124,999</u>             | <u>228,160</u>             |
| <b>Net Increase in Net Assets</b>                            | 353,365                    | 448,654                    |
| <b>Net Assets Available for Benefits:</b>                    |                            |                            |
| Beginning of Year                                            | <u>2,807,381</u>           | <u>2,358,727</u>           |
| End of Year                                                  | <u><u>\$ 3,160,746</u></u> | <u><u>\$ 2,807,381</u></u> |

See accompanying notes.

# **HOSPITALITY GROUP, LLC 401(k) PLAN**

## **NOTES TO FINANCIAL STATEMENTS**

**DECEMBER 31, 2021 AND 2020**

### **Note 1: Description of Plan**

The following description of the Hospitality Group, LLC 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

#### **General**

The Plan, established January 1, 1997, is a defined contribution plan covering all employees of Hospitality Group, LLC (the "Employer"). Employees who have reached 21 years of age and have completed one year of service, as defined by the Plan document, are eligible to participate in the Plan. Participants may enroll in the Plan on January 1 or July 1 after satisfying eligibility requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

#### **Contributions**

Participants may contribute up to 100% of their annual compensation not to exceed the limit set by the Internal Revenue Code, which was \$19,500 in 2021 and 2020. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions of up to an additional \$6,500 in 2021 and 2020. Participants may also contribute amounts representing distributions from other qualified retirement plans. Compensation is defined as total compensation subject to income tax, excluding reimbursements and other expense allowances, fringe benefits (cash and non-cash), moving expenses, deferred compensation, and welfare benefits, and including any salary reduction contributions.

The Plan provides for discretionary Employer matching contributions. For the years ended December 31, 2021 and 2020, the Employer matched 25% of deferrals up to 6% of a participant's compensation. In addition to the Employer matching contributions, the Employer may provide an additional discretionary profit sharing contribution. Unless termination is due to death, disability, or retirement, participants must be employed on the last day of the Plan year and have completed 1,000 hours of service during the Plan year to receive an allocation of the Employer profit sharing contribution. Allocation of the profit sharing contribution is based on the ratio that participants' compensation bears to the total compensation of all eligible participants. The Employer did not make any additional discretionary profit-sharing contributions during 2021 and 2020.

#### **Participant Accounts**

Each participant's account is credited with the participant's contributions, Employer's matching contributions, as well as the Employer's additional profit-sharing contributions and Plan earnings and losses. Participant accounts are charged with an allocation of administrative expenses. Allocations are based on participant account balances as defined in the Plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

#### **Vesting**

Participants are immediately vested in their contributions, and any earnings thereon. Vesting in the portion of their account attributable to the Employer's matching contributions and discretionary profit-sharing contributions is based on each participant's years of service. A participant is 100% vested after six years of service based on a graduated vesting schedule. A participant will also become fully vested upon death, disability, or retirement at age 65 or older.

## **HOSPITALITY GROUP, LLC 401(k) PLAN**

### **NOTES TO FINANCIAL STATEMENTS**

**DECEMBER 31, 2021 AND 2020**

| <b><u>Years of<br/>service</u></b> | <b><u>Percentage</u></b> |
|------------------------------------|--------------------------|
| Less than 2 years                  | 0%                       |
| 2 but less than 3                  | 20%                      |
| 3 but less than 4                  | 40%                      |
| 4 but less than 5                  | 60%                      |
| 5 but less than 6                  | 80%                      |
| 6 or more                          | 100%                     |

#### **Notes Receivable from Participants**

Participants may borrow from their accounts at a minimum of \$1,000 and a maximum equal to the lesser of \$50,000, reduced by the highest outstanding loan balance during the preceding 12-month period, or 50 percent of the participant's vested account balance. All notes are required to be repaid within five years of the note's origination or up to ten years if the note is used for the purchase of a principal residence. The full amount of any note must be secured by the participant's vested account balance. The interest rate on any loan will be prime rate plus 1% on the date of origination and shall continue for the duration of the loan. Principal and interest are paid ratably through payroll deductions.

#### **Administrative Expenses**

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Employer. Expenses that are paid by the Employer are excluded from these financial statements. Investment related expenses are included in net change in fair value of investments.

#### **Investment Options**

Upon enrollment in the Plan, a participant may elect to have any portion of their account allocated to the investment options under the Plan. Investments may be among funds established by the Plan administrator or participants may have a segregated account. Participants may change their investment selections at any time. The Plan currently offers 45 pooled separate accounts as investment options for participants, or participants may have a self-directed brokerage account.

#### **Forfeitures**

The non-vested portion of a participant's account to which they are not entitled upon termination is deemed a forfeiture. Forfeitures are first used to restore participant balances previously forfeited and any remaining amounts may be used to pay Plan administrative expenses, and lastly to reduce Employer contributions. Forfeited non-vested accounts totaled \$595 and \$1,054 at December 31, 2021 and 2020, respectively. Forfeitures of \$2,636 were utilized in 2021 to restore participant balances previously forfeited. Forfeitures of \$4,476 were utilized in 2020 to pay Plan administrative expenses.

#### **Payment of Benefits**

Upon termination of service, death, disability, or retirement a participant may elect to receive payments of his or her vested account balance in a lump-sum distribution. The Plan may elect to make a mandatory distribution of account balances that are \$1,000 or less. If the account balance exceeds \$1,000 on the date of termination, a participant may leave the account under the Plan until the participant reaches normal retirement age or dies. In-service distributions after a participant's attainment of age 59 ½ are permitted. The Plan allows hardship withdrawals, subject to account balance limits and applicable laws.

## **HOSPITALITY GROUP, LLC 401(k) PLAN**

### **NOTES TO FINANCIAL STATEMENTS**

**DECEMBER 31, 2021 AND 2020**

#### **Note 2: Summary of Significant Accounting Policies**

##### **Basis of Accounting**

The accompanying financial statements have been prepared on the accrual basis of accounting. Under the accrual basis of accounting, revenues and expenses, other than benefit payments, together with the related assets and liabilities are recorded in the accounting period to which they apply, regardless of when the cash transaction occurred.

##### **Valuation of Investments and Income Recognition**

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's management determines the Plan's valuation policies utilizing information provided by the investment advisors, and custodians. See Note 4 for discussion of fair value measurements.

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

##### **Risks and Uncertainties**

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

##### **Use of Estimates**

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires Plan administrators to make estimates and assumptions that affect the reported amounts of assets and liabilities and the reported amounts of additions and deductions during the reporting period, and disclosure of contingent assets and liabilities. The Plan's most significant estimate relates to the valuation of investments and it is reasonably possible that a change could occur in the near-term. Actual results could differ from those estimates.

##### **Notes Receivable From Participants**

Note receivable from participants are measured at their unpaid principle balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2021 or 2020.

##### **Payments of Benefits**

Benefits are recorded when paid.

# HOSPITALITY GROUP, LLC 401(k) PLAN

## NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2021 AND 2020

### Subsequent Events

The Plan has evaluated all subsequent events for potential recognition and disclosure through September 15, 2022, the date these financial statements were available to be issued.

### Note 3: Plan Termination

Although it has not expressed any intent to do so, except as noted below, the Employer has the right to discontinue its contributions at any time and terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become fully vested in the Employer matching and profit sharing contributions portion of their account. Employee contributions and their related earnings are always fully vested.

As a result of layoffs necessitated by the worldwide COVID-19 pandemic, a reduction in the number of participants in the Plan during 2020. The reduction in participants resulted in a partial termination effective for the 2020 Plan year. The Plan was amended for the partial Plan termination on June 23, 2021, and affected participants became fully vested in their account if they had severance from employment during the 2020 Plan year regardless of the reason for such severance from employment.

### Note 4: Fair Value

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

**Level 1:** Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

**Level 2:** Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

**Level 3:** Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The following table presents the Plan's hierarchy for its assets measured at fair value on a recurring basis as of December 31, 2021:

|                                         | <u>Total</u>        | <u>Level 1</u> | <u>Level 2</u> | <u>Level 3</u>    |
|-----------------------------------------|---------------------|----------------|----------------|-------------------|
| <b>Assets:</b>                          |                     |                |                |                   |
| Participant-Directed Brokerage Account  | \$ 841,277          | \$ -           | \$ -           | \$ 841,277        |
| Investments Measured at Net Asset Value | <u>2,264,245</u>    | <u>-</u>       | <u>-</u>       | <u>-</u>          |
| Investments at fair value               | <u>\$ 3,105,522</u> | <u>\$ -</u>    | <u>\$ -</u>    | <u>\$ 841,277</u> |

## HOSPITALITY GROUP, LLC 401(k) PLAN

### NOTES TO FINANCIAL STATEMENTS

#### DECEMBER 31, 2021 AND 2020

The following table presents the Plan's hierarchy for its assets measured at fair value on a recurring basis as of December 31, 2020:

|                                         | <u>Total</u> | <u>Level 1</u> | <u>Level 2</u> | <u>Level 3</u> |
|-----------------------------------------|--------------|----------------|----------------|----------------|
| <b>Assets:</b>                          |              |                |                |                |
| Investments measured at net asset value | \$ 2,723,810 | \$ -           | \$ -           | \$ -           |
| Investments at fair value               | \$ 2,723,810 | \$ -           | \$ -           | \$ -           |

The following section describes the valuation methodologies the Plan uses to measure financial instruments at fair value:

Pooled Separate Accounts (PSAs) – Valued based on the underlying investments, (i.e. money market funds, common stock, mutual funds, short term securities). While the majority of the underlying assets values are based on quoted prices, the net asset value (NAV) of the pooled separate account is not publicly quoted. The NAV is reported by the fund managers as of the financial statement date based on recent transaction prices. The PSAs held by the Plan provide for daily redemptions by the Plan at reported NAV with no advance requirement. The Plan is permitted to redeem investment units at NAV on the measurement date.

Participant-Directed Brokerage Account – Account is comprised of cash and private equity common stock. The fair value of the private equity common stock held by the Plan is valued at fair value based upon an independent appraisal. This appraisal was based upon a combination of the market and income valuation techniques consistent with prior years. The appraiser took into account unobservable inputs such as historical and projected cash flow and net income, return on assets, return on equity, market comparables, and fair value of the company's assets and liabilities. Plan management has concluded that a market participant would also recognize a discount for lack of marketability.

The valuation process involves the selection of an independent appraiser. The appraiser accumulates data from the audited financial statements and projected financial information of the private equity company. The appraiser prepares a preliminary report which the Employer's management and Board of Directors, reviews in detail, discusses and approves. The results of this process are documented in an annual valuation report provided by the appraiser.

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

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

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the years ended December 31, 2021 and 2020, are reported in net appreciation (depreciation) in fair value of investments in the statement of changes in net assets available for benefits. The Plan's investments (including realized gains and losses on investments bought, sold, and held during the year as well as unrealized appreciation (depreciation) of the investments held at the end of the year) appreciated in value by \$325,135 in 2021, and appreciated in value by \$427,728 in 2020.

## HOSPITALITY GROUP, LLC 401(k) PLAN

### NOTES TO FINANCIAL STATEMENTS

#### DECEMBER 31, 2021 AND 2020

The \$841,277 increase in the level 3 investment between the plan years ending December 31, 2020 and December 31, 2021 is due to the opening of a participant-directed brokerage account which was used to purchase private equity common stock.

#### **Fair Value of Investments that Use NAV:**

The following tables summarize investments measured at fair value based on NAV per share as a practical expedient as of December 31, 2021 and 2020, respectively:

| December 31, 2021 | Fair Value  | Unfunded Commitments | Redemption Frequency (if currently eligible) | Redemption Notice Period |
|-------------------|-------------|----------------------|----------------------------------------------|--------------------------|
| Aggressive Growth | \$222,767   | N/A                  | Daily                                        | None                     |
| Balanced          | \$1,657,374 | N/A                  | Daily                                        | None                     |
| Fixed Income      | \$41,148    | N/A                  | Daily                                        | None                     |
| Growth            | \$16,866    | N/A                  | Daily                                        | None                     |
| Growth & Income   | \$8,945     | N/A                  | Daily                                        | None                     |
| Stable Value Fund | \$317,145   | N/A                  | Daily                                        | 12 months                |

| December 31, 2020 | Fair Value  | Unfunded Commitments | Redemption Frequency (if currently eligible) | Redemption Notice Period |
|-------------------|-------------|----------------------|----------------------------------------------|--------------------------|
| Aggressive Growth | \$831,247   | N/A                  | Daily                                        | None                     |
| Balanced          | \$1,501,575 | N/A                  | Daily                                        | None                     |
| Fixed Income      | \$36,321    | N/A                  | Daily                                        | None                     |
| Growth            | \$42,187    | N/A                  | Daily                                        | None                     |
| Growth & Income   | \$5,246     | N/A                  | Daily                                        | None                     |
| Stable Value Fund | \$307,234   | N/A                  | Daily                                        | 12 months                |

## **HOSPITALITY GROUP, LLC 401(k) PLAN**

### **NOTES TO FINANCIAL STATEMENTS**

**DECEMBER 31, 2021 AND 2020**

#### **Note 5: Income Tax Status**

The Plan adopted a Volume Submitter Profit Sharing Plan with CODA sponsored by Friday, Eldredge & Clark, LLP. The volume submitter plan obtained its latest opinion later dated March 31, 2014, in which the Internal Revenue Service stated that the plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the opinion letter. However, the Plan administrator believes that the Plan and related Trust are currently designed and being operated in compliance with applicable requirements of the Internal Revenue Code and has no income subject to unrelated business income tax. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2018.

#### **Note 6: Party-in-Interest**

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employee organization whose members are covered by the Plan, a person who owns 50% or more of such an employee association or relatives of such person.

Frost, PLLC is the third-party administrator. John Hancock Life Insurance Company and Charles Schwab processes and maintains the records of the participant data and holds the Plan assets. Millennium Capital Advisors, LLC serves as an advisor to the Plan. They are by definition parties-in-interest and, as a result, these transactions qualify as party-in-interest transactions. The Plan paid \$20,496 and \$25,468 for investment management, administrative and other fees during the years ended December 31, 2021 and 2020, respectively. These transactions are exempt from being prohibited transactions under ERISA.

#### **Note 7: Information Prepared and Certified by the Custodian**

Certain investments are held by John Hancock Life Insurance Company, the custodian. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the following information was certified by the custodian as complete and accurate and was not subjected to any audit procedures except for comparing the information with the related information included in the financial statements and supplementary schedules.

- Pooled separate accounts as shown in the accompanying statements of net assets available for benefits of \$2,264,245 and \$2,723,810 for the years ended December 31, 2021 and 2020, respectively.
- Net change in fair value of investments as shown in the accompanying statements of changes in net assets available for benefits of \$325,135 and \$421,962 for the years ended December 31, 2021 and 2020, respectively.
- All investment transactions, excluding transactions that originated from participant-directed brokerage accounts held outside of the Plan's custodian, during the years ended December 31, 2021 and 2020.

## **HOSPITALITY GROUP, LLC 401(k) PLAN**

### **NOTES TO FINANCIAL STATEMENTS**

#### **DECEMBER 31, 2021 AND 2020**

- Notes receivable from participants as shown in the accompanying statements of net assets available for benefits of \$54,629 and \$81,469 and interest income from notes receivable from participants in the accompanying statements of changes in net assets available for benefits of \$3,718 and \$5,766 for the years ended December 31, 2021 and 2020, respectively.
- The information included in the supplementary schedules, except participant-directed brokerage accounts held outside of the Plan's custodian, in the amount of \$2,319,469 and \$2,806,333 as of December 31, 2021 and 2020, respectively.

#### **Note 8: Reconciliation of Financial Statements to Form 5500**

Certain amounts reported in the Plan's annual Form 5500 for changes in net assets available for benefits are different from the amounts reported in the accompanying financial statements. These differences are due to different presentation of Plan assets and investment income but have no effect on the net assets of the Plan.

#### **Note 9: Subsequent Event**

Effective January 1, 2022, the Plan was restated in order to incorporate recent Plan amendments and to bring the Plan up to date with changes in applicable laws in order to comply with the rules and regulations of the Internal Revenue Service. The restated Plan document obtained an updated opinion letter dated June 30, 2020, in which the Internal Revenue Service stated that the Plan is in compliance with the applicable requirements of the Internal Revenue Code. There were no significant changes to Plan provisions with the restatement.

## **SUPPLEMENTAL INFORMATION**

**HOSPITALITY GROUP, LLC 401(K) PLAN**  
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**EIN: 71-0207777 Plan 001**  
**DECEMBER 31, 2021**

| (a)                                                     | (b)                            | (c)<br>Description of Investment,<br>Including Maturity Date, Rate<br>of Interest, Collateral,<br>Par or Maturity Value | (d)<br>Cost | (e)<br>Current<br>Value |
|---------------------------------------------------------|--------------------------------|-------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------|
| Identity of Issue, Borrower, Lessor<br>or Similar Party |                                |                                                                                                                         |             |                         |
| * <b>Cash</b>                                           |                                |                                                                                                                         | **          | 595                     |
| <b>Pooled Separate Accounts:</b>                        |                                |                                                                                                                         |             |                         |
| * John Hancock                                          |                                | Multimanager Growth Lifestyle Portfolio                                                                                 | **          | 531,793                 |
| * John Hancock                                          |                                | Multimanager Aggressive Lifestyle Portfolio                                                                             | **          | 397,324                 |
| * John Hancock                                          |                                | Multimanager Balanced Lifestyle Portfolio                                                                               | **          | 375,248                 |
| * John Hancock                                          |                                | Stable Value Fund                                                                                                       | **          | 317,145                 |
| * John Hancock                                          |                                | Multimanager Conservative Lifestyle Portfolio                                                                           | **          | 204,114                 |
| * John Hancock                                          |                                | Multi-Index 2025 Preservation Portfolio                                                                                 | **          | 94,616                  |
| * John Hancock                                          |                                | Vanguard Growth Index Fund                                                                                              | **          | 71,734                  |
| * John Hancock                                          |                                | Multi-Index 2055 Preservation Portfolio                                                                                 | **          | 32,833                  |
| * John Hancock                                          |                                | Financial Industries Fund                                                                                               | **          | 29,579                  |
| * John Hancock                                          |                                | Blue Chip Growth Fund                                                                                                   | **          | 22,450                  |
| * John Hancock                                          |                                | Vanguard Energy Fund                                                                                                    | **          | 20,333                  |
| * John Hancock                                          |                                | T. Rowe Price Science & Technology Fund                                                                                 | **          | 14,525                  |
| * John Hancock                                          |                                | PIMCO Real Return Fund                                                                                                  | **          | 14,255                  |
| * John Hancock                                          |                                | Total Bond Market Fund                                                                                                  | **          | 13,248                  |
| * John Hancock                                          |                                | Fidelity ContraFund                                                                                                     | **          | 12,332                  |
| * John Hancock                                          |                                | 500 Index Fund                                                                                                          | **          | 11,980                  |
| * John Hancock                                          |                                | The Growth Fund of America                                                                                              | **          | 11,774                  |
| * John Hancock                                          |                                | T. Rowe Price Health Sciences Fund                                                                                      | **          | 11,311                  |
| * John Hancock                                          |                                | EuroPacific Growth Fund                                                                                                 | **          | 10,432                  |
| * John Hancock                                          |                                | Multimanager Moderate Lifestyle Portfolio                                                                               | **          | 10,326                  |
| * John Hancock                                          |                                | Core Bond Fund                                                                                                          | **          | 8,351                   |
| * John Hancock                                          |                                | American Balanced Fund                                                                                                  | **          | 7,993                   |
| * John Hancock                                          |                                | Multi-Index 2030 Preservation Portfolio                                                                                 | **          | 6,180                   |
| * John Hancock                                          |                                | Fidelity Advisor Total Bond Fund                                                                                        | **          | 5,294                   |
| * John Hancock                                          |                                | Multi-Index 2035 Preservation Portfolio                                                                                 | **          | 3,576                   |
| * John Hancock                                          |                                | Vanguard Small Cap Growth Index Fund                                                                                    | **          | 3,209                   |
| * John Hancock                                          |                                | Vanguard Small Cap Value Index Fund                                                                                     | **          | 2,710                   |
| * John Hancock                                          |                                | Total Stock Market Index Fund                                                                                           | **          | 2,429                   |
| * John Hancock                                          |                                | Mid Cap Index Fund                                                                                                      | **          | 2,134                   |
| * John Hancock                                          |                                | iShares Gold Trust ETF                                                                                                  | **          | 2,031                   |
| * John Hancock                                          |                                | Invesco Small Cap Growth Fund                                                                                           | **          | 1,897                   |
| * John Hancock                                          |                                | Multimanager 2025 Lifetime Portfolio                                                                                    | **          | 1,364                   |
| * John Hancock                                          |                                | Science & Technology Fund                                                                                               | **          | 1,224                   |
| * John Hancock                                          |                                | JPMorgan Large Cap Growth Fund                                                                                          | **          | 1,132                   |
| * John Hancock                                          |                                | International Equity Index Fund                                                                                         | **          | 1,080                   |
| * John Hancock                                          |                                | Capital Appreciation Fund                                                                                               | **          | 915                     |
| * John Hancock                                          |                                | MFS Massachusetts Investors Trust                                                                                       | **          | 879                     |
| * John Hancock                                          |                                | American Funds New Perspective Fund                                                                                     | **          | 854                     |
| * John Hancock                                          |                                | JPMorgan Mid Cap Value Fund                                                                                             | **          | 738                     |
| * John Hancock                                          |                                | JPMorgan U.S. Equity Fund                                                                                               | **          | 724                     |
| * John Hancock                                          |                                | MFS Emerging Markets Debt Fund                                                                                          | **          | 637                     |
| * John Hancock                                          |                                | American Century Heritage Fund                                                                                          | **          | 607                     |
| * John Hancock                                          |                                | DFA U.S. Small Cap Fund                                                                                                 | **          | 316                     |
| * John Hancock                                          |                                | MFS Utilities Fund                                                                                                      | **          | 315                     |
| * John Hancock                                          |                                | Small Cap Index Fund                                                                                                    | **          | 304                     |
|                                                         | Total Pooled Separate Accounts |                                                                                                                         |             | 2,264,245               |
| <b>Participant-Directed Brokerage</b>                   |                                |                                                                                                                         |             |                         |
| <b>Account</b>                                          |                                | Other                                                                                                                   | **          | 841,277                 |
| * <b>Participant Loans</b>                              |                                | Secured by Vested Benefits with Interest Rates Ranging<br>from 4.25% to 6.50%                                           | -           | 54,629                  |
|                                                         | <b>TOTAL</b>                   |                                                                                                                         |             | <b>\$ 3,160,746</b>     |

\*Indicates Party-in-Interest to the Plan.

\*\*Column (d) is not Applicable for Participant-Directed Investments.

# HOSPITALITY GROUP, LLC 401(K) PLAN

## SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

EIN: 71-0207777 Plan 001

DECEMBER 31, 2020

| (a) | (b)                                                     | (c)                                                                                                              | (d)  | (e)              |
|-----|---------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|------|------------------|
|     | Identity of Issue, Borrower, Lessor<br>or Similar Party | Description of Investment,<br>Including Maturity Date, Rate<br>of Interest, Collateral,<br>Par or Maturity Value | Cost | Current<br>Value |
| *   | <b>Cash</b>                                             |                                                                                                                  | **   | 1,054            |
|     | <b>Pooled Separate Accounts:</b>                        |                                                                                                                  |      |                  |
| *   | John Hancock                                            | Multimanager Growth Lifestyle Portfolio                                                                          | **   | 509,389          |
| *   | John Hancock                                            | Multimanager Aggressive Lifestyle Portfolio                                                                      | **   | 356,169          |
| *   | John Hancock                                            | Multimanager Balanced Lifestyle Portfolio                                                                        | **   | 314,129          |
| *   | John Hancock                                            | Stable Value Fund                                                                                                | **   | 307,234          |
| *   | John Hancock                                            | Multimanager Conservative Lifestyle Portfolio                                                                    | **   | 192,417          |
| *   | John Hancock                                            | Multi-Index 2025 Preservation Portfolio                                                                          | **   | 84,615           |
| *   | John Hancock                                            | Financial Industries Fund                                                                                        | **   | 70,430           |
| *   | John Hancock                                            | DFA US Targeted Value Fund                                                                                       | **   | 67,723           |
| *   | John Hancock                                            | Vanguard Growth Index Fund                                                                                       | **   | 56,929           |
| *   | John Hancock                                            | Science & Technology Fund                                                                                        | **   | 49,325           |
| *   | John Hancock                                            | Franklin Small-Mid Cap Growth Fund                                                                               | **   | 48,807           |
| *   | John Hancock                                            | T. Rowe Price Science & Technology Fund                                                                          | **   | 48,759           |
| *   | John Hancock                                            | Blue Chip Growth Fund                                                                                            | **   | 48,111           |
| *   | John Hancock                                            | T. Rowe Price Health Sciences Fund                                                                               | **   | 44,210           |
| *   | John Hancock                                            | Vanguard Small Cap Growth Index Fund                                                                             | **   | 40,959           |
| *   | John Hancock                                            | Small Cap Stock Fund                                                                                             | **   | 38,560           |
| *   | John Hancock                                            | Mid Cap Stock Fund                                                                                               | **   | 37,967           |
| *   | John Hancock                                            | Legg Mason ClearBridge Aggressive Growth Fund                                                                    | **   | 37,803           |
| *   | John Hancock                                            | New Opportunities Fund                                                                                           | **   | 37,300           |
| *   | John Hancock                                            | DFA U.S. Small Cap Fund                                                                                          | **   | 36,778           |
| *   | John Hancock                                            | DFA Emerging Markets Value Fund                                                                                  | **   | 36,776           |
| *   | John Hancock                                            | Mid Value Fund                                                                                                   | **   | 35,844           |
| *   | John Hancock                                            | JPMorgan Mid Cap Value Fund                                                                                      | **   | 35,086           |
| *   | John Hancock                                            | American Funds Capital World Growth & Income Fund                                                                | **   | 32,487           |
| *   | John Hancock                                            | Multi-Index 2055 Preservation Portfolio                                                                          | **   | 19,985           |
| *   | John Hancock                                            | Vanguard Energy Fund                                                                                             | **   | 15,177           |
| *   | John Hancock                                            | Multimanager Moderate Lifestyle Portfolio                                                                        | **   | 13,176           |
| *   | John Hancock                                            | PIMCO Real Return Fund                                                                                           | **   | 12,776           |
| *   | John Hancock                                            | Total Bond Market Fund                                                                                           | **   | 12,065           |
| *   | John Hancock                                            | The Growth Fund of America                                                                                       | **   | 9,170            |
| *   | John Hancock                                            | Fidelity ContraFund                                                                                              | **   | 9,166            |
| *   | John Hancock                                            | EuroPacific Growth Fund                                                                                          | **   | 8,639            |
| *   | John Hancock                                            | 500 Index Fund                                                                                                   | **   | 8,345            |
| *   | John Hancock                                            | Aberdeen Emerging Markets Sustainable Leaders Fund                                                               | **   | 7,401            |
| *   | John Hancock                                            | Core Bond Fund                                                                                                   | **   | 7,200            |
| *   | John Hancock                                            | American Balanced Fund                                                                                           | **   | 5,246            |
| *   | John Hancock                                            | Multi-Index 2035 Preservation Portfolio                                                                          | **   | 5,115            |
| *   | John Hancock                                            | Multi-Index 2030 Preservation Portfolio                                                                          | **   | 5,105            |
| *   | John Hancock                                            | iShares Gold Trust ETF                                                                                           | **   | 4,057            |
| *   | John Hancock                                            | Fidelity Advisor Total Bond Fund                                                                                 | **   | 3,701            |
| *   | John Hancock                                            | Vanguard Small Cap Value Index Fund                                                                              | **   | 2,663            |
| *   | John Hancock                                            | Invesco Small Cap Growth Fund                                                                                    | **   | 1,472            |
| *   | John Hancock                                            | Multimanager 2025 Lifetime Portfolio                                                                             | **   | 1,237            |
| *   | John Hancock                                            | Mid Cap Index Fund                                                                                               | **   | 1,169            |
| *   | John Hancock                                            | JPMorgan U.S. Equity Fund                                                                                        | **   | 579              |
| *   | John Hancock                                            | U.S. High Yield Bond Fund                                                                                        | **   | 579              |
| *   | John Hancock                                            | Vanguard Mid Cap Value ETF                                                                                       | **   | 504              |
| *   | John Hancock                                            | JPMorgan Large Cap Growth Fund                                                                                   | **   | 430              |

**HOSPITALITY GROUP, LLC 401(K) PLAN**  
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**EIN: 71-0207777 Plan 001**  
**DECEMBER 31, 2020**

| (a) | (b)                                                             | (c)                                                                                                                        | (d)         | (e)                      |
|-----|-----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------|
|     | <b>Identity of Issue, Borrower, Lessor<br/>or Similar Party</b> | <b>Description of Investment,<br/>Including Maturity Date, Rate<br/>of Interest, Collateral,<br/>Par or Maturity Value</b> | <b>Cost</b> | <b>Current<br/>Value</b> |
| *   | John Hancock                                                    | American Funds New Perspective Fund                                                                                        | **          | 333                      |
| *   | John Hancock                                                    | MFS Massachusetts Investors Trust                                                                                          | **          | 318                      |
| *   | John Hancock                                                    | Multimanager 2040 Lifetime Portfolio                                                                                       | **          | 238                      |
| *   | John Hancock                                                    | Vanguard Value Index Fund                                                                                                  | **          | 125                      |
| *   | John Hancock                                                    | Invesco Developing Markets Fund                                                                                            | **          | 32                       |
|     | Total Pooled Separate Accounts                                  |                                                                                                                            |             | 2,723,810                |
| *   | <b>Participant Loans</b>                                        | Secured by Vested Benefits with Interest Rates Ranging<br>from 4.25% to 6.50%                                              | -           | 81,469                   |
|     | <b>TOTAL</b>                                                    |                                                                                                                            |             | <b>\$ 2,806,333</b>      |

\*Indicates Party-in-Interest to the Plan.

\*\*Column (d) is not Applicable for Participant-Directed Investments.

**Form 5500**Department of the Treasury  
Internal Revenue ServiceDepartment 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**2021****This Form is Open to Public Inspection****Part I Annual Report Identification Information**

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

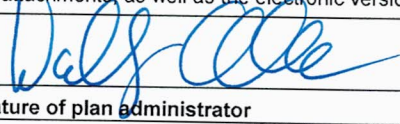
- A** This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)  
☒ a single-employer plan ☐ a DFE (specify) \_\_\_\_\_
- B** This return/report is: ☐ the first 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**

|                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1a</b> Name of plan<br>HOSPITALITY GROUP, LLC 401(K) PLAN                                                                                                                                                                                                                                                                                             | <b>1b</b> Three-digit plan number (PN) ▶ 001                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                          | <b>1c</b> Effective date of plan<br>01/01/1997                                                                                                                                            |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>Hospitality Group, LLC<br><br>2230 Cottondale, Suite 1<br><br>Little Rock AR 72202-2048 | <b>2b</b> Employer Identification Number (EIN)<br>71-0207777<br><br><b>2c</b> Plan Sponsor's telephone number<br>501-664-3332<br><br><b>2d</b> Business code (see instructions)<br>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.

|                  |                                                                                     |         |                                                              |
|------------------|-------------------------------------------------------------------------------------|---------|--------------------------------------------------------------|
| <b>SIGN HERE</b> |  | 5/24/22 | WALLY ALLEN                                                  |
|                  | Signature of plan administrator                                                     | Date    | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                                                     |         |                                                              |
|                  | Signature of employer/plan sponsor                                                  | Date    | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                                                     |         |                                                              |
|                  | Signature of DFE                                                                    | Date    | Enter name of individual signing as DFE                      |

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

Form 5500 (2021)  
v. 201209

|                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                           |  | <b>3b</b> Administrator's EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                             |  | <b>3c</b> Administrator's telephone number<br><br><b>4b</b> EIN<br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                            |  | <b>5</b> 173                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year.....                                                                                                                                                                                                                                                                                                                             |  | <b>6a(1)</b> 133                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                  |  | <b>6a(2)</b> 112                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                                                                                                                                                                 |  | <b>6b</b> 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                                                                                                                                                                                                 |  | <b>6c</b> 36                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                        |  | <b>6d</b> 148                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                         |  | <b>6e</b> 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                            |  | <b>6f</b> 148                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                    |  | <b>6g</b> 90                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                                                         |  | <b>6h</b> 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                               |  | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E 2F 2G 2J 2K 2R 2T 3D 3H                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                           |  | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                         |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |  | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input checked="" type="checkbox"/> <u>1</u> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |

**HOSPITALITY GROUP, LLC 401(K) PLAN**  
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**EIN: 71-0207777 Plan 001**  
**DECEMBER 31, 2021**

| (a)                                                     | (b)                            | (c)<br>Description of Investment,<br>Including Maturity Date, Rate<br>of Interest, Collateral,<br>Par or Maturity Value | (d)<br>Cost | (e)<br>Current<br>Value |
|---------------------------------------------------------|--------------------------------|-------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------|
| Identity of Issue, Borrower, Lessor<br>or Similar Party |                                |                                                                                                                         |             |                         |
| * <b>Cash</b>                                           |                                |                                                                                                                         | **          | 595                     |
| <b>Pooled Separate Accounts:</b>                        |                                |                                                                                                                         |             |                         |
| * John Hancock                                          |                                | Multimanager Growth Lifestyle Portfolio                                                                                 | **          | 531,793                 |
| * John Hancock                                          |                                | Multimanager Aggressive Lifestyle Portfolio                                                                             | **          | 397,324                 |
| * John Hancock                                          |                                | Multimanager Balanced Lifestyle Portfolio                                                                               | **          | 375,248                 |
| * John Hancock                                          |                                | Stable Value Fund                                                                                                       | **          | 317,145                 |
| * John Hancock                                          |                                | Multimanager Conservative Lifestyle Portfolio                                                                           | **          | 204,114                 |
| * John Hancock                                          |                                | Multi-Index 2025 Preservation Portfolio                                                                                 | **          | 94,616                  |
| * John Hancock                                          |                                | Vanguard Growth Index Fund                                                                                              | **          | 71,734                  |
| * John Hancock                                          |                                | Multi-Index 2055 Preservation Portfolio                                                                                 | **          | 32,833                  |
| * John Hancock                                          |                                | Financial Industries Fund                                                                                               | **          | 29,579                  |
| * John Hancock                                          |                                | Blue Chip Growth Fund                                                                                                   | **          | 22,450                  |
| * John Hancock                                          |                                | Vanguard Energy Fund                                                                                                    | **          | 20,333                  |
| * John Hancock                                          |                                | T. Rowe Price Science & Technology Fund                                                                                 | **          | 14,525                  |
| * John Hancock                                          |                                | PIMCO Real Return Fund                                                                                                  | **          | 14,255                  |
| * John Hancock                                          |                                | Total Bond Market Fund                                                                                                  | **          | 13,248                  |
| * John Hancock                                          |                                | Fidelity ContraFund                                                                                                     | **          | 12,332                  |
| * John Hancock                                          |                                | 500 Index Fund                                                                                                          | **          | 11,980                  |
| * John Hancock                                          |                                | The Growth Fund of America                                                                                              | **          | 11,774                  |
| * John Hancock                                          |                                | T. Rowe Price Health Sciences Fund                                                                                      | **          | 11,311                  |
| * John Hancock                                          |                                | EuroPacific Growth Fund                                                                                                 | **          | 10,432                  |
| * John Hancock                                          |                                | Multimanager Moderate Lifestyle Portfolio                                                                               | **          | 10,326                  |
| * John Hancock                                          |                                | Core Bond Fund                                                                                                          | **          | 8,351                   |
| * John Hancock                                          |                                | American Balanced Fund                                                                                                  | **          | 7,993                   |
| * John Hancock                                          |                                | Multi-Index 2030 Preservation Portfolio                                                                                 | **          | 6,180                   |
| * John Hancock                                          |                                | Fidelity Advisor Total Bond Fund                                                                                        | **          | 5,294                   |
| * John Hancock                                          |                                | Multi-Index 2035 Preservation Portfolio                                                                                 | **          | 3,576                   |
| * John Hancock                                          |                                | Vanguard Small Cap Growth Index Fund                                                                                    | **          | 3,209                   |
| * John Hancock                                          |                                | Vanguard Small Cap Value Index Fund                                                                                     | **          | 2,710                   |
| * John Hancock                                          |                                | Total Stock Market Index Fund                                                                                           | **          | 2,429                   |
| * John Hancock                                          |                                | Mid Cap Index Fund                                                                                                      | **          | 2,134                   |
| * John Hancock                                          |                                | iShares Gold Trust ETF                                                                                                  | **          | 2,031                   |
| * John Hancock                                          |                                | Invesco Small Cap Growth Fund                                                                                           | **          | 1,897                   |
| * John Hancock                                          |                                | Multimanager 2025 Lifetime Portfolio                                                                                    | **          | 1,364                   |
| * John Hancock                                          |                                | Science & Technology Fund                                                                                               | **          | 1,224                   |
| * John Hancock                                          |                                | JPMorgan Large Cap Growth Fund                                                                                          | **          | 1,132                   |
| * John Hancock                                          |                                | International Equity Index Fund                                                                                         | **          | 1,080                   |
| * John Hancock                                          |                                | Capital Appreciation Fund                                                                                               | **          | 915                     |
| * John Hancock                                          |                                | MFS Massachusetts Investors Trust                                                                                       | **          | 879                     |
| * John Hancock                                          |                                | American Funds New Perspective Fund                                                                                     | **          | 854                     |
| * John Hancock                                          |                                | JPMorgan Mid Cap Value Fund                                                                                             | **          | 738                     |
| * John Hancock                                          |                                | JPMorgan U.S. Equity Fund                                                                                               | **          | 724                     |
| * John Hancock                                          |                                | MFS Emerging Markets Debt Fund                                                                                          | **          | 637                     |
| * John Hancock                                          |                                | American Century Heritage Fund                                                                                          | **          | 607                     |
| * John Hancock                                          |                                | DFA U.S. Small Cap Fund                                                                                                 | **          | 316                     |
| * John Hancock                                          |                                | MFS Utilities Fund                                                                                                      | **          | 315                     |
| * John Hancock                                          |                                | Small Cap Index Fund                                                                                                    | **          | 304                     |
|                                                         | Total Pooled Separate Accounts |                                                                                                                         |             | 2,264,245               |
| <b>Participant-Directed Brokerage</b>                   |                                |                                                                                                                         |             |                         |
| <b>Account</b>                                          |                                | Other                                                                                                                   | **          | 841,277                 |
| * <b>Participant Loans</b>                              |                                | Secured by Vested Benefits with Interest Rates Ranging<br>from 4.25% to 6.50%                                           | -           | 54,629                  |
|                                                         | <b>TOTAL</b>                   |                                                                                                                         |             | <b>\$ 3,160,746</b>     |

\*Indicates Party-in-Interest to the Plan.

\*\*Column (d) is not Applicable for Participant-Directed Investments.

# HOSPITALITY GROUP, LLC 401(K) PLAN

## SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

EIN: 71-0207777 Plan 001

DECEMBER 31, 2020

| (a) | (b)                                                     | (c)                                                                                                              | (d)  | (e)              |
|-----|---------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|------|------------------|
|     | Identity of Issue, Borrower, Lessor<br>or Similar Party | Description of Investment,<br>Including Maturity Date, Rate<br>of Interest, Collateral,<br>Par or Maturity Value | Cost | Current<br>Value |
| *   | <b>Cash</b>                                             |                                                                                                                  | **   | 1,054            |
|     | <b>Pooled Separate Accounts:</b>                        |                                                                                                                  |      |                  |
| *   | John Hancock                                            | Multimanager Growth Lifestyle Portfolio                                                                          | **   | 509,389          |
| *   | John Hancock                                            | Multimanager Aggressive Lifestyle Portfolio                                                                      | **   | 356,169          |
| *   | John Hancock                                            | Multimanager Balanced Lifestyle Portfolio                                                                        | **   | 314,129          |
| *   | John Hancock                                            | Stable Value Fund                                                                                                | **   | 307,234          |
| *   | John Hancock                                            | Multimanager Conservative Lifestyle Portfolio                                                                    | **   | 192,417          |
| *   | John Hancock                                            | Multi-Index 2025 Preservation Portfolio                                                                          | **   | 84,615           |
| *   | John Hancock                                            | Financial Industries Fund                                                                                        | **   | 70,430           |
| *   | John Hancock                                            | DFA US Targeted Value Fund                                                                                       | **   | 67,723           |
| *   | John Hancock                                            | Vanguard Growth Index Fund                                                                                       | **   | 56,929           |
| *   | John Hancock                                            | Science & Technology Fund                                                                                        | **   | 49,325           |
| *   | John Hancock                                            | Franklin Small-Mid Cap Growth Fund                                                                               | **   | 48,807           |
| *   | John Hancock                                            | T. Rowe Price Science & Technology Fund                                                                          | **   | 48,759           |
| *   | John Hancock                                            | Blue Chip Growth Fund                                                                                            | **   | 48,111           |
| *   | John Hancock                                            | T. Rowe Price Health Sciences Fund                                                                               | **   | 44,210           |
| *   | John Hancock                                            | Vanguard Small Cap Growth Index Fund                                                                             | **   | 40,959           |
| *   | John Hancock                                            | Small Cap Stock Fund                                                                                             | **   | 38,560           |
| *   | John Hancock                                            | Mid Cap Stock Fund                                                                                               | **   | 37,967           |
| *   | John Hancock                                            | Legg Mason ClearBridge Aggressive Growth Fund                                                                    | **   | 37,803           |
| *   | John Hancock                                            | New Opportunities Fund                                                                                           | **   | 37,300           |
| *   | John Hancock                                            | DFA U.S. Small Cap Fund                                                                                          | **   | 36,778           |
| *   | John Hancock                                            | DFA Emerging Markets Value Fund                                                                                  | **   | 36,776           |
| *   | John Hancock                                            | Mid Value Fund                                                                                                   | **   | 35,844           |
| *   | John Hancock                                            | JPMorgan Mid Cap Value Fund                                                                                      | **   | 35,086           |
| *   | John Hancock                                            | American Funds Capital World Growth & Income Fund                                                                | **   | 32,487           |
| *   | John Hancock                                            | Multi-Index 2055 Preservation Portfolio                                                                          | **   | 19,985           |
| *   | John Hancock                                            | Vanguard Energy Fund                                                                                             | **   | 15,177           |
| *   | John Hancock                                            | Multimanager Moderate Lifestyle Portfolio                                                                        | **   | 13,176           |
| *   | John Hancock                                            | PIMCO Real Return Fund                                                                                           | **   | 12,776           |
| *   | John Hancock                                            | Total Bond Market Fund                                                                                           | **   | 12,065           |
| *   | John Hancock                                            | The Growth Fund of America                                                                                       | **   | 9,170            |
| *   | John Hancock                                            | Fidelity ContraFund                                                                                              | **   | 9,166            |
| *   | John Hancock                                            | EuroPacific Growth Fund                                                                                          | **   | 8,639            |
| *   | John Hancock                                            | 500 Index Fund                                                                                                   | **   | 8,345            |
| *   | John Hancock                                            | Aberdeen Emerging Markets Sustainable Leaders Fund                                                               | **   | 7,401            |
| *   | John Hancock                                            | Core Bond Fund                                                                                                   | **   | 7,200            |
| *   | John Hancock                                            | American Balanced Fund                                                                                           | **   | 5,246            |
| *   | John Hancock                                            | Multi-Index 2035 Preservation Portfolio                                                                          | **   | 5,115            |
| *   | John Hancock                                            | Multi-Index 2030 Preservation Portfolio                                                                          | **   | 5,105            |
| *   | John Hancock                                            | iShares Gold Trust ETF                                                                                           | **   | 4,057            |
| *   | John Hancock                                            | Fidelity Advisor Total Bond Fund                                                                                 | **   | 3,701            |
| *   | John Hancock                                            | Vanguard Small Cap Value Index Fund                                                                              | **   | 2,663            |
| *   | John Hancock                                            | Invesco Small Cap Growth Fund                                                                                    | **   | 1,472            |
| *   | John Hancock                                            | Multimanager 2025 Lifetime Portfolio                                                                             | **   | 1,237            |
| *   | John Hancock                                            | Mid Cap Index Fund                                                                                               | **   | 1,169            |
| *   | John Hancock                                            | JPMorgan U.S. Equity Fund                                                                                        | **   | 579              |
| *   | John Hancock                                            | U.S. High Yield Bond Fund                                                                                        | **   | 579              |
| *   | John Hancock                                            | Vanguard Mid Cap Value ETF                                                                                       | **   | 504              |
| *   | John Hancock                                            | JPMorgan Large Cap Growth Fund                                                                                   | **   | 430              |

**HOSPITALITY GROUP, LLC 401(K) PLAN**  
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**EIN: 71-0207777 Plan 001**  
**DECEMBER 31, 2020**

| (a) | (b)                                                             | (c)                                                                                                                        | (d)         | (e)                      |
|-----|-----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------|
|     | <b>Identity of Issue, Borrower, Lessor<br/>or Similar Party</b> | <b>Description of Investment,<br/>Including Maturity Date, Rate<br/>of Interest, Collateral,<br/>Par or Maturity Value</b> | <b>Cost</b> | <b>Current<br/>Value</b> |
| *   | John Hancock                                                    | American Funds New Perspective Fund                                                                                        | **          | 333                      |
| *   | John Hancock                                                    | MFS Massachusetts Investors Trust                                                                                          | **          | 318                      |
| *   | John Hancock                                                    | Multimanager 2040 Lifetime Portfolio                                                                                       | **          | 238                      |
| *   | John Hancock                                                    | Vanguard Value Index Fund                                                                                                  | **          | 125                      |
| *   | John Hancock                                                    | Invesco Developing Markets Fund                                                                                            | **          | 32                       |
|     | Total Pooled Separate Accounts                                  |                                                                                                                            |             | 2,723,810                |
| *   | <b>Participant Loans</b>                                        | Secured by Vested Benefits with Interest Rates Ranging<br>from 4.25% to 6.50%                                              | -           | 81,469                   |
|     | <b>TOTAL</b>                                                    |                                                                                                                            |             | \$ 2,806,333             |

\*Indicates Party-in-Interest to the Plan.

\*\*Column (d) is not Applicable for Participant-Directed Investments.