Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2022

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [X] 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:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
COMMONWEALTH LODGING MANAGEMENT, LLC 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/2014

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
COMMONWEALTH LODGING MANAGEMENT, LLC
COMMONWEALTH COMMERCIAL PARTNERS

4198 COX ROAD, STE 200
GLEN ALLEN, VA 23060

2b Employer Identification Number (EIN)
61-1688483

2c Plan Sponsor's telephone number
804-228-4920

2d Business code (see instructions)
531120

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/16/2023	JACKI HIMMEL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name COMMONWEALTH LODGING MANAGEMENT, LLC 401(K) PROFIT SHARING PLAN

c Plan Name COMMONWEALTH LODGING MANAGEMENT, LLC 401(K) PLAN

4b EIN 61-1688483

4d PN 001

5 Total number of participants at the beginning of the plan year	**5**	326
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	296
a(2) Total number of active participants at the end of the plan year	**6a(2)**	262
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	0
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	262
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	262
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	58
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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

9a Plan funding arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
COMMONWEALTH LODGING MANAGEMENT, LLC 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
COMMONWEALTH LODGING MANAGEMENT, LLC

D Employer Identification Number (EIN)
61-1688483

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
EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0467907	68322	50016801	0	01/01/2022	12/07/2022

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	0
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b	Balance at the end of the previous year			7b	19000
c	Additions: (1) Contributions deposited during the year	7c(1)	8045		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	150		
	(4) Transferred from separate account	7c(4)	4170		
	(5) Other (specify below) ▶	7c(5)	0		
	(6) Total additions			7c(6)	12365
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	31365
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	25492		
	(2) Administration charge made by carrier	7e(2)	170		
	(3) Transferred to separate account	7e(3)	5703		
	(4) Other (specify below) ▶	7e(4)	0		
	(5) Total deductions			7e(5)	31365
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	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:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	0
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2022** **This Form is Open to Public Inspection.**

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan	**B** Three-digit plan number (PN) ▶
COMMONWEALTH LODGING MANAGEMENT, LLC 401(K) PROFIT SHARING PLAN	001

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
COMMONWEALTH LODGING MANAGEMENT, LLC	61-1688483

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

EMPOWER ANNUITY INS CO OF AMERICA

8515 EAST ORCHARD ROAD
GREENWAY VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	8311	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2022

This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
COMMONWEALTH LODGING MANAGEMENT, LLC 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
COMMONWEALTH LODGING MANAGEMENT, LLC

D Employer Identification Number (EIN)
61-1688483

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

a Name of MTIA, CCT, PSA, or 103-12 IE: CORE BOND FUND CLASS R1

b Name of sponsor of entity listed in (a): AST WILMINGTON TRUST

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
82-1986152-000	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM RETIRE ADVANTAGE TR MAT X

b Name of sponsor of entity listed in (a): PUTNAM INVESTMENTS CIT

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
26-0788428-268	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM RETIREMENT ADV TR 2025 X

b Name of sponsor of entity listed in (a): PUTNAM INVESTMENTS CIT

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
26-0788428-268	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM RETIREMENT ADV TR 2030 X

b Name of sponsor of entity listed in (a): PUTNAM INVESTMENTS CIT

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
26-0788428-268	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM RETIREMENT ADV TR 2035 X

b Name of sponsor of entity listed in (a): PUTNAM INVESTMENTS CIT

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
26-0788428-268	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM RETIREMENT ADV TR 2040 X

b Name of sponsor of entity listed in (a): PUTNAM INVESTMENTS CIT

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
26-0788428-268	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM RETIREMENT ADV TR 2045 X

b Name of sponsor of entity listed in (a): PUTNAM INVESTMENTS CIT

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
26-0788428-268	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM RETIREMENT ADV TR 2050 X

b Name of sponsor of entity listed in (a): PUTNAM INVESTMENTS CIT

c EIN-PN 26-0788428-268	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM RETIREMENT ADV TR 2055 X

b Name of sponsor of entity listed in (a): PUTNAM INVESTMENTS CIT

c EIN-PN 26-0788428-268	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM RETIREMENT ADV TR 2060 X

b Name of sponsor of entity listed in (a): PUTNAM INVESTMENTS CIT

c EIN-PN 26-0788428-268	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
COMMONWEALTH LODGING MANAGEMENT, LLC 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
COMMONWEALTH LODGING MANAGEMENT, LLC

D Employer Identification Number (EIN)
61-1688483

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	54202	47538
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	590438
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	787501	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	244832	9036
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	19000	0
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	1105535	647012
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	1105535	647012

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	47538	
(B) Participants	2a(1)(B)	127207	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		174745
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2265	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		2265
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-164714
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		12296
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	459983	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		459983
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	10836	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		10836
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		470819
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-458523
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

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) [X] 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) [X] 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: KEITER **(2)** EIN: 54-1631262

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	

		Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m	X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n	X		

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2022

This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
COMMONWEALTH LODGING MANAGEMENT, LLC 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
COMMONWEALTH LODGING MANAGEMENT, LLC

D Employer Identification Number (EIN)
61-1688483

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 04-6568107 84-0467907

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

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_____

Jacki Himmel

From: Lewis, Elizabeth K. <ELewis@Keitercpa.com>
Sent: Monday, October 16, 2023 11:20 AM
To: Jacki Himmel; Christine Elrod
Cc: Wooldridge, Tianna
Subject: RE: CCP/CLM ERISA Audit Updates

**External email. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Yes, you should file the 5500 with an attachment memo that says the audit is in process and will be uploaded as soon as it is complete. Once complete, the 5500 will need to be amended and re-filed with the financials attached.

Another thought – have you already reviewed the list of employees that are eligible and verified it is the correct population for the match? If so, calculation of the 3% should be very easy and we could estimate it within an immaterial amount (and go ahead and finalize!). I'm not clear on what aspects of the calculation you do at CCP vs. what Fidelity does. Feel free to give me a call if you'd like. 804-418-6261

Thanks,
Elizabeth

From: Jacki Himmel <jhimmel@commonwealthcommercial.com>
Sent: Monday, October 16, 2023 11:06 AM
To: Lewis, Elizabeth K. <ELewis@Keitercpa.com>; Christine Elrod <celrod@commonwealthcommercial.com>
Cc: Wooldridge, Tianna <twooldridge@keitercpa.com>
Subject: RE: CCP/CLM ERISA Audit Updates

Should we go ahead and submit the 5500?

Jacki Himmel
Human Resources Director

4198 Cox Road, Suite 200
Glen Allen, VA 23060

T (804) 228-4920
F (804) 823-8174
jhimmel@commonwealthcommercial.com

Notice:This email is intended only for the above-named recipients. The contents of the email and any attached files are confidential. If you have received this email in error you must not copy, forward, disclose the information contained in it, or otherwise use it in any way. Please notify the sender immediately and then delete the message and any attachments.

From: Lewis, Elizabeth K. <ELewis@Keitercpa.com>
Sent: Monday, October 16, 2023 11:02 AM
To: Christine Elrod <celrod@commonwealthcommercial.com>
Cc: Wooldridge, Tianna <twooldridge@keitercpa.com>; Jacki Himmel <jhimmel@commonwealthcommercial.com>
Subject: RE: CCP/CLM ERISA Audit Updates

**External email. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Thank you. We are ok to exclude the partial plan termination language.

Let us know as soon as you have the new match calculation. We will do our best to turn it around quickly but will need to substantively check the calculation since there was previously an error.

Thanks,
Elizabeth

From: Christine Elrod <celrod@commonwealthcommercial.com>
Sent: Monday, October 16, 2023 10:41 AM
To: Lewis, Elizabeth K. <ELewis@Keitercpa.com>
Cc: Wooldridge, Tianna <twooldridge@keitercpa.com>; Jacki Himmel <jhimmel@commonwealthcommercial.com>
Subject: RE: CCP/CLM ERISA Audit Updates

Hi Elzabeth,

You will see the explanation of terms below and the largest due to off boarding the Delta hotel (286).

The new hires in 2022 that elected to participate in the 401k plan is the second portion of data.

I am following up now with Fidelity on the ER match recalculation along with guidance on whether we should at minimum file the Form 5500 without the FS in order to meet the deadline today. If you have a recommendation, please let us know.

Thank you.
Christine

Term Reason	Count of Term Reason	
Expiration of Appointment or Contract	**286**	***Hotel Offboarded***
For Cause - NCNS	179	
For Cause - Policy Violation	159	
Other	43	
Personal/Unknown	66	
Relocation	17	
Resignation	149	
Retirement	1	
Return to School	14	
Grand Total	**914**	

[redacted]

	HIRE DATE	TERM DATE
	2/14/2022	6/17/2022
	5/16/2022	

[redacted]

	1/3/2022	
	5/18/2022	
	3/13/2022	10/29/2022
	5/10/2022	
	1/3/2022	
	4/11/2022	
	4/11/2022	
	1/10/2022	6/9/2022
	5/16/2022	
	5/26/2022	
	5/10/2022	
	8/8/2022	11/22/2022
	5/26/2022	
	5/26/2022	
	16	

Christine Elrod
Human Resources Analyst
T 804-250-6165
F 804-823-8174

From: Lewis, Elizabeth K. <ELewis@Keitercpa.com>
Sent: Sunday, October 15, 2023 8:02 PM
To: Christine Elrod <celrod@commonwealthcommercial.com>
Cc: Wooldridge, Tianna <twooldridge@keitercpa.com>; Jacki Himmel <jhimmel@commonwealthcommercial.com>
Subject: RE: CCP/CLM ERISA Audit Updates

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Hi Christine,

Thanks for these updates. We'll need to hold until the match number is updated. As for the partial plan termination, I think we still need some clarification from you.

From the census we received, there are 1,289 people paid by CLM last year. 1,040 of them were terminated before the end of the year, leaving 249. We don't have the information to calculate N below (ie: new participants during the year) or the nature of all the terminations (ie which are not voluntary, death, disability, or retirement). Can you please clarify these numbers/inputs?

Calculation of turnover rate for terminated participants

T / (P + N)

- T = Terminated by the employer (not voluntary, death, disabilit
- P = Participants at the beginning of affected period
- N = New participants during affected period
- Affected period — generally equals the plan year unless termi over a longer time period when more plan years will be includ
- Includes all vesting levels of participants

Thanks,
Elizabeth

From: Christine Elrod <celrod@commonwealthcommercial.com>
Sent: Friday, October 13, 2023 3:18 PM
To: Lewis, Elizabeth K. <ELewis@Keitercpa.com>
Cc: Wooldridge, Tianna <twooldridge@keitercpa.com>; Jacki Himmel <jhimmel@commonwealthcommercial.com>
Subject: RE: CCP/CLM ERISA Audit Updates

Hello,

A few updates regarding CLM:

- **We requested yesterday that Fidelity update the hard count numbers since the NDT was not completed prior to them generating the draft Form 5500.**
    - **An updated Form 5500 is attached representing the updates which answers the question regarding partial plan termination. Please let us know if not.**

Total number of participants at the beginning of the plan year	
Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).	
Total number of active participants at the beginning of the plan year	
Total number of active participants at the end of the plan year	
Retired or separated participants receiving benefits	
Other retired or separated participants entitled to future benefits	
Subtotal. Add lines **6a(2)**, **6b**, and **6c**	
Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	
Total. Add lines **6d** and **6e**	
Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	
Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes
2E 2F 2G 2J 2K 2T 3D

- **Explanation for compensation differences between census and match calculation.**
  - Spoke with Fidelity numerous times today regarding this to try and determine how the data was incorrect.
  - For now, the solution was to place a service ticket for a recalculation, and we have asked our rep to expedite it. Ticket was placed earlier (copy below).
  - I have attached a copy of the updated file to show who is impacted and have indicated the correct gross and allocation compensation (in purple text) for them to recalculate the match.
  - As soon as we have the recalculation, we will review and confirm to Fidelity.
  - Lastly, once we are in receipt of confirmation from Fidelity of the match - we will provide.

Your Service Request was submitted

View your tracking information below. If you would like to see more details, check the View All Service Requests page.

Tracking information

W637348-13OCT23

Submission details

Which benefit is this about?
Defined Contribution

What's the plan number?
9469A - COMMONWEALTH LODGING

Is this about a plan or participant?
Plan

What can we help you with?
Something else

Tell us as much information as possible about how we can help.
RE: ER Contribution Match Calculation. Gross and Allocation Compensation Update. !! Recalculation Request BEFORE funding. Reference Service Request: W556840-12OCT23 Updated File Attached.

Files you attached related to this request
Updated NSS_Data 10132023 for recalculation.xls

What's the best number to reach you? (Optional)
8049801677

Which email do you want to use to receive updates about this request?
celrod@commonwealthcommercial.com

Christine Elrod
Human Resources Analyst
T 804-250-6165
F 804-823-8174

From: Lewis, Elizabeth K. <ELewis@Keitercpa.com>
Sent: Friday, October 13, 2023 12:55 PM
To: Christine Elrod <celrod@commonwealthcommercial.com>
Cc: Wooldridge, Tianna <twooldridge@keitercpa.com>; Jacki Himmel <jhimmel@commonwealthcommercial.com>
Subject: RE: CCP/CLM ERISA Audit Updates

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Great, thank you!

Here are the final issued financial statements for CCP. These should be filed with the Form 5500 by Monday. We can consider that one DONE!

From: Christine Elrod <celrod@commonwealthcommercial.com>
Sent: Friday, October 13, 2023 12:44 PM
To: Lewis, Elizabeth K. <ELewis@Keitercpa.com>
Cc: Wooldridge, Tianna <twooldridge@keitercpa.com>; Jacki Himmel <jhimmel@commonwealthcommercial.com>
Subject: RE: CCP/CLM ERISA Audit Updates

Good afternoon,

Please find attached > CCP's updated Form 5500.

Latest status below:

CLM:

1. Explanation for compensation differences between census and match calculation

- Working with Fidelity and will have an answer soon.

2. Confirmation of payment of match

- Pending

~~3. Signed rep letter~~

- Provided by Jacki (also attached)

4. (pending #1, if applicable) – updated match calculation, updated Schedule H

~~**CCP:**~~

~~**1. Updated Form 5500**~~

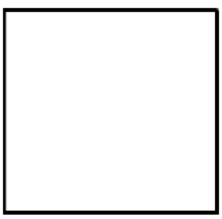
- Attached

Thank you.

Christine Elrod
Human Resources Analyst
T 804-250-6165
F 804-823-8174

From: Jacki Himmel <jhimmel@commonwealthcommercial.com>
Sent: Friday, October 13, 2023 10:58 AM
To: Lewis, Elizabeth K. <ELewis@Keitercpa.com>; Christine Elrod <celrod@commonwealthcommercial.com>
Cc: Wooldridge, Tianna <twooldridge@keitercpa.com>
Subject: RE: CCP/CLM ERISA Audit Updates

Signed Rep Letter attached for CLM.



Jacki Himmel
Human Resources Director
4198 Cox Road, Suite 200
Glen Allen, VA 23060
T (804) 228-4920
F (804) 823-8174

jhimmel@commonwealthcommercial.com



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From: Lewis, Elizabeth K. <ELewis@Keitercpa.com>
Sent: Friday, October 13, 2023 9:20 AM
To: Christine Elrod <celrod@commonwealthcommercial.com>
Cc: Wooldridge, Tianna <twooldridge@keitercpa.com>; Jacki Himmel <jhimmel@commonwealthcommercial.com>
Subject: RE: CCP/CLM ERISA Audit Updates

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I've attached a preliminary draft of the financial statements for review and the rep letter for signature. We still need clarification on the match calculation since any changes there will need to be re-run through the financials (and Schedule H of the 5500) however wanted to keep this moving.

CLM:

1. Explanation for compensation differences between census and match calculation
2. Confirmation of payment of match
3. ~~Signed rep letter~~
4. (pending #1, if applicable) – updated match calculation, updated Schedule H

~~**CCP:**~~
~~**1.** Updated Form 5500~~

From: Lewis, Elizabeth K.
Sent: Thursday, October 12, 2023 8:39 PM
To: 'Christine Elrod' <celrod@commonwealthcommercial.com>
Cc: Wooldridge, Tianna <twooldridge@keitercpa.com>; Jacki Himmel <jhimmel@commonwealthcommercial.com>
Subject: RE: CCP/CLM ERISA Audit Updates

Christine –

Couple updates:

CLM:

1. ~~We will update Form 5500 in Fidelity PSW with the suggested edits for Schedule H for it to match FS per your email.~~ ~~(timeline > today)~~ ~~Keiter has received~~
2. We are waiting on an email confirmation from Fidelity regarding ER contribution match being final. Jacki confirmed in their system earlier, and we will check on turnaround time. This will be provided to you asap once available. Please also address email from tonight regarding compensation differences between census and match calculation.
3. We will then get the FS from you and file with DOL. (along with rep letter for signature) (timeline > Monday am)

CCP:

1. You are working on FS and once available we will include and file with DOL (along with rep letter for signature). (timeline > Monday am) We have the FS ready to go but are waiting on the revised 5500 from you.

Thank you!
Elizabeth

From: Christine Elrod <celrod@commonwealthcommercial.com>
Sent: Thursday, October 12, 2023 4:25 PM
To: Lewis, Elizabeth K. <ELewis@Keitercpa.com>
Cc: Wooldridge, Tianna <twooldridge@keitercpa.com>; Jacki Himmel <jhimmel@commonwealthcommercial.com>
Subject: RE: CCP/CLM ERISA Audit Updates

Thank you, Elizabeth.

Realizing the timeline is crucial, please let us know if there is anything that we are missing on our end that remains to be done outside of the below:

CLM:

1. We will update Form 5500 in Fidelity PSW with the suggested edits for Schedule H for it to match FS per your email. (timeline > today)
2. We are waiting on an email confirmation from Fidelity regarding ER contribution match being final. Jacki confirmed in their system earlier, and we will check on turnaround time. This will be provided to you asap once available.
3. We will then get the FS from you and file with DOL. (along with rep letter for signature) (timeline > Monday am)

CCP:

1. You are working on FS and once available we will include and file with DOL (along with rep letter for signature). (timeline > Monday am)

Thank you again for your patience,

Christine Elrod
Human Resources Analyst
T 804-250-6165
F 804-823-8174

From: Lewis, Elizabeth K. <ELewis@Keitercpa.com>
Sent: Thursday, October 12, 2023 3:15 PM
To: Christine Elrod <celrod@commonwealthcommercial.com>
Cc: Wooldridge, Tianna <twooldridge@keitercpa.com>; Jacki Himmel <jhimmel@commonwealthcommercial.com>
Subject: RE: CCP/CLM ERISA Audit Updates

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Thank you! We are running this through our audit procedures and getting the financials through review as quickly as we are able to. I've attached the 500 with suggested edits to the Schedule H to match the FS. As with CCP, we'll need a clean copy back before we can issue the financials.

Next steps – once the match is finalized, please send us that confirmation. We'll get you a draft of the FS asap with the rep letter for signature (likely early Monday). Then once we see the final 5500s we can release the FS to you to file with the DOL – hopefully before the end of the day Monday.

Thanks,
Elizabeth

From: Christine Elrod <celrod@commonwealthcommercial.com>
Sent: Thursday, October 12, 2023 1:06 PM
To: Lewis, Elizabeth K. <ELewis@Keitercpa.com>
Cc: Wooldridge, Tianna <twooldridge@keitercpa.com>; Jacki Himmel <jhimmel@commonwealthcommercial.com>
Subject: RE: CCP/CLM ERISA Audit Updates

Good afternoon,

Please find preliminary ER Match Calculation from Fidelity for Commonwealth Lodging Management (CLM). Jacki has reviewed and is going to confirm in the Fidelity portal shortly, then we will have a final notice email from Fidelity that we can provide as well. We wanted to get this information to you as soon as possible in the interim.

What are the next steps?

Thank you for being patient.

Christine Elrod
Human Resources Analyst
T 804-250-6165
F 804-823-8174

From: Christine Elrod
Sent: Wednesday, October 11, 2023 2:53 PM
To: 'Lewis, Elizabeth K.' <ELewis@Keitercpa.com>
Cc: 'Wooldridge, Tianna' <twooldridge@keitercpa.com>; Jacki Himmel <jhimmel@commonwealthcommercial.com>
Subject: RE: CCP/CLM ERISA Audit Updates

Good afternoon,

In our final execution plan documents with Fidelity, please see attached PDF that represents the cash reserves fund.

Here is the current link to the rate that was being requested > FDRXX - Fidelity ® Government Cash Reserves | Fidelity Investments

Please let me know if there is anything further needed on this. I am still working on the other request and hope to have that by the end of today.

Thank you.

Christine Elrod
Human Resources Analyst
T 804-250-6165
F 804-823-8174

From: Christine Elrod <celrod@commonwealthcommercial.com>
Sent: Wednesday, October 11, 2023 12:45 PM
To: Lewis, Elizabeth K. <ELewis@Keitercpa.com>
Cc: Wooldridge, Tianna <twooldridge@keitercpa.com>; Jacki Himmel <jhimmel@commonwealthcommercial.com>
Subject: RE: CCP/CLM ERISA Audit Updates

Hi Elizabeth,

I was able to generate the attached report out of Fidelity. I am not seeing an interest rate specifically, only interest paid on 12/30/2022.

Please let me know if this helps any. I will continue to search in the interim.

Thank you.

Christine Elrod
Human Resources Analyst
T 804-250-6165
F 804-823-8174

From: Lewis, Elizabeth K. <ELewis@Keitercpa.com>
Sent: Wednesday, October 11, 2023 12:21 PM
To: Christine Elrod <celrod@commonwealthcommercial.com>; Jacki Himmel <jhimmel@commonwealthcommercial.com>
Cc: Wooldridge, Tianna <twooldridge@keitercpa.com>
Subject: RE: CCP/CLM ERISA Audit Updates

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Another question for you – at 12/31/2022, most of the CLM investments were in an interest-bearing cash account. Do you have anything that shows what the interest rate was? It's required on the statement of assets.

Thanks,
Elizabeth

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From: Christine Elrod <celrod@commonwealthcommercial.com>
Sent: Wednesday, October 11, 2023 11:43 AM
To: Lewis, Elizabeth K. <ELewis@Keitercpa.com>; Jacki Himmel <jhimmel@commonwealthcommercial.com>
Cc: Wooldridge, Tianna <twooldridge@keitercpa.com>
Subject: RE: CCP/CLM ERISA Audit Updates

Good morning,

I am running reports from Empower and Fidelity this morning to see how the numbers changed as they did in comparison.

I should have an update today and will email.

Thank you.

Christine Elrod
Human Resources Analyst
T 804-250-6165
F 804-823-8174

From: Lewis, Elizabeth K. <ELewis@Keitercpa.com>
Sent: Wednesday, October 11, 2023 11:25 AM
To: Christine Elrod <celrod@commonwealthcommercial.com>; Jacki Himmel <jhimmel@commonwealthcommercial.com>
Cc: Wooldridge, Tianna <twooldridge@keitercpa.com>
Subject: FW: CCP/CLM ERISA Audit Updates

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Any updates on the partial plan termination? We are unable to determine the number of terminations based on solely on the information from the census.

Thanks,
Elizabeth

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---

From: Lewis, Elizabeth K.
Sent: Wednesday, September 27, 2023 11:50 AM
To: Jacki Himmel <jhimmel@commonwealthcommercial.com>; Christine Elrod <celrod@commonwealthcommercial.com>
Cc: Wooldridge, Tianna <twooldridge@keitercpa.com>
Subject: FW: CCP/CLM ERISA Audit Updates

Jacki,

To follow up on a couple of these items for CLM –

1. We will need a confirmed amount for the match. Since it is described as an annual “per plan year” match, it needs to be accrued if it will be paid. Do you know what is holding up this decision/determination?
2. For the plan participant number question, we are trying to determine if there is a “partial plan termination” which results when there is a large amount of terminated employees. This is the formula that is used to determine whether applicable – please send us these numbers and let us know if you think this applies.

Calculation of turnover rate for terminated participants
T / (P + N)

- T = Terminated by the employer (not voluntary, death, disabilit
- P = Participants at the beginning of affected period
- N = New participants during affected period
- Affected period — generally equals the plan year unless termi over a longer time period when more plan years will be includ
- Includes all vesting levels of participants

Thanks,
Elizabeth

From: Jacki Himmel <jhimmel@commonwealthcommercial.com>
Sent: Monday, September 25, 2023 4:40 PM
To: Wooldridge, Tianna <twooldridge@keitercpa.com>; Christine Elrod <celrod@commonwealthcommercial.com>
Cc: Lewis, Elizabeth K. <ELewis@Keitercpa.com>
Subject: RE: CCP/CLM ERISA Audit Updates

See additional updates in blue below, and attachments included in this email.

From: Wooldridge, Tianna <twooldridge@keitercpa.com>
Sent: Friday, September 22, 2023 4:54 PM
To: Christine Elrod <celrod@commonwealthcommercial.com>; Jacki Himmel <jhimmel@commonwealthcommercial.com>
Cc: Lewis, Elizabeth K. <ELewis@Keitercpa.com>
Subject: CCP/CLM ERISA Audit Updates

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Good evening Jacki and Christine,

Thank you for taking the time to touch base on the outstanding items this afternoon. I wanted to summarize what we discussed below:

Commonwealth Lodging Management

1) Fidelity has confirmed receipt of the information to finalize the nondiscrimination testing. Christine is submitting a ticket to Fidelity to expedite this report.
2) We confirmed that there is an employer match. Jacki to provide the estimated dollar amount of the match and provide the list that shows the allocation of the match to each participant. **Based on total earnings for those employees who participated in the plan and were active at year end, the max contribution expected would be no more than $60,000 (likely in the $50,000 - $55,000 range). Please note that we usually FAIL NDT resulting in a refund to one or more employees.**
3) Jacki is researching the discrepancy in the corrective distribution identified during the 2021 plan year compared to the amount remitted during 2022. Attaching a copy of what was prepared for us by our TPA last year showing NDT testing failure and resulting actions along with the manual contribution form.

4) Jacki is researching the # of participants that had balances as of the end of the plan year for 2022 (29) compared to 2021 (78) to see if the 2022 number is correct. If this is correct, Keiter will need to perform additional procedures around a partial plan termination. Can you let me know where you are getting the participant numbers for 2022? I show that as of 12/31/2022 we had zero participants with a balance because we had entered the blackout period and the funds were liquidated until the blackout period was over and funds were deposited at Fidelity.

Commonwealth Commercial Partners

1) Keiter received the draft 5500 today. Tianna to work on reviewing and updating based on the audit.
2) Christine is working to expedite the nondiscrimination testing with Fidelity. **Data submitted to Fidelity and ticket entered requesting expedition of NDT.**

We have agreed for Jacki/Christine to provide an update by the end of day, Monday, September 25th. That status update will determine if we need to discuss next steps for filing after the deadline of 10/15/2023.

Feel free to update/edit where necessary.

Have a wonderful weekend and I look forward to hearing from you Monday.

Keiter
Your Opportunity Advisors

Tianna Wooldridge| Senior Associate, Business Advisory and Audit Services
4401 Dominion Boulevard, Glen Allen, VA 23060
phone: 804.747.0000 | fax: 804.747.3632 | **www keitercpa.com**

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Jacki Himmel

From: Lewis, Elizabeth K. <ELewis@Keitercpa.com>
Sent: Monday, October 16, 2023 11:20 AM
To: Jacki Himmel; Christine Elrod
Cc: Wooldridge, Tianna
Subject: RE: CCP/CLM ERISA Audit Updates

**External email. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Yes, you should file the 5500 with an attachment memo that says the audit is in process and will be uploaded as soon as it is complete. Once complete, the 5500 will need to be amended and re-filed with the financials attached.

Another thought – have you already reviewed the list of employees that are eligible and verified it is the correct population for the match? If so, calculation of the 3% should be very easy and we could estimate it within an immaterial amount (and go ahead and finalize!). I'm not clear on what aspects of the calculation you do at CCP vs. what Fidelity does. Feel free to give me a call if you'd like. 804-418-6261

Thanks,
Elizabeth

From: Jacki Himmel <jhimmel@commonwealthcommercial.com>
Sent: Monday, October 16, 2023 11:06 AM
To: Lewis, Elizabeth K. <ELewis@Keitercpa.com>; Christine Elrod <celrod@commonwealthcommercial.com>
Cc: Wooldridge, Tianna <twooldridge@keitercpa.com>
Subject: RE: CCP/CLM ERISA Audit Updates

Should we go ahead and submit the 5500?

Jacki Himmel
Human Resources Director

4198 Cox Road, Suite 200
Glen Allen, VA 23060

T (804) 228-4920
F (804) 823-8174
jhimmel@commonwealthcommercial.com

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From: Lewis, Elizabeth K. <ELewis@Keitercpa.com>
Sent: Monday, October 16, 2023 11:02 AM
To: Christine Elrod <celrod@commonwealthcommercial.com>
Cc: Wooldridge, Tianna <twooldridge@keitercpa.com>; Jacki Himmel <jhimmel@commonwealthcommercial.com>
Subject: RE: CCP/CLM ERISA Audit Updates

**External email. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Thank you. We are ok to exclude the partial plan termination language.

Let us know as soon as you have the new match calculation. We will do our best to turn it around quickly but will need to substantively check the calculation since there was previously an error.

Thanks,
Elizabeth

From: Christine Elrod <celrod@commonwealthcommercial.com>
Sent: Monday, October 16, 2023 10:41 AM
To: Lewis, Elizabeth K. <ELewis@Keitercpa.com>
Cc: Wooldridge, Tianna <twooldridge@keitercpa.com>; Jacki Himmel <jhimmel@commonwealthcommercial.com>
Subject: RE: CCP/CLM ERISA Audit Updates

Hi Elzabeth,

You will see the explanation of terms below and the largest due to off boarding the Delta hotel (286).

The new hires in 2022 that elected to participate in the 401k plan is the second portion of data.

I am following up now with Fidelity on the ER match recalculation along with guidance on whether we should at minimum file the Form 5500 without the FS in order to meet the deadline today. If you have a recommendation, please let us know.

Thank you.
Christine

Term Reason	Count of Term Reason	
Expiration of Appointment or Contract	**286**	***Hotel Offboarded***
For Cause - NCNS	179	
For Cause - Policy Violation	159	
Other	43	
Personal/Unknown	66	
Relocation	17	
Resignation	149	
Retirement	1	
Return to School	14	
Grand Total	**914**	

[redacted]



Christine Elrod
Human Resources Analyst
T 804-250-6165
F 804-823-8174

From: Lewis, Elizabeth K. <ELewis@Keitercpa.com>
Sent: Sunday, October 15, 2023 8:02 PM
To: Christine Elrod <celrod@commonwealthcommercial.com>
Cc: Wooldridge, Tianna <twooldridge@keitercpa.com>; Jacki Himmel <jhimmel@commonwealthcommercial.com>
Subject: RE: CCP/CLM ERISA Audit Updates

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Hi Christine,

Thanks for these updates. We'll need to hold until the match number is updated. As for the partial plan termination, I think we still need some clarification from you.

From the census we received, there are 1,289 people paid by CLM last year. 1,040 of them were terminated before the end of the year, leaving 249. We don't have the information to calculate N below (ie: new participants during the year) or the nature of all the terminations (ie which are not voluntary, death, disability, or retirement). Can you please clarify these numbers/inputs?

Calculation of turnover rate for terminated participants

T / (P + N)

- T = Terminated by the employer (not voluntary, death, disabilit
- P = Participants at the beginning of affected period
- N = New participants during affected period
- Affected period — generally equals the plan year unless termi over a longer time period when more plan years will be includ
- Includes all vesting levels of participants

Thanks,
Elizabeth

From: Christine Elrod <celrod@commonwealthcommercial.com>
Sent: Friday, October 13, 2023 3:18 PM
To: Lewis, Elizabeth K. <ELewis@Keitercpa.com>
Cc: Wooldridge, Tianna <twooldridge@keitercpa.com>; Jacki Himmel <jhimmel@commonwealthcommercial.com>
Subject: RE: CCP/CLM ERISA Audit Updates

Hello,

A few updates regarding CLM:

- **We requested yesterday that Fidelity update the hard count numbers since the NDT was not completed prior to them generating the draft Form 5500.**
    - **An updated Form 5500 is attached representing the updates which answers the question regarding partial plan termination. Please let us know if not.**

Total number of participants at the beginning of the plan year	
Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).	
Total number of active participants at the beginning of the plan year	
Total number of active participants at the end of the plan year	
Retired or separated participants receiving benefits	
Other retired or separated participants entitled to future benefits	
Subtotal. Add lines **6a(2)**, **6b**, and **6c**	
Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	
Total. Add lines **6d** and **6e**	
Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	
Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes
2E 2F 2G 2J 2K 2T 3D

- **Explanation for compensation differences between census and match calculation.**
  - Spoke with Fidelity numerous times today regarding this to try and determine how the data was incorrect.
  - For now, the solution was to place a service ticket for a recalculation, and we have asked our rep to expedite it. Ticket was placed earlier (copy below).
  - I have attached a copy of the updated file to show who is impacted and have indicated the correct gross and allocation compensation (in purple text) for them to recalculate the match.
  - As soon as we have the recalculation, we will review and confirm to Fidelity.
  - Lastly, once we are in receipt of confirmation from Fidelity of the match - we will provide.

Your Service Request was submitted

View your tracking information below. If you would like to see more details, check the View All Service Requests page.

Tracking information

W637348-13OCT23

Submission details

Which benefit is this about?
Defined Contribution

What's the plan number?
9469A - COMMONWEALTH LODGING

Is this about a plan or participant?
Plan

What can we help you with?
Something else

Tell us as much information as possible about how we can help.
RE: ER Contribution Match Calculation. Gross and Allocation Compensation Update. !! Recalculation Request BEFORE funding. Reference Service Request: W556840-12OCT23 Updated File Attached.

Files you attached related to this request
Updated NSS_Data 10132023 for recalculation.xls

What's the best number to reach you? (Optional)
8049801677

Which email do you want to use to receive updates about this request?
celrod@commonwealthcommercial.com

Christine Elrod
Human Resources Analyst
T 804-250-6165
F 804-823-8174

From: Lewis, Elizabeth K. <ELewis@Keitercpa.com>
Sent: Friday, October 13, 2023 12:55 PM
To: Christine Elrod <celrod@commonwealthcommercial.com>
Cc: Wooldridge, Tianna <twooldridge@keitercpa.com>; Jacki Himmel <jhimmel@commonwealthcommercial.com>
Subject: RE: CCP/CLM ERISA Audit Updates

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Great, thank you!

Here are the final issued financial statements for CCP. These should be filed with the Form 5500 by Monday. We can consider that one DONE!

From: Christine Elrod <celrod@commonwealthcommercial.com>
Sent: Friday, October 13, 2023 12:44 PM
To: Lewis, Elizabeth K. <ELewis@Keitercpa.com>
Cc: Wooldridge, Tianna <twooldridge@keitercpa.com>; Jacki Himmel <jhimmel@commonwealthcommercial.com>
Subject: RE: CCP/CLM ERISA Audit Updates

Good afternoon,

Please find attached > CCP's updated Form 5500.

Latest status below:

CLM:

1. Explanation for compensation differences between census and match calculation

- Working with Fidelity and will have an answer soon.

2. Confirmation of payment of match

- Pending

~~3. Signed rep letter~~

- Provided by Jacki (also attached)

4. (pending #1, if applicable) – updated match calculation, updated Schedule H

~~**CCP:**~~

~~**1. Updated Form 5500**~~

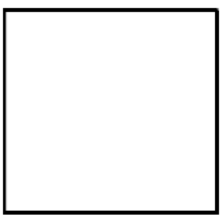
- Attached

Thank you.

Christine Elrod
Human Resources Analyst
T 804-250-6165
F 804-823-8174

From: Jacki Himmel <jhimmel@commonwealthcommercial.com>
Sent: Friday, October 13, 2023 10:58 AM
To: Lewis, Elizabeth K. <ELewis@Keitercpa.com>; Christine Elrod <celrod@commonwealthcommercial.com>
Cc: Wooldridge, Tianna <twooldridge@keitercpa.com>
Subject: RE: CCP/CLM ERISA Audit Updates

Signed Rep Letter attached for CLM.



Jacki Himmel
Human Resources Director
4198 Cox Road, Suite 200
Glen Allen, VA 23060
T (804) 228-4920
F (804) 823-8174

jhimmel@commonwealthcommercial.com



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From: Lewis, Elizabeth K. <ELewis@Keitercpa.com>
Sent: Friday, October 13, 2023 9:20 AM
To: Christine Elrod <celrod@commonwealthcommercial.com>
Cc: Wooldridge, Tianna <twooldridge@keitercpa.com>; Jacki Himmel <jhimmel@commonwealthcommercial.com>
Subject: RE: CCP/CLM ERISA Audit Updates

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I've attached a preliminary draft of the financial statements for review and the rep letter for signature. We still need clarification on the match calculation since any changes there will need to be re-run through the financials (and Schedule H of the 5500) however wanted to keep this moving.

CLM:

1. Explanation for compensation differences between census and match calculation
2. Confirmation of payment of match
3. ~~Signed rep letter~~
4. (pending #1, if applicable) – updated match calculation, updated Schedule H

~~**CCP:**~~
~~**1.** Updated Form 5500~~

From: Lewis, Elizabeth K.
Sent: Thursday, October 12, 2023 8:39 PM
To: 'Christine Elrod' <celrod@commonwealthcommercial.com>
Cc: Wooldridge, Tianna <twooldridge@keitercpa.com>; Jacki Himmel <jhimmel@commonwealthcommercial.com>
Subject: RE: CCP/CLM ERISA Audit Updates

Christine –

Couple updates:

CLM:

1. ~~We will update Form 5500 in Fidelity PSW with the suggested edits for Schedule H for it to match FS per your email.~~ ~~(timeline > today)~~ ~~Keiter has received~~
2. We are waiting on an email confirmation from Fidelity regarding ER contribution match being final. Jacki confirmed in their system earlier, and we will check on turnaround time. This will be provided to you asap once available. Please also address email from tonight regarding compensation differences between census and match calculation.
3. We will then get the FS from you and file with DOL. (along with rep letter for signature) (timeline > Monday am)

CCP:

1. You are working on FS and once available we will include and file with DOL (along with rep letter for signature). (timeline > Monday am) We have the FS ready to go but are waiting on the revised 5500 from you.

Thank you!
Elizabeth

From: Christine Elrod <celrod@commonwealthcommercial.com>
Sent: Thursday, October 12, 2023 4:25 PM
To: Lewis, Elizabeth K. <ELewis@Keitercpa.com>
Cc: Wooldridge, Tianna <twooldridge@keitercpa.com>; Jacki Himmel <jhimmel@commonwealthcommercial.com>
Subject: RE: CCP/CLM ERISA Audit Updates

Thank you, Elizabeth.

Realizing the timeline is crucial, please let us know if there is anything that we are missing on our end that remains to be done outside of the below:

CLM:

1. We will update Form 5500 in Fidelity PSW with the suggested edits for Schedule H for it to match FS per your email. (timeline > today)
2. We are waiting on an email confirmation from Fidelity regarding ER contribution match being final. Jacki confirmed in their system earlier, and we will check on turnaround time. This will be provided to you asap once available.
3. We will then get the FS from you and file with DOL. (along with rep letter for signature) (timeline > Monday am)

CCP:

1. You are working on FS and once available we will include and file with DOL (along with rep letter for signature). (timeline > Monday am)

Thank you again for your patience,

Christine Elrod
Human Resources Analyst
T 804-250-6165
F 804-823-8174

From: Lewis, Elizabeth K. <ELewis@Keitercpa.com>
Sent: Thursday, October 12, 2023 3:15 PM
To: Christine Elrod <celrod@commonwealthcommercial.com>
Cc: Wooldridge, Tianna <twooldridge@keitercpa.com>; Jacki Himmel <jhimmel@commonwealthcommercial.com>
Subject: RE: CCP/CLM ERISA Audit Updates

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Thank you! We are running this through our audit procedures and getting the financials through review as quickly as we are able to. I've attached the 500 with suggested edits to the Schedule H to match the FS. As with CCP, we'll need a clean copy back before we can issue the financials.

Next steps – once the match is finalized, please send us that confirmation. We'll get you a draft of the FS asap with the rep letter for signature (likely early Monday). Then once we see the final 5500s we can release the FS to you to file with the DOL – hopefully before the end of the day Monday.

Thanks,
Elizabeth

From: Christine Elrod <celrod@commonwealthcommercial.com>
Sent: Thursday, October 12, 2023 1:06 PM
To: Lewis, Elizabeth K. <ELewis@Keitercpa.com>
Cc: Wooldridge, Tianna <twooldridge@keitercpa.com>; Jacki Himmel <jhimmel@commonwealthcommercial.com>
Subject: RE: CCP/CLM ERISA Audit Updates

Good afternoon,

Please find preliminary ER Match Calculation from Fidelity for Commonwealth Lodging Management (CLM). Jacki has reviewed and is going to confirm in the Fidelity portal shortly, then we will have a final notice email from Fidelity that we can provide as well. We wanted to get this information to you as soon as possible in the interim.

What are the next steps?

Thank you for being patient.

Christine Elrod
Human Resources Analyst
T 804-250-6165
F 804-823-8174

From: Christine Elrod
Sent: Wednesday, October 11, 2023 2:53 PM
To: 'Lewis, Elizabeth K.' <ELewis@Keitercpa.com>
Cc: 'Wooldridge, Tianna' <twooldridge@keitercpa.com>; Jacki Himmel <jhimmel@commonwealthcommercial.com>
Subject: RE: CCP/CLM ERISA Audit Updates

Good afternoon,

In our final execution plan documents with Fidelity, please see attached PDF that represents the cash reserves fund.

Here is the current link to the rate that was being requested > FDRXX - Fidelity ® Government Cash Reserves | Fidelity Investments

Please let me know if there is anything further needed on this. I am still working on the other request and hope to have that by the end of today.

Thank you.

Christine Elrod
Human Resources Analyst
T 804-250-6165
F 804-823-8174

From: Christine Elrod <celrod@commonwealthcommercial.com>
Sent: Wednesday, October 11, 2023 12:45 PM
To: Lewis, Elizabeth K. <ELewis@Keitercpa.com>
Cc: Wooldridge, Tianna <twooldridge@keitercpa.com>; Jacki Himmel <jhimmel@commonwealthcommercial.com>
Subject: RE: CCP/CLM ERISA Audit Updates

Hi Elizabeth,

I was able to generate the attached report out of Fidelity. I am not seeing an interest rate specifically, only interest paid on 12/30/2022.

Please let me know if this helps any. I will continue to search in the interim.

Thank you.

Christine Elrod
Human Resources Analyst
T 804-250-6165
F 804-823-8174

From: Lewis, Elizabeth K. <ELewis@Keitercpa.com>
Sent: Wednesday, October 11, 2023 12:21 PM
To: Christine Elrod <celrod@commonwealthcommercial.com>; Jacki Himmel <jhimmel@commonwealthcommercial.com>
Cc: Wooldridge, Tianna <twooldridge@keitercpa.com>
Subject: RE: CCP/CLM ERISA Audit Updates

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Another question for you – at 12/31/2022, most of the CLM investments were in an interest-bearing cash account. Do you have anything that shows what the interest rate was? It's required on the statement of assets.

Thanks,
Elizabeth

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From: Christine Elrod <celrod@commonwealthcommercial.com>
Sent: Wednesday, October 11, 2023 11:43 AM
To: Lewis, Elizabeth K. <ELewis@Keitercpa.com>; Jacki Himmel <jhimmel@commonwealthcommercial.com>
Cc: Wooldridge, Tianna <twooldridge@keitercpa.com>
Subject: RE: CCP/CLM ERISA Audit Updates

Good morning,

I am running reports from Empower and Fidelity this morning to see how the numbers changed as they did in comparison.

I should have an update today and will email.

Thank you.

Christine Elrod
Human Resources Analyst
T 804-250-6165
F 804-823-8174

From: Lewis, Elizabeth K. <ELewis@Keitercpa.com>
Sent: Wednesday, October 11, 2023 11:25 AM
To: Christine Elrod <celrod@commonwealthcommercial.com>; Jacki Himmel <jhimmel@commonwealthcommercial.com>
Cc: Wooldridge, Tianna <twooldridge@keitercpa.com>
Subject: FW: CCP/CLM ERISA Audit Updates

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Any updates on the partial plan termination? We are unable to determine the number of terminations based on solely on the information from the census.

Thanks,
Elizabeth

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From: Lewis, Elizabeth K.
Sent: Wednesday, September 27, 2023 11:50 AM
To: Jacki Himmel <jhimmel@commonwealthcommercial.com>; Christine Elrod <celrod@commonwealthcommercial.com>
Cc: Wooldridge, Tianna <twooldridge@keitercpa.com>
Subject: FW: CCP/CLM ERISA Audit Updates

Jacki,

To follow up on a couple of these items for CLM –

1. We will need a confirmed amount for the match. Since it is described as an annual “per plan year” match, it needs to be accrued if it will be paid. Do you know what is holding up this decision/determination?
2. For the plan participant number question, we are trying to determine if there is a “partial plan termination” which results when there is a large amount of terminated employees. This is the formula that is used to determine whether applicable – please send us these numbers and let us know if you think this applies.

Calculation of turnover rate for terminated participants
T / (P + N)

- T = Terminated by the employer (not voluntary, death, disabilit
- P = Participants at the beginning of affected period
- N = New participants during affected period
- Affected period — generally equals the plan year unless termi over a longer time period when more plan years will be includ
- Includes all vesting levels of participants

Thanks,
Elizabeth

From: Jacki Himmel <jhimmel@commonwealthcommercial.com>
Sent: Monday, September 25, 2023 4:40 PM
To: Wooldridge, Tianna <twooldridge@keitercpa.com>; Christine Elrod <celrod@commonwealthcommercial.com>
Cc: Lewis, Elizabeth K. <ELewis@Keitercpa.com>
Subject: RE: CCP/CLM ERISA Audit Updates

See additional updates in blue below, and attachments included in this email.

From: Wooldridge, Tianna <twooldridge@keitercpa.com>
Sent: Friday, September 22, 2023 4:54 PM
To: Christine Elrod <celrod@commonwealthcommercial.com>; Jacki Himmel <jhimmel@commonwealthcommercial.com>
Cc: Lewis, Elizabeth K. <ELewis@Keitercpa.com>
Subject: CCP/CLM ERISA Audit Updates

****External email. Do not click links or open attachments unless you recognize the sender and know the content is safe.**

Good evening Jacki and Christine,

Thank you for taking the time to touch base on the outstanding items this afternoon. I wanted to summarize what we discussed below:

Commonwealth Lodging Management

1) Fidelity has confirmed receipt of the information to finalize the nondiscrimination testing. Christine is submitting a ticket to Fidelity to expedite this report.
2) We confirmed that there is an employer match. Jacki to provide the estimated dollar amount of the match and provide the list that shows the allocation of the match to each participant. **Based on total earnings for those employees who participated in the plan and were active at year end, the max contribution expected would be no more than $60,000 (likely in the $50,000 - $55,000 range). Please note that we usually FAIL NDT resulting in a refund to one or more employees.**
3) Jacki is researching the discrepancy in the corrective distribution identified during the 2021 plan year compared to the amount remitted during 2022. Attaching a copy of what was prepared for us by our TPA last year showing NDT testing failure and resulting actions along with the manual contribution form.

4) Jacki is researching the # of participants that had balances as of the end of the plan year for 2022 (29) compared to 2021 (78) to see if the 2022 number is correct. If this is correct, Keiter will need to perform additional procedures around a partial plan termination. Can you let me know where you are getting the participant numbers for 2022? I show that as of 12/31/2022 we had zero participants with a balance because we had entered the blackout period and the funds were liquidated until the blackout period was over and funds were deposited at Fidelity.

Commonwealth Commercial Partners

1) Keiter received the draft 5500 today. Tianna to work on reviewing and updating based on the audit.
2) Christine is working to expedite the nondiscrimination testing with Fidelity. **Data submitted to Fidelity and ticket entered requesting expedition of NDT.**

We have agreed for Jacki/Christine to provide an update by the end of day, Monday, September 25th. That status update will determine if we need to discuss next steps for filing after the deadline of 10/15/2023.

Feel free to update/edit where necessary.

Have a wonderful weekend and I look forward to hearing from you Monday.

Keiter
Your Opportunity Advisors

Tianna Wooldridge| Senior Associate, Business Advisory and Audit Services
4401 Dominion Boulevard, Glen Allen, VA 23060
phone: 804.747.0000 | fax: 804.747.3632 | **www keitercpa.com**

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