

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 08/31/2021 and ending 12/31/2021

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [X] a single-employer plan [] a DFE (specify) ____
B This return/report is: [X] the first return/report [] the final return/report [X] an amended return/report [X] 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: POTOMAC HOSPITALITY SERVICES, INC. 401(K) PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 08/31/2021
2a Plan sponsor's name (employer, if for a single-employer plan): POTOMAC HOSPITALITY SERVICES, INC.
2b Employer Identification Number (EIN): 52-1851615
2c Plan Sponsor's telephone number: 240-475-5442
2d Business code (see instructions): 721110

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	314
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	111
	6a(2)	135
	6b	0
	6c	202
	6d	337
	6e	0
	6f	337
	6g(1)	
6g(2)	272	
6h	17	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2E 2F 2G 2J 2K 2T 3D 3H 2S

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

a Pension Schedules

- (1) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) **DCG** (Individual Plan Information) – Number Attached _____
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning **08/31/2021** and ending **12/31/2021**

A Name of plan POTOMAC HOSPITALITY SERVICES, INC. 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 POTOMAC HOSPITALITY SERVICES, INC.	D Employer Identification Number (EIN) 52-1851615

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

EQUITABLE

(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
13-5570651	62944	91641787	135	08/31/2021	12/31/2021

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	72474
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	5285587

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

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

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

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

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

b Balance at the end of the previous year	7b	0	
c Additions: (1) Contributions deposited during the year	7c(1)	73077	
	7c(2)	0	
	7c(3)	122	
	7c(4)	0	
	7c(5)	71641	
▶ GIO			
(6) Total additions	7c(6)	144840	
d Total of balance and additions (add lines 7b and 7c(6))	7d	144840	
e Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	0
	(2) Administration charge made by carrier.....	7e(2)	0
	(3) Transferred to separate account	7e(3)	725
(4) Other (specify below)	7e(4)	71641	
▶ GIO			
(5) Total deductions	7e(5)	72366	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	72474	

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 <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **08/31/2021** and ending **12/31/2021**

A Name of plan POTOMAC HOSPITALITY SERVICES, INC. 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 POTOMAC HOSPITALITY SERVICES, INC.	D Employer Identification Number (EIN) 52-1851615	

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

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

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

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

EQUITABLE LIFE INSURANCE CO

13-5570651

(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?
15 25 28 37 59 60 62 63 67	RECORD KEEPER	3704	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	2182	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(b) 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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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 <hr/> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 08/31/2021 and ending 12/31/2021

A Name of plan <u>POTOMAC HOSPITALITY SERVICES, INC. 401(K) PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>POTOMAC HOSPITALITY SERVICES, INC.</u>	D Employer Identification Number (EIN) <u>52-1851615</u>	

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: POOLED SEPARATE ACCOUNT 65

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

c EIN-PN <u>13-5570651-065</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5285587</u>
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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)
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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)
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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)
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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)
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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)
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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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 08/31/2021 and ending 12/31/2021		
A Name of plan POTOMAC HOSPITALITY SERVICES, INC. 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 POTOMAC HOSPITALITY SERVICES, INC.	D Employer Identification Number (EIN) 52-1851615	

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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	0	61634
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	0	5285587
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	72474
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	0	5419695
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	0	5419695

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)	13371	
(B) Participants.....	2a(1)(B)	54127	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		67498
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	742	
(F) Other.....	2b(1)(F)	122	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		864
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		4063
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		72425

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	103077	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		103077
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		52322
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	3704	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		3704
j Total expenses. Add all expense amounts in column (b) and enter total	2j		159103

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-86678
l Transfers of assets:			
(1) To this plan	2l(1)		5506373
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: CALIBRE CPA GROUP PLLC

(2) EIN: 47-0900880

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
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.)		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.)		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.)		X	
e Was this plan covered by a fidelity bond?	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?		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?		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?		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.)	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.)		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?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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.			

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 _____.

**POTOMAC HOSPITALITY SERVICES, INC.
401(K) PLAN**

**FINANCIAL STATEMENTS
(MODIFIED CASH BASIS)**

FOR THE PERIOD AUGUST 31, 2021 THROUGH DECEMBER 31, 2021

POTOMAC HOSPITALITY SERVICES INC. 401(K) PLAN

FINANCIAL STATEMENTS
(MODIFIED CASH BASIS)

FOR THE PERIOD AUGUST 31, 2021 THROUGH DECEMBER 31, 2021

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Independent Auditor's Report

To the Administrative Committee of
the Potomac Hospitality Services, Inc. 401(K) Plan

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

We have performed an audit of the accompanying financial statements of Potomac Hospitality Services, Inc. 401(K) Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statement of net assets available for benefits (modified cash basis) as of December 31, 2021, and the related statement of changes in net assets available for benefits (modified cash basis) for the period August 31, 2021 through December 31, 2021, and the related notes to the financial statements.

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

Management has obtained a certification from a qualified institution as of December 31, 2021 and for the period August 31, 2021 through December 31, 2021, stating that the certified investment information, as described in Note 2 to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

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

- the amounts and disclosures in the 2021 financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with the modified cash basis of accounting as described in Note 1.
- the information in the 2021 financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis of Accounting

We draw attention to Note 1 of the financial statements which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to that matter.

Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of Potomac Hospitality Services, Inc. 401(K) Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2021 Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting described in Note 1; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

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

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Potomac Hospitality Services, Inc. 401(K) Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Potomac Hospitality Services, Inc. 401(K) Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2021 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

2021 Supplemental Schedules Required by ERISA

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

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

In our opinion:

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Alta CPA Group, LLC

October 13, 2022

POTOMAC HOSPITALITY SERVICES, INC.
 401(K) PLAN
 STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
 MODIFIED CASH BASIS
 DECEMBER 31, 2021

	2021
ASSETS	
Investments	
Pooled Separate Accounts - At Fair Value	\$ 5,285,587
Insurance Contracts - At Contract Value	72,474
Total Investments	5,358,061
NOTES RECEIVABLE FROM PARTICIPANTS	61,634
Total Assets	\$ 5,419,695
NET ASSETS AVAILABLE FOR BENEFITS	\$ 5,419,695

See independent auditor's report and accompanying notes to financial statements.

POTOMAC HOSPITALITY SERVICES, INC.
401(K) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
MODIFIED CASH BASIS
FOR THE PERIOD OF AUGUST 31, 2021 THROUGH DECEMBER 31, 2021

	2021
ADDITIONS:	
Contributions from Participants	\$ 54,127
Contributions from Plan Sponsor	13,371
Net Appreciation in Fair Value of Investments	4,063
Interest on Notes Receivable from Participants	864
Total Additions	72,425
DEDUCTIONS:	
Administrative Fees	3,704
Distribution to Participants	155,399
Total Deductions	159,103
Changes in Net Assets	(86,678)
Transfer from Other Plan	5,506,373
Net Assets Available for Benefits:	
Beginning of Year	-
End of Year	\$ 5,419,695

See independent auditor's report and accompanying notes to financial statements.

POTOMAC HOSPITALITY SERVICES, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
FOR THE PERIOD AUGUST 31, 2021 THROUGH DECEMBER 31, 2021

NOTE 1 - DESCRIPTION OF THE PLAN AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Potomac Hospitality Services, Inc. 401(K) Plan (the Plan) was established August 31, 2021 by Potomac Hospitality Services, Inc. (PHS) to provide a deferred savings plan for its eligible employees and eligible employees of hotels managed by PHS. Employees of PHS or employees of hotels managed by PHS become eligible to participate in the Plan at age 21 and after the completion of one year of service with PHS or one of its managed hotels.

Each participant may elect to contribute any percentage of their eligible compensation into the Plan up to the maximum allowed by law. Participants may also contribute amounts representing distributions from other contribution plans (rollover). Interest and dividend income is allocated to participant accounts based on the earnings of their chosen investments. The amount of compensation deferred as a contribution to the Plan is not subject to Federal and, in most cases, state income taxes. An employee, who satisfies the requirements of the Plan, can rollover contributions from certain qualified plans.

Participants are 100% vested in their balance of deferred compensation and rollover contributions. For employer contributions plus earnings thereon, participants vest over a period of five years as follows:

<u>Years of Service</u>	<u>Vested %</u>
1	20%
2	40%
3	60%
4	80%
5	100%

The matching employer contributions equal 50% of the participant's elective deferral up to 6% or maximum of \$3,000 of employee's eligible compensation. Total employer contributions were \$13,391 for the period August 31, 2021 through December 31, 2021.

On termination of service due to death, disability, or retirement, a participant may elect to received distributions of their vested balance. Upon withdrawal of a participant's vested balance, any nonvested balance is forfeited, and is used to offset Plan expenses, or to reduce future employer contributions. During the period August 31, 2021 through December 31, 2021, no forfeitures were used for employer matching contributions. The forfeited nonvested account balance as of December 31, 2021 was \$243.

Each participant's account is credited with the participant's contributions and company matching contributions as well as plan earnings.

POTOMAC HOSPITALITY SERVICES, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
FOR THE PERIOD AUGUST 31, 2021 THROUGH DECEMBER 31, 2021

NOTE 1 - DESCRIPTION OF THE PLAN AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Contributions to the Plan are invested as directed by the participant in one or more investment accounts. Participants must evaluate their own investment goals and accordingly, choose one or more investment accounts. Poor investment performance by the investment accounts selected by the participants may cause their vested balance to be lower than the amounts contributed to the Plan.

The Plan provides for notes receivable to participants. The maximum loan amount is the lesser of \$50,000 or 50% of the participant's account balance and a participant may not request a loan for less than \$1,000. Five years is the maximum length of the loan, unless, it qualifies as a home loan, for which the maximum length is ten years. The loans are secured by the balance in the participant's account. The interest rate applied shall be a reasonable rate of interest as determined by the Plan administrator based on the prevailing interest rates charged by persons in the business of lending money for loans which would be made under similar circumstances. The loan must provide for at least quarterly payroll deductions in substantially equal payments over the life of the loan.

Some expenses incurred to administer the Plan are paid by Potomac Hospitality Services, Inc..

This Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Participants should refer to the Summary Plan Description for more complete information.

Method of Accounting

The financial statements have been prepared using the modified cash basis of accounting. Accordingly, additions are included in the year in which they are collected, and deductions are included in the year in which they are disbursed rather than when incurred; however, earnings on investments include adjustments in fair value, and assets and liabilities resulting from cash transactions are recognized.

Investments

Investments are carried at fair value which generally represents reported market value at December 31, as certified by AXA Equitable Life Insurance Company. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Net appreciation (depreciation) includes the Plan's gains and losses on investments brought and sold as well as held during the period August 31, 2021 through December 31, 2021.

POTOMAC HOSPITALITY SERVICES, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
FOR THE PERIOD AUGUST 31, 2021 THROUGH DECEMBER 31, 2021

NOTE 1 - DESCRIPTION OF THE PLAN AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. If a participant ceases to make loan repayments and the Plan Administrator deems the participant loan to be in default, the participant loan balance is reduced, and a benefit payment is recorded.

Estimates

The preparation of financial statements requires management to make estimates and assumptions that affect certain reported amounts and disclosures in the financial statements. Actual results may differ from those estimates.

NOTE 2 - INVESTMENTS

The Plan's investments are maintained under contract with Guardian Retirement Solutions at December 31, 2021.

As permitted by Section 2520.103-8 of the Department of Labor (DOL)'s Rules and Regulations for Reporting and Disclosure under ERISA, the investment information was certified by Guardian Retirement Solutions to be complete and accurate.

The following presents the fair value of the investment accounts, as certified by AXA Equitable Life Insurance Company, the Trustee, at December 31, 2021:

	<u>2021</u>
Pooled Separate Accounts	\$ 5,285,587
Insurance Contracts	72,474
Net Appreciation in Fair Value of Investments	4,063
Interest on Notes Receivable from Participants	864

The Plan's investment in investment entities is subject to the terms of the respective private placement memoranda and governing agreements. Income or loss from investments in these investment entities is net of the Plan's proportionate fees and expenses incurred or charged by these investment entities.

POTOMAC HOSPITALITY SERVICES, INC. 401(K) PLAN
 NOTES TO FINANCIAL STATEMENTS
 FOR THE PERIOD AUGUST 31, 2021 THROUGH DECEMBER 31, 2021

NOTE 2 - INVESTMENTS (CONTINUED)

The Plan's risk of loss in these entities is limited to its investments. The Plan may increase or decrease its level of investment in these entities at its discretion. The Plan typically has the ability to redeem its investment from these entities on a on a daily or quarterly basis, but longer lock-up periods can apply to certain investments.

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2021:

	<u>Fair Value</u>	<u>Unfunded</u>	<u>Redemption</u>	<u>Redemption</u>
	<u>2021</u>	<u>Commitments</u>	<u>Frequency</u>	<u>Notice</u>
				<u>Period</u>
Pooled separate accounts	\$ 5,285,587	N/A	Daily	1 Day

Following is a description of the valuation methodology used for assets measured at fair value.

Pooled Separate Accounts

The investments in these accounts are valued at the NAV of shares held by the Plan at year end. These investments invest principally in equity securities, fixed- income instruments, and short-term investments in accordance with each portfolio's investment objectives.

Unallocated Insurance Contracts

Equitable Trust Investments in unallocated insurance contracts (Guaranteed Interest Account - GIO) is reported at contract value. The GIO does not provide for a defined maturity date. In addition, although the GIO provides for a minimum guaranteed interest rate, the actual rate of interest credited during the time over which funds are invested in the GIO option is declared periodically and therefore is subject to change. Further, withdrawals for participant benefits from the GIO are permitted as specified in the contract and are not subject to any market value adjustment. The GIO also does not have characteristics similar to a synthetic GIC contract. The election of the GIO investment option does not give the participant the right to participate in the investment returns on Equitable's general account assets. Rather, it gives the participant the right to earn the rates of interest that Equitable periodically declare and guarantee on amounts deposit into the GIO. In addition, the participant's withdrawals from the GIO are not subject to any market value adjustment. The participant account value in the GIO at any time will equal the contributions and transfers to that option, plus interest, minus withdrawals and transfers out of the option and charges deducted.

POTOMAC HOSPITALITY SERVICES, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
FOR THE PERIOD AUGUST 31, 2021 THROUGH DECEMBER 31, 2021

NOTE 3 - TAX STATUS

The Plan has adopted a prototype plan which the Internal Revenue Service has determined qualifies as a profit sharing plan under Section 401(a) and 401(k) of the Internal Revenue Code.

The Plan accounts for income taxes in accordance with the Accounting Standards Codification (ASC) Topic Income Taxes. These provisions provide consistent guidance for the accounting for uncertainty in income taxes recognized in an entity's financial statements and prescribed a threshold of "more likely than not" for recognition and derecognition of tax positions taken or expected to be taken in tax return. The Plan performed an evaluation of uncertain tax positions for the period August 31, 2021 through December 31, 2021 and determined that there were no matters that would require recognition in the financial statements or that may have an effect on its tax-exempt status.

NOTE 4 - PARTY-IN-INTEREST TRANSACTIONS

Plan assets are invested in pooled separate accounts sponsored by Guardian Retirement Solutions. Transactions involving these investments are considered to be party-in-interest transactions for which statutory exemption exists under the DOL Regulations.

For the period August 31, 2021 through December 31, 2021, the fees paid by the Plan to AXA Equitable Life Insurance Company and Guardian Retirement Solutions, and deducted from participants' accounts, for administrative expenses totaled \$3,704.

NOTE 5 - PRIORITIES UPON TERMINATION

Although it has not expressed any intent to do so, Potomac Hospitality Services, Inc. has the right to terminate the Plan subject to the provisions of ERISA. If the Plan were to terminate, benefits would be distributed to the participants and their beneficiaries as if the Plan had not been terminated. In the event of Plan termination, participants would become 100% vested in their accounts.

NOTE 6 - RISKS AND UNCERTAINTIES

The Plan provides for various investment fund options in pooled separate accounts. Investments are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect participants' account balances and amounts reported in the statements of net assets available for benefits.

POTOMAC HOSPITALITY SERVICES, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
FOR THE PERIOD AUGUST 31, 2021 THROUGH DECEMBER 31, 2021

NOTE 7 - SUBSEQUENT EVENTS

Subsequent events have been evaluated through October 13, 2022, which is the date the financial statements were available to be issued. This review and evaluation revealed no material event or transaction which would require an adjustment to or disclosure in the accompanying financial statements.

NOTE 8 - TRANSFER FROM OTHER PLAN

There had been common ownership between Cafritz Interests, LLC and Potomac Hospitality Services, Inc. During the year ending December 31, 2021, there was a change in the common ownership and as a result Potomac Hospitality Services, Inc. (PHS) created a separate 401(K) Plan from Cafritz Interests, LLC 401(K) Plan. Effective August 31, 2021, the Potomac Hospitality Services, Inc. 401(K) Plan was created and a transfer of assets was received from Cafritz Interests, LLC 401(K) for the participants employed by PHS. The amount of assets transferred in was \$5,506,373. This amount is included in the accompanying Statements of Changes in Net Assets Available for Benefits as Transfer from Other Plan.

REQUIRED SUPPLEMENTAL INFORMATION

POTOMAC HOSPITALITY SERVICES, INC.
Schedule H. Line 4i - Schedule of Assets (Held at End of Year)
DECEMBER 31, 2021
EIN 52-1851615

(c) Description of Investment Including Maturity Date
Rate of Interest, Collateral, Par or Maturity Value

(a)	(b) Identity of Issue, Borrower Lessor, or Similar Party	Collateral	Maturity Date	Rate of Interest	Par/ Maturity Value or Shares	(d) Cost	(e) Current Value
	American Funds Europacific Gr R6	Pooled Separate Account	N/A	N/A	N/A	**	\$ 51,828
	Franklin Utilities R6	Pooled Separate Account	N/A	N/A	N/A	**	60
	Vanguard Small Cap Index Adm	Pooled Separate Account	N/A	N/A	N/A	**	136,643
	Vanguard Small Cap Growth Index Admiral	Pooled Separate Account	N/A	N/A	N/A	**	26,684
	Invesco Discovery Mid Cap Growth R6	Pooled Separate Account	N/A	N/A	N/A	**	268,419
	Vanguard Target Retirement 2060 Inv	Pooled Separate Account	N/A	N/A	N/A	**	5,088
	Vanguard Target Retirement 2055 Inv	Pooled Separate Account	N/A	N/A	N/A	**	40,473
	Vanguard Target Retirement 2050 Inv	Pooled Separate Account	N/A	N/A	N/A	**	37,844
	Vanguard Target Retirement 2045 Inv	Pooled Separate Account	N/A	N/A	N/A	**	12,087
	Vanguard Target Retirement 2040 Inv	Pooled Separate Account	N/A	N/A	N/A	**	25,175
	Vanguard Target Retirement 2035 Inv	Pooled Separate Account	N/A	N/A	N/A	**	1,915
	Vanguard Target Retirement 2030 Inv	Pooled Separate Account	N/A	N/A	N/A	**	15,393
	Vanguard Target Retirement 2025 Inv	Pooled Separate Account	N/A	N/A	N/A	**	3,882
	Vanguard Target Retirement 2020 Inv	Pooled Separate Account	N/A	N/A	N/A	**	34,653
	Vanguard Target Retirement 2015 Inv	Pooled Separate Account	N/A	N/A	N/A	**	349
	Vanguard International Growth Adm	Pooled Separate Account	N/A	N/A	N/A	**	124,836
	Vanguard Information Technology Idx Adm	Pooled Separate Account	N/A	N/A	N/A	**	87,338
	Vanguard 500 Index Admiral	Pooled Separate Account	N/A	N/A	N/A	**	720,729
	Ab Relative Value 2	Pooled Separate Account	N/A	N/A	N/A	**	39,656
	Dfa Short-Term Extended Quality I	Pooled Separate Account	N/A	N/A	N/A	**	53
	Dfa Inflation-Protected Securities I	Pooled Separate Account	N/A	N/A	N/A	**	602
	Ishares Msci Eafe International Index K	Pooled Separate Account	N/A	N/A	N/A	**	26,916
	Ishares Russell Mid-Cap Index K	Pooled Separate Account	N/A	N/A	N/A	**	138,835
	Vanguard Lifestrategy Growth Inv	Pooled Separate Account	N/A	N/A	N/A	**	1,222,591
	Vanguard Lifestrategy Cnsv Gr Inv	Pooled Separate Account	N/A	N/A	N/A	**	64,140
	Vanguard Lifestrategy Income Inv	Pooled Separate Account	N/A	N/A	N/A	**	151,701
	Vanguard Lifestrategy Moderate Gr Inv	Pooled Separate Account	N/A	N/A	N/A	**	1,194,245
	Vanguard Financials Index Adm	Pooled Separate Account	N/A	N/A	N/A	**	151,189
	T. Rowe Price Blue Chip Growth	Pooled Separate Account	N/A	N/A	N/A	**	445,836
	Guaranteed Interest Option	Unallocated Insurance Contracts	N/A	N/A	N/A	**	72,474
	Blackrock Health Sciences Opps K	Pooled Separate Account	N/A	N/A	N/A	**	23,907
	Principal Real Estate Securities Fd R-6	Pooled Separate Account	N/A	N/A	N/A	**	68,511
	Alger Small Cap Focus 2	Pooled Separate Account	N/A	N/A	N/A	**	120,817
	Jp Morgan Gov'T Bond R6	Pooled Separate Account	N/A	N/A	N/A	**	752
	Western Asset Core Plus Vit I	Pooled Separate Account	N/A	N/A	N/A	**	26,620
	Vanguard Target Retirement 2065 Inv	Pooled Separate Account	N/A	N/A	N/A	**	579
	Ab Government Money Market I	Pooled Separate Account	N/A	N/A	N/A	**	15,241
							<u>5,358,061</u>
	PARTICIPANT LOANS		4.25% - 7.00%			**	<u>61,634</u>
	Total Assets (Held at Year End)						<u>\$ 5,419,695</u>

*Party-in-interest

**Cost of participant directed investments is not required

***Notes receivable from participants are secured by the participant's vested interest in the Plan

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 08/31/2021 and ending 12/31/2021

A Name of plan <u>Potomac Hospitality Services, Inc. 401(k) Plan</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>Potomac Hospitality Services, Inc.</u>	D Employer Identification Number (EIN) <u>52-1851615</u>	

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 0

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): 04-3157927

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 contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> 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. <input type="checkbox"/> 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 _____

Schedule H, Line 4i
Schedule of Assets (Held At End of Year)

Name of Plan:

► POTOMAC HOSPITALITY SERVICES, INC. 401(K) PLAN

Employer Identification Number: ► 52-1851615

For plan year (beginning/ending): ► 8/31/2021-12/31/2021

Plan number: ► 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	AMERICAN FUNDS EUROPACIFIC GR R6	POOLED SEPARATE ACCOUNT		51,828.00
	FRANKLIN UTILITIES R6	POOLED SEPARATE ACCOUNT		60.00
	VANGUARD SMALL CAP INDEX ADM	POOLED SEPARATE ACCOUNT		136,643.00
	VANGUARD SMALL CAP GROWTH INDEX ADMIF	POOLED SEPARATE ACCOUNT		26,684.00
	INVESCO DISCOVERY MID CAP GROWTH R6	POOLED SEPARATE ACCOUNT		268,419.00
	VANGUARD TARGET RETIREMENT 2060 INV	POOLED SEPARATE ACCOUNT		5,088.00
	VANGUARD TARGET RETIREMENT 2055 INV	POOLED SEPARATE ACCOUNT		40473
	VANGUARD TARGET RETIREMENT 2050 INV	POOLED SEPARATE ACCOUNT		37844
	VANGUARD TARGET RETIREMENT 2045 INV	POOLED SEPARATE ACCOUNT		12087
	VANGUARD TARGET RETIREMENT 2040 INV	POOLED SEPARATE ACCOUNT		25175
	VANGUARD TARGET RETIREMENT 2035 INV	POOLED SEPARATE ACCOUNT		1,915.00
	VANGUARD TARGET RETIREMENT 2030 INV	POOLED SEPARATE ACCOUNT		15,393.00
	VANGUARD TARGET RETIREMENT 2025 INV	POOLED SEPARATE ACCOUNT		3,882.00
	VANGUARD TARGET RETIREMENT 2020 INV	POOLED SEPARATE ACCOUNT		34,653.00
	VANGUARD TARGET RETIREMENT 2015 INV	POOLED SEPARATE ACCOUNT		349.00
	VANGUARD INTERNATIONAL GROWTH ADM	POOLED SEPARATE ACCOUNT		124,836.00
	VANGUARD INFORMATION TECHNOLOGY IDX A	POOLED SEPARATE ACCOUNT		87,338.00
	VANGUARD 500 INDEX ADMIRAL	POOLED SEPARATE ACCOUNT		720,729.00
	AB RELATIVE VALUE Z	POOLED SEPARATE ACCOUNT		39,656.00
	DFA SHORT-TERM EXTENDED QUALITY I	POOLED SEPARATE ACCOUNT		53.00
	DFA INFLATION-PROTECTED SECURITIES I	POOLED SEPARATE ACCOUNT		602.00
	ISHARES MSCI EAFE INTERNATIONAL INDEX K	POOLED SEPARATE ACCOUNT		26,916.00
	ISHARES RUSSELL MID-CAP INDEX K	POOLED SEPARATE ACCOUNT		138,835.00
	VANGUARD LIFESTRATEGY GROWTH INV	POOLED SEPARATE ACCOUNT		1222591
	VANGUARD LIFESTRATEGY CNSRV GR INV	POOLED SEPARATE ACCOUNT		64,140.00
	VANGUARD LIFESTRATEGY INCOME INV	POOLED SEPARATE ACCOUNT		151701
	VANGUARD LIFESTRATEGY MODERATE GR INV	POOLED SEPARATE ACCOUNT		1194245
	VANGUARD FINANCIALS INDEX ADM	POOLED SEPARATE ACCOUNT		151189
	T. ROWE PRICE BLUE CHIP GROWTH I	POOLED SEPARATE ACCOUNT		445836
	GUARANTEED INTEREST OPTION	UNALLOCATED INSURANCE CONTRACT		72474
	BLACKROCK HEALTH SCIENCES OPPTS K	POOLED SEPARATE ACCOUNT		23907
	PRINCIPAL REAL ESTATE SECURITIES FD R-6	POOLED SEPARATE ACCOUNT		68511
	ALGER SMALL CAP FOCUS Z	POOLED SEPARATE ACCOUNT		120817
	JPMORGAN GOV'T BOND R6	POOLED SEPARATE ACCOUNT		752
	WESTERN ASSET CORE PLUS VIT I	POOLED SEPARATE ACCOUNT		26620
	VANGUARD TARGET RETIREMENT 2065 INV	POOLED SEPARATE ACCOUNT		579
	AB GOVERNMENT MONEY MARKET I	POOLED SEPARATE ACCOUNT		15240
	PARTICIPANT LOANS	LOW-HIGH INTEREST RATE 4.25% - 7.00%		113957.01

Schedule H, Line 4i
Schedule of Assets (Held At End of Year)

Name of Plan:

► POTOMAC HOSPITALITY SERVICES, INC. 401(K) PLAN

Employer Identification Number: ►

52-1851615

For plan year (beginning/ending): ►

8/23/2021-12/31/2021

Plan number: ► 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	AMERICAN FUNDS EUROPACIFIC GR R6	POOLED SEPARATE ACCOUNT		51,828.00
	FRANKLIN UTILITIES R6	POOLED SEPARATE ACCOUNT		60.00
	VANGUARD SMALL CAP INDEX ADM	POOLED SEPARATE ACCOUNT		136,643.00
	VANGUARD SMALL CAP GROWTH INDEX ADMIRAL	POOLED SEPARATE ACCOUNT		26,684.00
	INVESCO DISCOVERY MID CAP GROWTH R6	POOLED SEPARATE ACCOUNT		268,419.00
	VANGUARD TARGET RETIREMENT 2060 INV	POOLED SEPARATE ACCOUNT		5,088.00
	VANGUARD TARGET RETIREMENT 2055 INV	POOLED SEPARATE ACCOUNT		40473
	VANGUARD TARGET RETIREMENT 2050 INV	POOLED SEPARATE ACCOUNT		37844
	VANGUARD TARGET RETIREMENT 2045 INV	POOLED SEPARATE ACCOUNT		12087
	VANGUARD TARGET RETIREMENT 2040 INV	POOLED SEPARATE ACCOUNT		25175
	VANGUARD TARGET RETIREMENT 2035 INV	POOLED SEPARATE ACCOUNT		1,915.00
	VANGUARD TARGET RETIREMENT 2030 INV	POOLED SEPARATE ACCOUNT		15,393.00
	VANGUARD TARGET RETIREMENT 2025 INV	POOLED SEPARATE ACCOUNT		3,882.00
	VANGUARD TARGET RETIREMENT 2020 INV	POOLED SEPARATE ACCOUNT		34,653.00
	VANGUARD TARGET RETIREMENT 2015 INV	POOLED SEPARATE ACCOUNT		349.00
	VANGUARD INTERNATIONAL GROWTH ADM	POOLED SEPARATE ACCOUNT		124,836.00
	VANGUARD INFORMATION TECHNOLOGY IDX ADM	POOLED SEPARATE ACCOUNT		87,338.00
	VANGUARD 500 INDEX ADMIRAL	POOLED SEPARATE ACCOUNT		720,729.00
	AB RELATIVE VALUE Z	POOLED SEPARATE ACCOUNT		39,656.00
	DFA SHORT-TERM EXTENDED QUALITY I	POOLED SEPARATE ACCOUNT		53.00
	DFA INFLATION-PROTECTED SECURITIES I	POOLED SEPARATE ACCOUNT		602.00
	ISHARES MSCI EAFE INTERNATIONAL INDEX K	POOLED SEPARATE ACCOUNT		26,916.00
	ISHARES RUSSELL MID-CAP INDEX K	POOLED SEPARATE ACCOUNT		138,835.00
	VANGUARD LIFESTRATEGY GROWTH INV	POOLED SEPARATE ACCOUNT		1222591
	VANGUARD LIFESTRATEGY CNSRV GR INV	POOLED SEPARATE ACCOUNT		64,140.00
	VANGUARD LIFESTRATEGY INCOME INV	POOLED SEPARATE ACCOUNT		151701
	VANGUARD LIFESTRATEGY MODERATE GR INV	POOLED SEPARATE ACCOUNT		1194245
	VANGUARD FINANCIALS INDEX ADM	POOLED SEPARATE ACCOUNT		151189
	T. ROWE PRICE BLUE CHIP GROWTH I	POOLED SEPARATE ACCOUNT		445836
	GUARANTEED INTEREST OPTION	UNALLOCATED INSURANCE CONTRACT		72474
	BLACKROCK HEALTH SCIENCES OPPTS K	POOLED SEPARATE ACCOUNT		23907
	PRINCIPAL REAL ESTATE SECURITIES FD R-6	POOLED SEPARATE ACCOUNT		68511
	ALGER SMALL CAP FOCUS Z	POOLED SEPARATE ACCOUNT		120817
	JPMORGAN GOV'T BOND R6	POOLED SEPARATE ACCOUNT		752
	WESTERN ASSET CORE PLUS VIT I	POOLED SEPARATE ACCOUNT		26620
	VANGUARD TARGET RETIREMENT 2065 INV	POOLED SEPARATE ACCOUNT		579
	AB GOVERNMENT MONEY MARKET I	POOLED SEPARATE ACCOUNT		15240
	PARTICIPANT LOANS	LOW-HIGH INTEREST RATE 4.25% - 7.00%		61633.81