

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: small;">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).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

**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.)

a single-employer plan  a DFE (specify) \_\_\_\_\_

**B** This return/report is:  the first return/report  the final return/report

an amended return/report  a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. . . . . ▶

**D** Check box if filing under:  Form 5558  automatic extension  the DFVC program

special extension (enter description)

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

**Part II Basic Plan Information—enter all requested information**

<p><b>1a</b> Name of plan <u>HOSPITALITY INDUSTRY 401K PLAN</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>001</u></p>
<p><b>2a</b> 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) <u>BOARD OF TRUSTEES HOSPITALITY INDUSTRY 401K PLAN</u></p> <p><u>ASSOCIATED ADMINISTRATORS, LLC</u></p> <p><u>911 RIDGEBROOK ROAD</u> <u>SPARKS, MD 21152-0000</u></p>	<p><b>1c</b> Effective date of plan <u>11/01/1999</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>52-2231158</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>410-683-6500</u></p> <p><b>2d</b> Business code (see instructions) <u>721110</u></p>

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	09/04/2025	PAUL SCHWALB
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	09/25/2025	SOLOMON KEENE JR
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor		<b>3b</b> Administrator's EIN	
		<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:		<b>4b</b> EIN	
<b>a</b> Sponsor's name		<b>4d</b> PN	
<b>c</b> Plan Name			
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>		5481
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).			
<b>6a(1)</b> Total number of active participants at the beginning of the plan year .....	<b>6a(1)</b>		5357
<b>6a(2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b>		5781
<b>b</b> Retired or separated participants receiving benefits.....	<b>6b</b>		
<b>c</b> Other retired or separated participants entitled to future benefits .....	<b>6c</b>		113
<b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....	<b>6d</b>		5894
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....	<b>6e</b>		7
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....	<b>6f</b>		5901
<b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....	<b>6g(1)</b>		5481
<b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<b>6g(2)</b>		5901
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>		37

**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 2T

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

<b>9a</b> Plan funding arrangement (check all that apply)		<b>9b</b> Plan benefit arrangement (check all that apply)	
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" 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
(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
(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)

<b>a Pension Schedules</b>		<b>b General Schedules</b>	
(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)	(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)	(3) <input checked="" type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>1</u>
(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)	(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)	(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)
(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary			
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____			
(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)			

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

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**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.

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**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 \_\_\_\_\_

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<p><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p><b>A</b> Name of plan <b>HOSPITALITY INDUSTRY 401K PLAN</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>001</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD OF TRUSTEES HOSPITALITY INDUSTRY 401K PLAN</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>52-2231158</b></p>	

**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**

(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
06-1050034	93629	524867-01	429	01/01/2024	12/31/2024

**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.

<p><b>(a)</b> Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p><b>(b)</b> Total amount of fees paid</p> <p style="text-align: center;">0</p>
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**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	

<b>Part II</b>	<b>Investment and Annuity Contract Information</b>	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
<b>4</b>	Current value of plan's interest under this contract in the general account at year end .....	9124659
<b>5</b>	Current value of plan's interest under this contract in separate accounts at year end.....	
<b>6</b>	<b>Contracts With Allocated Funds:</b>	
<b>a</b>	State the basis of premium rates ▶	
<b>b</b>	Premiums paid to carrier .....	<b>6b</b>
<b>c</b>	Premiums due but unpaid at the end of the year .....	<b>6c</b>
<b>d</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... Specify nature of costs ▶	<b>6d</b>
<b>e</b>	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
<b>7</b>	<b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>	
<b>a</b>	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
<b>b</b>	Balance at the end of the previous year .....	<b>7b</b> 8757745
<b>c</b>	Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b> 887441
	(2) Dividends and credits.....	<b>7c(2)</b>
	(3) Interest credited during the year.....	<b>7c(3)</b> 204051
	(4) Transferred from separate account .....	<b>7c(4)</b> 505726
	(5) Other (specify below)..... ▶ TRANSFERS, ROLLOVERS AND MISC. IN	<b>7c(5)</b> 20664
	(6) Total additions .....	<b>7c(6)</b> 1617882
<b>d</b>	Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b> 10375627
<b>e</b>	<b>Deductions:</b>	
	(1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b> 597533
	(2) Administration charge made by carrier.....	<b>7e(2)</b> 48116
	(3) Transferred to separate account .....	<b>7e(3)</b> 605319
	(4) Other (specify below)..... ▶ TRANSFERS AND MISCELLANEOUS OUT	<b>7e(4)</b> 0
(5) Total deductions .....	<b>7e(5)</b> 1250968	
<b>f</b>	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b> 9124659

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....	<b>10b</b>	

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. ▶

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>HOSPITALITY INDUSTRY 401K PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD OF TRUSTEES HOSPITALITY INDUSTRY 401K PLAN</b>	<b>D</b> Employer Identification Number (EIN) <b>52-2231158</b>	

**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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**THE VANGUARD GROUP INC**

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**25-1945930**

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

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**EMPOWER ANNUITY INSURANCE COMPANY**

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**06-1050034**

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

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

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

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

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

ASSOCIATED ADMINISTRATORS LLC

65-1205077

(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?
13 50	NONE	246497	Yes <input type="checkbox"/> No <input checked="" 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)

EMPOWER ANNUITY INSURANCE COMPANY

06-1050034

(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?
13 50 64	NONE	102810	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

NOVAK FRANCELLA, LLC

61-1436956

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	12477	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

BREDHOFF & KAISER

52-0969534

(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?
29 50	NONE	8295	Yes <input type="checkbox"/> No <input checked="" 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)

MEKETA INVESTMENT GROUP INC

04-2659023

(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?
27 51	NONE	5000	Yes <input type="checkbox"/> No <input checked="" 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.

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>HOSPITALITY INDUSTRY 401K PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD OF TRUSTEES HOSPITALITY INDUSTRY 401K PLAN</b>	<b>D</b> Employer Identification Number (EIN) <b>52-2231158</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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**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
<b>Assets</b>		
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	111234 93321
<b>(3)</b> Other .....	<b>1b(3)</b>	80430 128681
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	39064 223200
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	37486346 44529193
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	8757745 9124659
<b>(15)</b> Other.....	<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	46474819	54099054
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	28947	36650
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		41390
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	28947	78040
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	46445872	54021014

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	5296913	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	271924	
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		5568837
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	0	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		0
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	1441945	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		4065891
<b>c</b> Other income .....	<b>2c</b>		116897
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		11193570

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>	3404786	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		3404786
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>	167110	
(3) Recordkeeping fees .....	<b>2i(3)</b>	228	
(4) IQPA audit fees .....	<b>2i(4)</b>	12250	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	5000	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>	12210	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>	16844	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		213642
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		3618428

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		7575142
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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: **NOVAK FRANCELLA, LLC**

(2) EIN: **61-1436956**

**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
<b>a</b> 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.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	729194
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>e</b> Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

**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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>HOSPITALITY INDUSTRY 401K PLAN</b>	<b>B</b> Three-digit plan number (PN)	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD OF TRUSTEES HOSPITALITY INDUSTRY 401K PLAN</b>	<b>D</b> Employer Identification Number (EIN) <b>52-2231158</b>	

<b>Part I</b>	<b>Distributions</b>
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**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): **06-1050034**

**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** **0**

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

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	<b>6c</b>	

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

**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

<b>Part III</b>	<b>Amendments</b>
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**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

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

<b>a</b> 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).....	<b>14a</b>	
<b>b</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).....	<b>14b</b>	
<b>c</b> 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).....	<b>14c</b>	

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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.....	<b>16b</b>	

**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) and (b):

**a** Enter the percentage of plan assets held as:  
 Public Equity: \_\_\_\_\_% Private Equity: \_\_\_\_\_% Investment-Grade Debt and Interest Rate Hedging Assets: \_\_\_\_\_%  
 High-Yield Debt: \_\_\_\_\_% Real Assets: \_\_\_\_\_% Cash or Cash Equivalents: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:  
 0-5 years  5-10 years  10-15 years  15 years or more

**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: \_\_\_\_\_

**Part VII IRS Compliance Questions**

**21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?  Yes  No

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).  
 Design-based safe harbor method  
 "Prior year" ADP test  
 "Current year" ADP test  
 N/A

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter \_\_\_/\_\_\_/\_\_\_\_ (MM/DD/YYYY) and the Opinion Letter serial number \_\_\_\_\_.

**HOSPITALITY INDUSTRY 401(K) PLAN**

FINANCIAL STATEMENTS

DECEMBER 31, 2024

# HOSPITALITY INDUSTRY 401(K) PLAN

## FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

DECEMBER 31, 2024 AND 2023

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## INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of the  
Hospitality Industry 401(k) Plan

### Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the financial statements of the Hospitality Industry 401(k) Plan (the 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 statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's 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 audits 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 certifications from Empower, a qualified institution, as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

### Opinion

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

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

## **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the 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 Financial Statements**

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the 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 Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit 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 GAAS 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 GAAS, 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 the 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 the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

### **Report on Supplemental Information**

The supplemental Schedules of Assets Held at End of Year and of Delinquent Participant Contributions 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 audits 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 GAAS. 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 schedule, 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).

*Novak Francella LLC*

Columbia, Maryland  
September 2, 2025

## HOSPITALITY INDUSTRY 401(K) PLAN

### STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2024 AND 2023

	2024	2023
<b>ASSETS</b>		
INVESTMENTS - at fair value		
Registered investment companies	\$ 44,529,193	\$ 37,486,346
Short-term investments	223,200	39,064
Total investments - at fair value	44,752,393	37,525,410
INVESTMENTS - at contract value		
Guaranteed investment contract	9,124,659	8,757,745
<b>RECEIVABLES</b>		
Contributions	93,321	111,234
Employer administrative assessments	40,060	19,802
Employer late contribution fee and interest assessments	18,446	3,430
Other	49,848	42,457
Total receivables	201,675	176,923
<b>PREPAID EXPENSES</b>		
	20,327	14,741
Total assets	54,099,054	46,474,819
<b>LIABILITIES AND NET ASSETS</b>		
<b>LIABILITIES</b>		
Accounts payable	36,650	28,947
Due to related parties	41,390	-
Total liabilities	78,040	28,947
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	<b>\$ 54,021,014</b>	<b>\$ 46,445,872</b>

## HOSPITALITY INDUSTRY 401(K) PLAN

### STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
<b>ADDITIONS</b>		
Investment income		
Net appreciation in fair value of investments	\$ 4,065,891	\$ 5,434,490
Interest and dividends	1,441,945	1,158,623
Investment income - net	5,507,836	6,593,113
Contributions		
Participant elective deferrals	5,296,913	4,437,190
Participant rollovers	271,924	138,760
Total contributions	5,568,837	4,575,950
Other employer contributions		
Administrative assessments	99,298	84,651
Interest assessments	12,039	1,152
Late contribution fee	5,560	1,620
Total other employer contributions	116,897	87,423
Total additions	11,193,570	11,256,486
<b>DEDUCTIONS</b>		
Benefits paid	3,404,786	3,383,958
Administrative expenses		
Administrative funding rebate	-	350,000
Audit	12,250	11,600
Bank service fees	500	500
Consultant	5,000	5,000
Contract administrator fees	349,307	409,585
Insurance and bonding	13,934	13,987
Legal fees	12,210	40,383
Meeting and office expense	27	34
Payroll audit	228	314
Plan expense reimbursement	(182,197)	(219,971)
Postage and printing	2,383	1,946
Total administrative expenses	213,642	613,378
Total deductions	3,618,428	3,997,336
NET INCREASE	7,575,142	7,259,150
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>		
Beginning of year	46,445,872	39,186,722
End of year	\$ 54,021,014	\$ 46,445,872

# HOSPITALITY INDUSTRY 401(K) PLAN

## NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

### NOTE 1. DESCRIPTION OF THE PLAN

The following description of the Hospitality Industry 401(k) Plan (the Plan), provides only general information. Participants should refer to the summary plan description and Plan regulations for a more comprehensive description of the Plan's provisions.

**General** - The Plan is a defined contribution pension plan covering hotel and restaurant employees, established under the provisions of an agreement and declaration of trust dated November 1, 1999. Covered employees are employed by a participating employer or participating union that is a signatory to a collective bargaining agreement that includes provisions for Plan participation. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

**Participant Elective Contributions** - Participant elective contributions represent amounts paid by an employer, at the election of the employee, in lieu of cash compensation and include contributions that are made pursuant to a salary reduction agreement.

**Benefits** - The purpose of the Plan is to provide retirement benefits to employees whose employers make contributions to the Plan through a salary reduction agreement. The Plan was adopted to provide an opportunity for participating employees to benefit from tax-deferred savings in accordance with Section 401(k) of the Internal Revenue Code, in addition to any benefits otherwise provided by the Plan.

**Participant Accounts** - Each participant's account is credited with the participant's contribution and plan earnings and charged with an administrative fee. The benefit to which a participant is entitled is the benefit that can be provided from the participants vested account.

**Vesting** - Each participant is immediately 100% vested.

**Payments of Benefits** - Upon termination of service due to death, disability, or separation from service as a participating employer or union, a participant may choose from a variety of distribution options. The amount of benefits in this Plan depends on the amount in each participant's account and the extent to which the participant is vested in that amount.

**Late Contribution Fee Receivable and Interest Assessments Receivable** - Amounts due and not paid prior to year-end are recorded as receivables. The Plan believes that the receivables are fully collectible; therefore, no allowance for credit losses is recorded.

**NOTE 1. DESCRIPTION OF THE PLAN (continued)**

**Investments** - The Plan has an investment contract with Empower Annuity Insurance Company (Empower). Empower maintains the contributions in registered investment companies and guaranteed investment contract.

Contributions may be invested in any one or a combination of the funds listed below during the years ending December 31, 2024 and 2023. Participants may transfer existing account balances to or from any of the available funds on any business day.

American Funds Europacific Growth R6  
Artisan Mid Cap Instl  
Baird Core PL Bond  
Boston Trust SMID Cap Fund  
Col High Yield Bond Instl 3  
DFA Int'l Small Cap Value Portfolio I  
Empower Annuity Insurance Company  
Goldman Sachs Small Cap Value R6  
Principal Small Cap Growth I R6  
Touchstone Sands SEL Growth IST  
Vanguard 500 IDX Admiral  
Vanguard Emerging Mkt Index ADM  
Vanguard Equity Income ADM  
Vanguard Inflation Protection Sec  
Vanguard Institutional Target Retirement 2020  
Vanguard Institutional Target Retirement 2025  
Vanguard Institutional Target Retirement 2030  
Vanguard Institutional Target Retirement 2035  
Vanguard Institutional Target Retirement 2040  
Vanguard Institutional Target Retirement 2045  
Vanguard Institutional Target Retirement 2050  
Vanguard Institutional Target Retirement 2055  
Vanguard Institutional Target Retirement 2060  
Vanguard Institutional Target Retirement 2065 IST  
Vanguard Institutional Target Retirement Income  
Vanguard Mid Cap Index Fund  
Vanguard RE IDX Admiral  
Vanguard Small Cap Index Admiral  
Vanguard Total Bond Index  
Vanguard Total STK Admiral  
Victory SYCA ESTB Val R6

## **NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Basis of Accounting** - The financial statements of the Plan have been prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

**Valuation of Investments and Recognition of Income** - Investments are stated at fair value (except for the fully benefit-responsive investment contract, which is reported at contract value). The fair value of investments is determined by the Plan's investment custodian and is based on quoted market prices when available. The registered investment companies are valued at their market value on the last business day of the year. Short-term investments consist of money market accounts, and are carried at cost, which approximates fair value.

Registered investment companies: Valued at the net asset value of shares held by the Plan at year end.

Purchases and sales of securities are recorded on a trade-date basis. Interest and dividend income are recorded on the accrual basis. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

**Contributions to the Plan** - Participants contribute to their savings accounts via payroll deduction. All amounts withheld as of year-end but not yet transferred to the Plan at that date are recorded as a receivable. Participants' rollover contributions are recorded when received.

**Payment of Benefits** - Benefits are recognized upon distribution.

**Use of Estimates** - The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures in the financial statements. Actual results could differ from those estimates.

## **NOTE 3. PRIORITIES UPON TERMINATION**

It is the expressed intention and expectation of the Trustees that it will continue the Plan in full force and effect. However, in the unlikely event of termination, the interests of participants under the Plan shall be non-forfeitable to the extent funded. Termination shall not permit any part of the Plan to be used for or diverted to purposes other than the exclusive benefit of the beneficiaries and participants. In the event the Plan terminates, the net assets of the Plan will be allocated as prescribed by ERISA and its related regulations.

#### **NOTE 4. INVESTMENTS**

The Plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan administrator instructed the Plan's independent auditors not to perform any auditing procedures except on short-term investments with respect to the information in Note 5 certified by Empower, the custodians of the Plan, except for comparing such information certified by the custodians to information included in the Plan's financial statements and supplemental schedule of assets held at end of year.

#### **NOTE 5. FAIR VALUE MEASUREMENTS**

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

##### **Basis of Fair Value Measurement:**

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

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

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

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period. For the years ended December 31, 2024 and 2023, there were no transfers in or out of level 1, 2, or 3.

**NOTE 5. FAIR VALUE MEASUREMENTS (continued)**

There were no changes in valuation methodologies at December 31, 2024 and 2023.

	Fair Value Measurements at December 31, 2024			
	Total	Level 1	Level 2	Level 3
Registered investment companies	\$ 44,529,193	\$ 44,529,193	\$ -	\$ -
Short-term investments	223,200	-	223,200	-
Total investments in fair value hierarchy	<u>\$ 44,752,393</u>	<u>\$ 44,529,193</u>	<u>\$ 223,200</u>	<u>\$ -</u>

  

	Fair Value Measurements at December 31, 2023			
	Total	Level 1	Level 2	Level 3
Registered investment companies	\$ 37,486,346	\$ 37,486,346	\$ -	\$ -
Short-term investments	39,064	-	39,064	-
Total investments in fair value hierarchy	<u>\$ 37,525,410</u>	<u>\$ 37,486,346</u>	<u>\$ 39,064</u>	<u>\$ -</u>

**NOTE 6. INVESTMENT CONTRACT WITH INSURANCE COMPANY**

In 2018, the Plan entered into a fully benefit-responsive guaranteed investment contract with Empower. The value of the investment contract at December 31, 2024 and 2023, was \$9,124,659 and \$8,757,745, respectively. Empower maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The interest rate is based on a formula established by the contract issuer will always be greater than or equal to one- and one-half percent (1-1/2%). The interest rate is reviewed on a semi-annual basis for resetting.

The investment contract provides that withdrawals for benefit payments at death, retirement, disability, termination of employment, and for loans, hardship withdrawals or in-service withdrawals as permitted by the plan at contract value. Transfers to other funds are also made at contract value. At contract termination, a plan may elect to receive either an immediate lump-sum distribution subject to a market value adjustment or receive a contract value distribution in 6 annual installments over a period of 5 years. Certain distributions, distributions resulting from employer-initiated events such as plan termination, merger, spin-off, lay-off, early retirement incentives, etc., may be subject to a market value adjustment. An event that limits the plan's ability to transact at contract value with participants in the plan must be probable of not occurring for the contract to be considered benefit responsive. The plan sponsor is responsible for making this determination. Participant-initiated transactions are permitted on a daily basis. Transfers to competing funds must first go through a non-competing investment option for at least 90 days.

## **NOTE 7. TAX STATUS**

The Plan obtained its latest determination letter on December 11, 2012, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, Plan management believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that, more likely than not, would not be sustained upon examination by the U.S. Federal, state, or local taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Typically, plan tax years will remain open for three years; however, this may differ depending upon the circumstances of the Plan.

## **NOTE 8. RELATED PARTY TRANSACTIONS AND PARTY-IN-INTEREST TRANSACTIONS**

The Plan is related through common Board of Trustee members to the UNITE HERE Local 25 and Hotel Association of Washington, D.C. Health and Welfare Fund (Health Plan), UNITE HERE Local 25 and Hotel Association of Washington, D.C. Group Legal Services Fund (Legal Plan) and the Hotel and Restaurant Employees Local 25 and Hotel Association of Washington, D.C. Pension Plan (Pension Plan). As of December 31, 2024 and 2023, the Plan owed \$5,184, \$2,204 and \$34,002, respectively, to the Health Plan, Legal Plan and Pension Plan.

Certain plan investments are registered investment companies and guaranteed investment contract managed by Empower. Empower is the Custodian, as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions. These transactions have been denoted as such on the supplemental schedule of assets held at end of year. During the years ended December 31, 2024 and 2023, the Plan paid administrative fees of \$96,951 and \$93,749, to Empower, respectively. As of December 31, 2024 and 2023, the Plan owed \$26,886 and \$23,122, to Empower, respectively.

The transactions above qualify as party-in-interest transactions which are exempt from the prohibited transaction rules of ERISA.

### *Administrative assessments*

Employers are responsible for costs associated with the administration of the Plan up to a maximum of one cent (\$.01) per hour for each hour worked by employees covered by the collective bargaining agreement. The administrative assessments paid into the Plan by employers for the plan years ending December 31, 2024 and 2023, totaled \$99,298 and \$84,651, respectively. As of December 31, 2024 and 2023, the employers owed \$40,060 and \$19,802, to the Plan, respectively.

The administrative assessments are accounted for as exchange transactions. The assessments are due on a monthly basis. It is the policy of the Trustees to pursue monies due.

**NOTE 8. RELATED PARTY TRANSACTIONS AND PARTY-IN-INTEREST TRANSACTIONS  
(continued)**

*Interest assessments*

Employers are responsible for remitting interest assessments, or lost earnings associated with the delinquent participant contributions to make the Plan whole. The interest assessment for the Plan years ending December 31, 2024 and 2023, totaled \$12,039 and \$1,152, respectively. As of December 31, 2024 and 2023, the employers owed \$13,336 and \$1,900, to the Plan, respectively.

*Late contribution fee*

Employers are assessed a late contribution fee by the Board of Trustees for not remitting the participant contributions to the Plan in a timely manner. The late contribution fee pertains to delinquent contributions identified from the 2022 through 2024, Plan years. The late contribution fee for the Plan years ending December 31, 2024 and 2023, totaled \$5,560 and \$1,620, respectively. As of December 31, 2024 and 2023, the employers owed \$5,110 and \$1,530, to the Plan, respectively.

**NOTE 9. RISKS AND UNCERTAINTIES**

The Plan invests in various investments. Investments are exposed to various risks such as economic, interest rate, market, and credit risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

**NOTE 10. TIMELY REMITTANCE OF PARTICIPANT CONTRIBUTIONS**

During 2024 and 2023, the participating employers in the Plan failed to deposit approximately \$482,378 and \$307,508, respectively, of participant deferrals within the required time frame as stated by the United States Department of Labor (DOL). The DOL considers late deposits to be prohibited transactions. The participating employers whose late contributions have generated lost earnings in excess of \$10 per quarter have been provided notification with regard to filing Form 5330 and paying applicable excise taxes. The excise tax payments will be made from the employer's assets and not from assets of the Plan.

During 2024 and 2023, corrections were made by participating employers related to 2024, 2023, 2022 and 2021, delinquent contributions of \$357,523 and \$426,654, respectively.

**NOTE 11. SUBSEQUENT EVENTS**

The Plan has evaluated subsequent events through September 2, 2025, the date the financial statements were available to be issued, and they have been evaluated in accordance with relevant accounting standards.

## **SUPPLEMENTAL INFORMATION**

**HOSPITALITY INDUSTRY 401(k) PLAN**

**SCHEDULE OF ASSETS HELD AT END OF YEAR**

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

EIN: 52-2231158

Plan No: 001

(a)	(b)	(c)	(d)	(e)		
Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Shares/ Principal	Interest Rate	Maturity Date	Cost	Current Value
<u>Guaranteed investment contract:</u>						
* * Empower Annuity Insurance Company		313,657	N/A	N/A	*	\$ 9,124,659
<u>Registered investment companies:</u>						
American Funds Europacific Growth R6	Reg. Inv. Co.	6,565	N/A	N/A	*	352,684
Baird Core PL Bond	Reg. Inv. Co.	164,905	N/A	N/A	*	1,650,702
Boston Trust SMID Cap Fund	Reg. Inv. Co.	118,220	N/A	N/A	*	2,943,667
Col High Yield Bond Instl 3	Reg. Inv. Co.	78,013	N/A	N/A	*	851,901
DFA Int'l Small Cap Value I FD	Reg. Inv. Co.	63,465	N/A	N/A	*	1,391,786
Vanguard 500 IDX Admiral	Reg. Inv. Co.	22,953	N/A	N/A	*	12,458,225
Vanguard Equity Income Admiral Fund	Reg. Inv. Co.	6,812	N/A	N/A	*	600,625
Vanguard Inflation-Protected Securities Admiral Fund	Reg. Inv. Co.	3,628	N/A	N/A	*	81,708
Vanguard Mid Cap Index Fund	Reg. Inv. Co.	4,032	N/A	N/A	*	1,317,859
Vanguard Small Cap Index Admiral	Reg. Inv. Co.	14,771	N/A	N/A	*	1,701,045
Vanguard Target Retirement Income	Reg. Inv. Co.	139,503	N/A	N/A	*	1,827,485
Vanguard Target Retirement 2020	Reg. Inv. Co.	143,356	N/A	N/A	*	3,796,073
Vanguard Target Retirement 2025	Reg. Inv. Co.	55,087	N/A	N/A	*	1,029,577
Vanguard Target Retirement 2030	Reg. Inv. Co.	172,583	N/A	N/A	*	6,537,432
Vanguard Target Retirement 2035	Reg. Inv. Co.	41,543	N/A	N/A	*	996,205
Vanguard Target Retirement 2040	Reg. Inv. Co.	96,589	N/A	N/A	*	4,174,563
Vanguard Target Retirement 2045	Reg. Inv. Co.	11,967	N/A	N/A	*	355,050
Vanguard Target Retirement 2050	Reg. Inv. Co.	26,686	N/A	N/A	*	1,330,024
Vanguard Target Retirement 2055	Reg. Inv. Co.	3,998	N/A	N/A	*	222,348
Vanguard Target Retirement 2060	Reg. Inv. Co.	10,187	N/A	N/A	*	522,088
Vanguard Target Retirement 2065	Reg. Inv. Co.	4,347	N/A	N/A	*	146,130
Vanguard Total Bond Index	Reg. Inv. Co.	10,383	N/A	N/A	*	98,435
Vanguard Total STK Admiral	Reg. Inv. Co.	4,531	N/A	N/A	*	143,581
	Total registered investment companies				*	44,529,193
<u>Short-term investment fund:</u>						
Federated Hermes Government Oblig Prem Shs	Money Market	223,200	4.39 %	N/A	223,200	223,200
	Total investments					\$ 53,877,052

\* Cost information is not required for participant-directed investments.

\* \* A party-in-interest as defined by ERISA.

## HOSPITALITY INDUSTRY 401(K) PLAN

### SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

YEAR ENDED DECEMBER 31, 2024

Form 5500, Schedule H, Line 4a

EIN: 52-2231158

Plan No. 001

(a)	(b)	(c)	(h)	(i)
Party Involved	Relationship to Plan	Pay period end date	Contribution Not Corrected	Contribution Corrected Outside of VFCP
Courtyard/Residence Inn-Marriott	Contributing Employer	02/23/24	\$ -	\$ 1,005
Courtyard/Residence Inn-Marriott	Contributing Employer	03/15/24	904	-
Courtyard/Residence Inn-Marriott	Contributing Employer	03/22/24	936	-
Courtyard/Residence Inn-Marriott	Contributing Employer	03/29/24	962	-
Courtyard/Residence Inn-Marriott	Contributing Employer	04/05/24	981	-
Courtyard/Residence Inn-Marriott	Contributing Employer	04/19/24	937	-
Courtyard/Residence Inn-Marriott	Contributing Employer	04/26/24	1,022	-
Courtyard/Residence Inn-Marriott	Contributing Employer	05/03/24	888	-
Courtyard/Residence Inn-Marriott	Contributing Employer	05/10/24	959	-
Courtyard/Residence Inn-Marriott	Contributing Employer	05/17/24	994	-
Courtyard/Residence Inn-Marriott	Contributing Employer	06/14/24	994	-
Courtyard/Residence Inn-Marriott	Contributing Employer	07/12/24	1,007	-
Courtyard/Residence Inn-Marriott	Contributing Employer	07/19/24	1,029	-
Courtyard/Residence Inn-Marriott	Contributing Employer	08/16/24	986	-
Courtyard/Residence Inn-Marriott	Contributing Employer	08/23/24	908	-
Courtyard/Residence Inn-Marriott	Contributing Employer	08/30/24	914	-
Courtyard/Residence Inn-Marriott	Contributing Employer	09/27/24	-	906
			14,421	1,911
Embassy Suites Convention Center	Contributing Employer	01/04/24	516	-
Embassy Suites Convention Center	Contributing Employer	01/11/24	618	-
Embassy Suites Convention Center	Contributing Employer	01/12/24	41	-
Embassy Suites Convention Center	Contributing Employer	01/18/24	458	-
Embassy Suites Convention Center	Contributing Employer	01/25/24	471	-
Embassy Suites Convention Center	Contributing Employer	02/01/24	434	-
Embassy Suites Convention Center	Contributing Employer	02/08/24	432	-
Embassy Suites Convention Center	Contributing Employer	02/15/24	376	-
Embassy Suites Convention Center	Contributing Employer	02/22/24	381	-
Embassy Suites Convention Center	Contributing Employer	02/29/24	624	-
Embassy Suites Convention Center	Contributing Employer	03/07/24	371	-
Embassy Suites Convention Center	Contributing Employer	03/14/24	515	-
Embassy Suites Convention Center	Contributing Employer	03/21/24	595	-
Embassy Suites Convention Center	Contributing Employer	03/21/24	2	-
Embassy Suites Convention Center	Contributing Employer	03/28/24	541	-
Embassy Suites Convention Center	Contributing Employer	04/04/24	512	-
Embassy Suites Convention Center	Contributing Employer	04/11/24	581	-
Embassy Suites Convention Center	Contributing Employer	04/18/24	498	-
Embassy Suites Convention Center	Contributing Employer	04/25/24	518	-
Embassy Suites Convention Center	Contributing Employer	05/02/24	554	-
Embassy Suites Convention Center	Contributing Employer	05/09/24	366	-
Embassy Suites Convention Center	Contributing Employer	05/16/24	394	-
Embassy Suites Convention Center	Contributing Employer	05/23/24	395	-
Embassy Suites Convention Center	Contributing Employer	05/30/24	467	-
Embassy Suites Convention Center	Contributing Employer	06/06/24	344	-

(a) Party Involved	(b) Relationship to Plan	(c) Pay period end date	(h) Contribution Not Corrected	(i) Contribution Corrected Outside of VFCP
Embassy Suites Convention Center	Contributing Employer	06/13/24	\$ 396	\$ -
Embassy Suites Convention Center	Contributing Employer	06/20/24	382	-
Embassy Suites Convention Center	Contributing Employer	06/27/24	375	-
Embassy Suites Convention Center	Contributing Employer	07/03/24	374	-
Embassy Suites Convention Center	Contributing Employer	07/11/24	487	-
			<u>13,018</u>	<u>-</u>
Embassy Suites Crystal City	Contributing Employer	01/11/24	-	365
Embassy Suites Crystal City	Contributing Employer	04/25/24	-	338
Embassy Suites Crystal City	Contributing Employer	05/23/24	-	358
Embassy Suites Crystal City	Contributing Employer	08/15/24	-	431
Embassy Suites Crystal City	Contributing Employer	09/26/24	-	478
Embassy Suites Crystal City	Contributing Employer	10/24/24	-	326
Embassy Suites Crystal City	Contributing Employer	11/21/24	-	301
			<u>-</u>	<u>2,597</u>
Gaylord Nat'l Resort & Conv Ctr	Contributing Employer	01/05/24	-	4,339
Gaylord Nat'l Resort & Conv Ctr	Contributing Employer	01/12/24	-	3,967
Gaylord Nat'l Resort & Conv Ctr	Contributing Employer	02/09/24	-	3,699
Gaylord Nat'l Resort & Conv Ctr	Contributing Employer	02/16/24	-	78
Gaylord Nat'l Resort & Conv Ctr	Contributing Employer	04/05/24	3,762	-
Gaylord Nat'l Resort & Conv Ctr	Contributing Employer	04/12/24	4,582	-
Gaylord Nat'l Resort & Conv Ctr	Contributing Employer	04/19/24	4,376	-
Gaylord Nat'l Resort & Conv Ctr	Contributing Employer	04/26/24	4,003	-
Gaylord Nat'l Resort & Conv Ctr	Contributing Employer	05/03/24	4,602	-
Gaylord Nat'l Resort & Conv Ctr	Contributing Employer	05/17/24	4,031	-
Gaylord Nat'l Resort & Conv Ctr	Contributing Employer	05/31/24	4,264	-
Gaylord Nat'l Resort & Conv Ctr	Contributing Employer	06/07/24	4,068	-
Gaylord Nat'l Resort & Conv Ctr	Contributing Employer	07/12/24	-	4,435
Gaylord Nat'l Resort & Conv Ctr	Contributing Employer	11/01/24	-	3,953
			<u>33,688</u>	<u>20,471</u>
Hilton Arlington National Lndg	Contributing Employer	10/25/24	-	275
Hilton Arlington National Lndg	Contributing Employer	11/01/24	-	275
			<u>-</u>	<u>550</u>
Hilton Washington DC National Mall	Contributing Employer	01/19/24	-	979
Hilton Washington DC National Mall	Contributing Employer	01/26/24	-	1,439
			<u>-</u>	<u>2,418</u>
Hyatt Regency	Contributing Employer	01/04/24	-	4,261
Hyatt Regency	Contributing Employer	01/11/24	-	4,261
Hyatt Regency	Contributing Employer	01/18/24	-	7,305
Hyatt Regency	Contributing Employer	01/25/24	6,521	-
Hyatt Regency	Contributing Employer	02/01/24	-	4,511
Hyatt Regency	Contributing Employer	02/08/24	-	7,437
Hyatt Regency	Contributing Employer	02/15/24	-	7,857
Hyatt Regency	Contributing Employer	06/20/24	-	6,711
			<u>6,521</u>	<u>42,343</u>
Madison	Contributing Employer	01/05/24	-	515
Madison	Contributing Employer	01/12/24	-	515

(a)	(b)	(c)	(h)	(i)
Party Involved	Relationship to Plan	Pay period end date	Contribution Not Corrected	Contribution Corrected Outside of VFCP
Madison	Contributing Employer	01/19/24	\$ -	\$ 515
Madison	Contributing Employer	02/02/24	-	640
Madison	Contributing Employer	02/09/24	-	640
Madison	Contributing Employer	03/01/24	660	-
Madison	Contributing Employer	03/08/24	640	-
Madison	Contributing Employer	03/15/24	660	-
Madison	Contributing Employer	04/05/24	660	-
Madison	Contributing Employer	04/12/24	660	-
Madison	Contributing Employer	04/19/24	660	-
Madison	Contributing Employer	04/26/24	660	-
Madison	Contributing Employer	05/10/24	660	-
Madison	Contributing Employer	05/24/24	920	-
Madison	Contributing Employer	05/31/24	874	-
Madison	Contributing Employer	06/21/24	877	-
Madison	Contributing Employer	06/28/24	824	-
Madison	Contributing Employer	07/05/24	1,067	-
Madison	Contributing Employer	07/26/24	907	-
Madison	Contributing Employer	08/02/24	1,078	-
Madison	Contributing Employer	08/09/24	785	-
Madison	Contributing Employer	08/16/24	887	-
Madison	Contributing Employer	08/23/24	948	-
Madison	Contributing Employer	09/06/24	982	-
Madison	Contributing Employer	09/13/24	836	-
Madison	Contributing Employer	09/20/24	1,232	-
Madison	Contributing Employer	09/27/24	967	-
			<u>18,444</u>	<u>2,825</u>
Phoenix Park	Contributing Employer	02/23/24	-	64
Phoenix Park	Contributing Employer	03/15/24	-	139
Phoenix Park	Contributing Employer	03/22/24	-	93
Phoenix Park	Contributing Employer	03/29/24	-	127
Phoenix Park	Contributing Employer	04/05/24	-	126
Phoenix Park	Contributing Employer	04/19/24	-	77
Phoenix Park	Contributing Employer	04/26/24	-	80
Phoenix Park	Contributing Employer	05/03/24	-	63
Phoenix Park	Contributing Employer	05/10/24	-	86
Phoenix Park	Contributing Employer	05/17/24	-	73
Phoenix Park	Contributing Employer	06/14/24	-	195
Phoenix Park	Contributing Employer	07/19/24	-	136
Phoenix Park	Contributing Employer	07/26/24	-	61
Phoenix Park	Contributing Employer	08/16/24	-	57
Phoenix Park	Contributing Employer	08/23/24	-	60
Phoenix Park	Contributing Employer	08/30/24	-	68
Phoenix Park	Contributing Employer	09/27/24	-	193
			<u>-</u>	<u>1,698</u>
Renaissance Mayflower	Contributing Employer	01/18/24	-	7,899
Renaissance Mayflower	Contributing Employer	01/25/24	-	12,356
Renaissance Mayflower	Contributing Employer	02/08/24	-	11,893
Renaissance Mayflower	Contributing Employer	02/15/24	-	9,289
Renaissance Mayflower	Contributing Employer	02/29/24	-	8,567
Renaissance Mayflower	Contributing Employer	03/14/24	13,632	-
Renaissance Mayflower	Contributing Employer	03/21/24	12,926	-
Renaissance Mayflower	Contributing Employer	03/28/24	12,023	-

(a)	(b)	(c)	(h)	(i)
Party Involved	Relationship to Plan	Pay period end date	Contribution Not Corrected	Contribution Corrected Outside of VFCP
Renaissance Mayflower	Contributing Employer	04/04/24	\$ 8,052	\$ -
Renaissance Mayflower	Contributing Employer	05/23/24	13,731	-
Renaissance Mayflower	Contributing Employer	11/27/24	-	13,361
			<u>60,364</u>	<u>63,365</u>
St Regis	Contributing Employer	01/05/24	-	509
St Regis	Contributing Employer	01/26/24	-	570
St Regis	Contributing Employer	03/01/24	-	442
St Regis	Contributing Employer	03/08/24	-	474
St Regis	Contributing Employer	03/22/24	488	-
St Regis	Contributing Employer	03/29/24	500	-
St Regis	Contributing Employer	04/05/24	610	-
St Regis	Contributing Employer	04/12/24	356	-
St Regis	Contributing Employer	04/26/24	2,859	-
St Regis	Contributing Employer	05/03/24	356	-
St Regis	Contributing Employer	05/10/24	348	-
St Regis	Contributing Employer	05/17/24	348	-
St Regis	Contributing Employer	07/05/24	-	425
St Regis	Contributing Employer	08/09/24	-	605
St Regis	Contributing Employer	08/16/24	-	566
St Regis	Contributing Employer	08/23/24	-	549
St Regis	Contributing Employer	09/20/24	-	616
St Regis	Contributing Employer	09/27/24	-	943
St Regis	Contributing Employer	10/18/24	-	821
St Regis	Contributing Employer	10/25/24	-	723
St Regis	Contributing Employer	11/01/24	-	667
St Regis	Contributing Employer	11/08/24	-	739
			<u>5,865</u>	<u>8,649</u>
Total 2024 Late Contributions			<u>\$ 152,321</u>	<u>\$ 146,827</u>
Courtyard/Residence Inn by Marriott	Contributing Employer	06/02/23	\$ -	\$ 973
Courtyard/Residence Inn by Marriott	Contributing Employer	06/09/23	-	920
Courtyard/Residence Inn by Marriott	Contributing Employer	06/16/23	-	944
Courtyard/Residence Inn by Marriott	Contributing Employer	06/23/23	-	941
Courtyard/Residence Inn by Marriott	Contributing Employer	06/30/23	-	919
Courtyard/Residence Inn by Marriott	Contributing Employer	08/04/23	-	891
			<u>-</u>	<u>5,588</u>
Double Tree Crystal City	Contributing Employer	02/23/23	3,467	-
Double Tree Crystal City	Contributing Employer	03/09/23	3,442	-
Double Tree Crystal City	Contributing Employer	03/23/23	3,281	-
Double Tree Crystal City	Contributing Employer	04/06/23	3,458	-
Double Tree Crystal City	Contributing Employer	05/04/23	3,557	-
Double Tree Crystal City	Contributing Employer	06/29/23	-	3,087
Double Tree Crystal City	Contributing Employer	07/13/23	-	3,459
Double Tree Crystal City	Contributing Employer	07/27/23	-	3,316
Double Tree Crystal City	Contributing Employer	08/10/23	-	3,093
			<u>17,205</u>	<u>12,955</u>
The Embassy Row	Contributing Employer	01/05/23	323	-
The Embassy Row	Contributing Employer	01/12/23	326	-
The Embassy Row	Contributing Employer	01/19/23	234	-
The Embassy Row	Contributing Employer	01/26/23	109	-

(a) <u>Party Involved</u>	(b) <u>Relationship to Plan</u>	(c) <u>Pay period end date</u>	(h) <u>Contribution Not Corrected</u>	(i) <u>Contribution Corrected Outside of VFCP</u>
The Embassy Row	Contributing Employer	09/21/23	\$ -	\$ 530
			<u>992</u>	<u>530</u>
Embassy Suites Convention Center	Contributing Employer	01/05/23	541	-
Embassy Suites Convention Center	Contributing Employer	01/12/23	461	-
Embassy Suites Convention Center	Contributing Employer	01/19/23	513	-
Embassy Suites Convention Center	Contributing Employer	01/26/23	531	-
Embassy Suites Convention Center	Contributing Employer	02/02/23	509	-
Embassy Suites Convention Center	Contributing Employer	02/09/23	459	-
Embassy Suites Convention Center	Contributing Employer	02/16/23	499	-
Embassy Suites Convention Center	Contributing Employer	02/23/23	631	-
Embassy Suites Convention Center	Contributing Employer	03/02/23	562	-
Embassy Suites Convention Center	Contributing Employer	03/09/23	453	-
Embassy Suites Convention Center	Contributing Employer	03/16/23	400	-
Embassy Suites Convention Center	Contributing Employer	03/30/23	491	-
Embassy Suites Convention Center	Contributing Employer	04/06/23	618	-
Embassy Suites Convention Center	Contributing Employer	04/13/23	647	-
Embassy Suites Convention Center	Contributing Employer	04/20/23	534	-
Embassy Suites Convention Center	Contributing Employer	04/27/23	941	-
Embassy Suites Convention Center	Contributing Employer	05/04/23	425	-
Embassy Suites Convention Center	Contributing Employer	05/11/23	463	-
Embassy Suites Convention Center	Contributing Employer	05/18/23	497	-
Embassy Suites Convention Center	Contributing Employer	05/25/23	494	-
Embassy Suites Convention Center	Contributing Employer	06/01/23	549	-
Embassy Suites Convention Center	Contributing Employer	06/08/23	550	-
Embassy Suites Convention Center	Contributing Employer	06/15/23	469	-
Embassy Suites Convention Center	Contributing Employer	06/22/23	493	-
Embassy Suites Convention Center	Contributing Employer	06/29/23	501	-
Embassy Suites Convention Center	Contributing Employer	07/06/23	847	-
Embassy Suites Convention Center	Contributing Employer	07/13/23	600	-
Embassy Suites Convention Center	Contributing Employer	07/20/23	542	-
Embassy Suites Convention Center	Contributing Employer	07/27/23	454	-
Embassy Suites Convention Center	Contributing Employer	08/03/23	451	-
Embassy Suites Convention Center	Contributing Employer	08/10/23	524	-
Embassy Suites Convention Center	Contributing Employer	08/17/23	426	-
Embassy Suites Convention Center	Contributing Employer	08/24/23	427	-
Embassy Suites Convention Center	Contributing Employer	08/24/23	49	-
Embassy Suites Convention Center	Contributing Employer	08/31/23	432	-
Embassy Suites Convention Center	Contributing Employer	11/30/23	569	-
Embassy Suites Convention Center	Contributing Employer	12/07/23	488	-
Embassy Suites Convention Center	Contributing Employer	12/07/23	10	-
Embassy Suites Convention Center	Contributing Employer	12/14/23	695	-
Embassy Suites Convention Center	Contributing Employer	12/21/23	512	-
Embassy Suites Convention Center	Contributing Employer	12/28/23	390	-
			<u>20,647</u>	<u>-</u>
Gaylord National Resort & Convention Center	Contributing Employer	07/28/23	-	3,092
Gaylord National Resort & Convention Center	Contributing Employer	07/14/23	-	3,123
Gaylord National Resort & Convention Center	Contributing Employer	07/21/23	-	3,271
Gaylord National Resort & Convention Center	Contributing Employer	08/18/23	-	3,080
Gaylord National Resort & Convention Center	Contributing Employer	08/11/23	-	3,548
Gaylord National Resort & Convention Center	Contributing Employer	12/22/23	-	3,622
Gaylord National Resort & Convention Center	Contributing Employer	12/29/23	-	4,037
			<u>-</u>	<u>23,773</u>

(a)	(b)	(c)	(h)	(i)
Party Involved	Relationship to Plan	Pay period end date	Contribution Not Corrected	Contribution Corrected Outside of VFCP
Hilton Washington DC National Mall	Contributing Employer	10/20/23	\$ -	\$ 1,044
Hilton Washington DC National Mall	Contributing Employer	10/27/23	1,793	-
Hilton Washington DC National Mall	Contributing Employer	11/03/23	-	2,341
			<u>1,793</u>	<u>3,385</u>
The Hotel Monaco	Contributing Employer	02/28/23	-	153
The Hotel Monaco	Contributing Employer	03/15/23	-	465
The Hotel Monaco	Contributing Employer	03/31/23	-	574
The Hotel Monaco	Contributing Employer	02/28/23	-	439
The Hotel Monaco	Contributing Employer	04/15/23	-	786
The Hotel Monaco	Contributing Employer	04/30/23	-	761
The Hotel Monaco	Contributing Employer	05/15/23	-	583
The Hotel Monaco	Contributing Employer	05/31/23	-	648
The Hotel Monaco	Contributing Employer	06/15/23	-	583
The Hotel Monaco	Contributing Employer	06/30/23	-	597
The Hotel Monaco	Contributing Employer	05/15/23	-	50
The Hotel Monaco	Contributing Employer	05/31/23	-	50
The Hotel Monaco	Contributing Employer	06/15/23	-	50
The Hotel Monaco	Contributing Employer	06/30/23	-	50
The Hotel Monaco	Contributing Employer	07/15/23	-	50
The Hotel Monaco	Contributing Employer	04/30/23	-	100
The Hotel Monaco	Contributing Employer	05/15/23	-	100
The Hotel Monaco	Contributing Employer	05/31/23	-	100
The Hotel Monaco	Contributing Employer	06/15/23	-	100
The Hotel Monaco	Contributing Employer	06/30/23	-	100
The Hotel Monaco	Contributing Employer	07/15/23	-	100
The Hotel Monaco	Contributing Employer	07/31/23	-	220
The Hotel Monaco	Contributing Employer	08/15/23	-	100
The Hotel Monaco	Contributing Employer	02/28/23	-	135
The Hotel Monaco	Contributing Employer	03/15/23	-	156
The Hotel Monaco	Contributing Employer	03/31/23	-	169
The Hotel Monaco	Contributing Employer	04/15/23	-	131
The Hotel Monaco	Contributing Employer	04/30/23	-	174
The Hotel Monaco	Contributing Employer	05/15/23	-	187
The Hotel Monaco	Contributing Employer	05/31/23	-	151
The Hotel Monaco	Contributing Employer	06/15/23	-	143
The Hotel Monaco	Contributing Employer	06/30/23	-	160
The Hotel Monaco	Contributing Employer	07/15/23	-	129
The Hotel Monaco	Contributing Employer	07/31/23	-	147
The Hotel Monaco	Contributing Employer	08/15/23	-	64
The Hotel Monaco	Contributing Employer	08/31/23	-	168
			<u>-</u>	<u>8,673</u>
Hyatt Regency Hotel	Contributing Employer	07/06/23	8,672	-
Hyatt Regency Hotel	Contributing Employer	07/28/23	-	57
Hyatt Regency Hotel	Contributing Employer	09/02/23	-	5,006
Hyatt Regency Hotel	Contributing Employer	09/09/23	-	4,686
Hyatt Regency Hotel	Contributing Employer	11/22/23	-	7,200
Hyatt Regency Hotel	Contributing Employer	11/30/23	5,246	-
Hyatt Regency Hotel	Contributing Employer	12/07/23	5,915	-
Hyatt Regency Hotel	Contributing Employer	12/14/23	7,819	-
Hyatt Regency Hotel	Contributing Employer	12/21/23	4,899	-
			<u>32,551</u>	<u>16,949</u>

(a)	(b)	(c)	(h)	(i)
Party Involved	Relationship to Plan	Pay period end date	Contribution Not Corrected	Contribution Corrected Outside of VFCP
The Jefferson	Contributing Employer	10/19/23	\$ -	\$ 1,132
Madison Hotel	Contributing Employer	10/13/23	540	-
Madison Hotel	Contributing Employer	10/20/23	540	-
Madison Hotel	Contributing Employer	10/27/23	540	-
Madison Hotel	Contributing Employer	11/03/23	540	-
Madison Hotel	Contributing Employer	11/10/23	540	-
Madison Hotel	Contributing Employer	11/17/23	540	-
Madison Hotel	Contributing Employer	11/24/23	540	-
Madison Hotel	Contributing Employer	12/01/23	540	-
Madison Hotel	Contributing Employer	12/08/23	540	-
			<u>4,860</u>	<u>-</u>
Marriott Marquis	Contributing Employer	12/14/23	<u>9,024</u>	<u>-</u>
Renaissance Mayflower	Contributing Employer	05/12/23	-	10,768
Renaissance Mayflower	Contributing Employer	06/30/23	-	11,533
Renaissance Mayflower	Contributing Employer	07/21/23	-	9,201
Renaissance Mayflower	Contributing Employer	09/08/23	-	10,107
Renaissance Mayflower	Contributing Employer	09/22/23	10,848	-
Renaissance Mayflower	Contributing Employer	09/28/23	11,430	-
Renaissance Mayflower	Contributing Employer	10/05/23	12,161	-
Renaissance Mayflower	Contributing Employer	10/12/23	-	12,240
Renaissance Mayflower	Contributing Employer	10/19/23	14,126	-
Renaissance Mayflower	Contributing Employer	10/26/23	10,665	-
Renaissance Mayflower	Contributing Employer	11/09/23	11,060	-
Renaissance Mayflower	Contributing Employer	11/16/23	-	13,162
Renaissance Mayflower	Contributing Employer	11/22/23	-	12,295
Renaissance Mayflower	Contributing Employer	11/30/23	-	8,412
Renaissance Mayflower	Contributing Employer	12/14/23	-	11,961
Renaissance Mayflower	Contributing Employer	12/21/23	-	11,615
Renaissance Mayflower	Contributing Employer	12/28/23	-	6,447
			<u>70,290</u>	<u>117,741</u>
St. Regis	Contributing Employer	04/07/23	-	249
St. Regis	Contributing Employer	06/23/23	-	370
St. Regis	Contributing Employer	06/30/23	-	379
St. Regis	Contributing Employer	07/21/23	-	359
St. Regis	Contributing Employer	07/28/23	-	357
St. Regis	Contributing Employer	08/04/23	-	282
St. Regis	Contributing Employer	08/18/23	-	351
St. Regis	Contributing Employer	08/25/23	-	345
St. Regis	Contributing Employer	09/01/23	-	176
St. Regis	Contributing Employer	10/27/23	-	586
St. Regis	Contributing Employer	11/24/23	-	435
St. Regis	Contributing Employer	12/01/23	-	405
St. Regis	Contributing Employer	12/08/23	-	513
St. Regis	Contributing Employer	12/15/23	-	369
St. Regis	Contributing Employer	12/22/23	-	478
St. Regis	Contributing Employer	12/29/23	-	580
			<u>-</u>	<u>6,234</u>
Total 2023 Late Contributions			<u>\$ 157,362</u>	<u>\$ 196,960</u>

(a)	(b)	(c)	(h)	(i)
Party Involved	Relationship to Plan	Pay period end date	Contribution Not Corrected	Contribution Corrected Outside of VFCP
Double Tree Crystal City	Contributing Employer	08/25/22	\$ 2,999	\$ -
Double Tree Crystal City	Contributing Employer	09/08/22	2,764	-
Double Tree Crystal City	Contributing Employer	09/22/22	3,309	-
			<u>9,072</u>	<u>-</u>
The Embassy Row	Contributing Employer	07/14/22	151	-
The Embassy Row	Contributing Employer	07/21/22	140	-
The Embassy Row	Contributing Employer	07/28/22	163	-
The Embassy Row	Contributing Employer	08/04/22	168	-
The Embassy Row	Contributing Employer	08/11/22	98	-
The Embassy Row	Contributing Employer	08/18/22	102	-
The Embassy Row	Contributing Employer	08/25/22	118	-
The Embassy Row	Contributing Employer	09/01/22	65	-
The Embassy Row	Contributing Employer	09/08/22	195	-
The Embassy Row	Contributing Employer	09/15/22	168	-
The Embassy Row	Contributing Employer	09/22/22	135	-
The Embassy Row	Contributing Employer	09/29/22	149	-
The Embassy Row	Contributing Employer	10/06/22	141	-
The Embassy Row	Contributing Employer	10/13/22	154	-
The Embassy Row	Contributing Employer	10/20/22	166	-
The Embassy Row	Contributing Employer	10/27/22	131	-
The Embassy Row	Contributing Employer	11/03/22	107	-
The Embassy Row	Contributing Employer	11/10/22	146	-
The Embassy Row	Contributing Employer	11/17/22	114	-
The Embassy Row	Contributing Employer	11/25/22	495	-
The Embassy Row	Contributing Employer	12/01/22	494	-
The Embassy Row	Contributing Employer	12/08/22	314	-
The Embassy Row	Contributing Employer	12/15/22	270	-
The Embassy Row	Contributing Employer	12/22/22	166	-
The Embassy Row	Contributing Employer	12/29/22	194	-
			<u>4,544</u>	<u>-</u>
Embassy Suites Convention Center	Contributing Employer	08/18/22	-	440
Embassy Suites Convention Center	Contributing Employer	08/25/22	-	405
Embassy Suites Convention Center	Contributing Employer	09/01/22	-	342
Embassy Suites Convention Center	Contributing Employer	09/08/22	-	584
Embassy Suites Convention Center	Contributing Employer	09/15/22	-	530
Embassy Suites Convention Center	Contributing Employer	09/22/22	-	403
Embassy Suites Convention Center	Contributing Employer	09/29/22	-	404
Embassy Suites Convention Center	Contributing Employer	10/06/22	-	473
Embassy Suites Convention Center	Contributing Employer	10/13/22	-	494
Embassy Suites Convention Center	Contributing Employer	10/20/22	-	408
Embassy Suites Convention Center	Contributing Employer	10/27/22	-	419
Embassy Suites Convention Center	Contributing Employer	11/03/22	-	393
Embassy Suites Convention Center	Contributing Employer	11/10/22	-	378
Embassy Suites Convention Center	Contributing Employer	11/17/22	-	612
Embassy Suites Convention Center	Contributing Employer	11/24/22	-	503
Embassy Suites Convention Center	Contributing Employer	12/01/22	-	383
Embassy Suites Convention Center	Contributing Employer	12/22/22	379	-
Embassy Suites Convention Center	Contributing Employer	12/29/22	507	-
			<u>886</u>	<u>7,171</u>
Hilton Washington DC Capitol Hill	Contributing Employer	09/30/22	209	-

(a)	(b)	(c)	(h)	(i)
Party Involved	Relationship to Plan	Pay period end date	Contribution Not Corrected	Contribution Corrected Outside of VFCP
Madison Hotel	Contributing Employer	03/31/22	\$ 5,464	\$ -
St. Regis	Contributing Employer	12/31/22	-	6,565
Waldorf Astoria Washington DC	Contributing Employer	08/07/22	697	-
Waldorf Astoria Washington DC	Contributing Employer	08/14/22	202	-
Waldorf Astoria Washington DC	Contributing Employer	08/21/22	309	-
Waldorf Astoria Washington DC	Contributing Employer	08/28/22	862	-
Waldorf Astoria Washington DC	Contributing Employer	09/04/22	1,034	-
Waldorf Astoria Washington DC	Contributing Employer	09/11/22	758	-
Waldorf Astoria Washington DC	Contributing Employer	09/18/22	1,879	-
Waldorf Astoria Washington DC	Contributing Employer	10/02/22	3,353	-
			<u>9,094</u>	<u>-</u>
Woodner Hotel	Contributing Employer	01/07/22	303	-
Woodner Hotel	Contributing Employer	01/14/22	242	-
Woodner Hotel	Contributing Employer	01/21/22	18	-
Woodner Hotel	Contributing Employer	01/28/22	4	-
Woodner Hotel	Contributing Employer	02/04/22	4	-
Woodner Hotel	Contributing Employer	02/11/22	9	-
Woodner Hotel	Contributing Employer	02/18/22	22	-
Woodner Hotel	Contributing Employer	02/25/22	9	-
Woodner Hotel	Contributing Employer	03/04/22	32	-
Woodner Hotel	Contributing Employer	03/11/22	34	-
Woodner Hotel	Contributing Employer	03/18/22	55	-
Woodner Hotel	Contributing Employer	03/25/22	71	-
Woodner Hotel	Contributing Employer	04/01/22	15	-
Woodner Hotel	Contributing Employer	04/08/22	66	-
Woodner Hotel	Contributing Employer	04/15/22	28	-
Woodner Hotel	Contributing Employer	04/22/22	21	-
Woodner Hotel	Contributing Employer	04/29/22	43	-
Woodner Hotel	Contributing Employer	05/06/22	46	-
Woodner Hotel	Contributing Employer	05/13/22	48	-
Woodner Hotel	Contributing Employer	05/20/22	36	-
Woodner Hotel	Contributing Employer	05/27/22	26	-
Woodner Hotel	Contributing Employer	06/03/22	35	-
Woodner Hotel	Contributing Employer	06/10/22	41	-
Woodner Hotel	Contributing Employer	06/17/22	43	-
Woodner Hotel	Contributing Employer	06/24/22	43	-
Woodner Hotel	Contributing Employer	07/01/22	59	-
			<u>1,353</u>	<u>-</u>
Yotel Hotel	Contributing Employer	01/08/22	674	-
Yotel Hotel	Contributing Employer	01/15/22	638	-
Yotel Hotel	Contributing Employer	01/22/22	615	-
Yotel Hotel	Contributing Employer	01/29/22	681	-
Yotel Hotel	Contributing Employer	03/26/22	639	-
Yotel Hotel	Contributing Employer	04/02/22	664	-
Yotel Hotel	Contributing Employer	04/09/22	655	-
Yotel Hotel	Contributing Employer	04/10/22	608	-
Yotel Hotel	Contributing Employer	04/16/22	619	-
Yotel Hotel	Contributing Employer	04/23/22	640	-
Yotel Hotel	Contributing Employer	04/30/22	650	-
Yotel Hotel	Contributing Employer	05/07/22	715	-

(a) Party Involved	(b) Relationship to Plan	(c) Pay period end date	(h) Contribution Not Corrected	(i) Contribution Corrected Outside of VFCP
Yotel Hotel	Contributing Employer	05/08/22	\$ 617	\$ -
Yotel Hotel	Contributing Employer	07/17/22	582	-
Yotel Hotel	Contributing Employer	08/21/22	645	-
Yotel Hotel	Contributing Employer	10/22/22	526	-
Yotel Hotel	Contributing Employer	11/20/22	659	-
			<u>10,827</u>	<u>-</u>
	Total 2022 Late Contributions		<u>\$ 41,449</u>	<u>\$ 13,736</u>
Hotel Washington	Contributing Employer	12/31/21	\$ 7,730	\$ -
Hilton Washington DC Capitol Hill	Contributing Employer	06/30/21	298	-
Madison Hotel	Contributing Employer	12/31/21	10,080	-
Woodner Hotel	Contributing Employer	12/31/21	276	-
	Total 2021 Late Contributions		<u>\$ 18,384</u>	<u>\$ -</u>
Hotel Washington	Contributing Employer	12/31/20	\$ 438	\$ -
Madison Hotel	Contributing Employer	12/31/20	1,717	-
	Total 2020 Late Contributions		<u>\$ 2,155</u>	<u>\$ -</u>
	Grand Total		<u>\$ 371,671</u>	<u>\$ 357,523</u>

**THE FINANCIAL STATEMENTS WILL BE PLACED IN THE  
ATTACHMENT FOR THE ACCOUNTANT'S OPINION**

SEE ACCOUNTANT'S OPINION FOR SCHEDULE  
OF ASSETS HELD

## HOSPITALITY INDUSTRY 401(K) PLAN

### SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

YEAR ENDED DECEMBER 31, 2024

Form 5500, Schedule H, Line 4a

EIN: 52-2231158  
Plan No. 001

(a)	(b)	(c)	(h)	(i)
Party Involved	Relationship to Plan	Pay period end date	Contribution Not Corrected	Contribution Corrected Outside of VFCP
Courtyard/Residence Inn-Marriott	Contributing Employer	02/23/24	\$ -	\$ 1,005
Courtyard/Residence Inn-Marriott	Contributing Employer	03/15/24	904	-
Courtyard/Residence Inn-Marriott	Contributing Employer	03/22/24	936	-
Courtyard/Residence Inn-Marriott	Contributing Employer	03/29/24	962	-
Courtyard/Residence Inn-Marriott	Contributing Employer	04/05/24	981	-
Courtyard/Residence Inn-Marriott	Contributing Employer	04/19/24	937	-
Courtyard/Residence Inn-Marriott	Contributing Employer	04/26/24	1,022	-
Courtyard/Residence Inn-Marriott	Contributing Employer	05/03/24	888	-
Courtyard/Residence Inn-Marriott	Contributing Employer	05/10/24	959	-
Courtyard/Residence Inn-Marriott	Contributing Employer	05/17/24	994	-
Courtyard/Residence Inn-Marriott	Contributing Employer	06/14/24	994	-
Courtyard/Residence Inn-Marriott	Contributing Employer	07/12/24	1,007	-
Courtyard/Residence Inn-Marriott	Contributing Employer	07/19/24	1,029	-
Courtyard/Residence Inn-Marriott	Contributing Employer	08/16/24	986	-
Courtyard/Residence Inn-Marriott	Contributing Employer	08/23/24	908	-
Courtyard/Residence Inn-Marriott	Contributing Employer	08/30/24	914	-
Courtyard/Residence Inn-Marriott	Contributing Employer	09/27/24	-	906
			14,421	1,911
Embassy Suites Convention Center	Contributing Employer	01/04/24	516	-
Embassy Suites Convention Center	Contributing Employer	01/11/24	618	-
Embassy Suites Convention Center	Contributing Employer	01/12/24	41	-
Embassy Suites Convention Center	Contributing Employer	01/18/24	458	-
Embassy Suites Convention Center	Contributing Employer	01/25/24	471	-
Embassy Suites Convention Center	Contributing Employer	02/01/24	434	-
Embassy Suites Convention Center	Contributing Employer	02/08/24	432	-
Embassy Suites Convention Center	Contributing Employer	02/15/24	376	-
Embassy Suites Convention Center	Contributing Employer	02/22/24	381	-
Embassy Suites Convention Center	Contributing Employer	02/29/24	624	-
Embassy Suites Convention Center	Contributing Employer	03/07/24	371	-
Embassy Suites Convention Center	Contributing Employer	03/14/24	515	-
Embassy Suites Convention Center	Contributing Employer	03/21/24	595	-
Embassy Suites Convention Center	Contributing Employer	03/21/24	2	-
Embassy Suites Convention Center	Contributing Employer	03/28/24	541	-
Embassy Suites Convention Center	Contributing Employer	04/04/24	512	-
Embassy Suites Convention Center	Contributing Employer	04/11/24	581	-
Embassy Suites Convention Center	Contributing Employer	04/18/24	498	-
Embassy Suites Convention Center	Contributing Employer	04/25/24	518	-
Embassy Suites Convention Center	Contributing Employer	05/02/24	554	-
Embassy Suites Convention Center	Contributing Employer	05/09/24	366	-
Embassy Suites Convention Center	Contributing Employer	05/16/24	394	-
Embassy Suites Convention Center	Contributing Employer	05/23/24	395	-
Embassy Suites Convention Center	Contributing Employer	05/30/24	467	-
Embassy Suites Convention Center	Contributing Employer	06/06/24	344	-

(a)	(b)	(c)	(h)	(i)
Party Involved	Relationship to Plan	Pay period end date	Contribution Not Corrected	Contribution Corrected Outside of VFCP
Embassy Suites Convention Center	Contributing Employer	06/13/24	\$ 396	\$ -
Embassy Suites Convention Center	Contributing Employer	06/20/24	382	-
Embassy Suites Convention Center	Contributing Employer	06/27/24	375	-
Embassy Suites Convention Center	Contributing Employer	07/03/24	374	-
Embassy Suites Convention Center	Contributing Employer	07/11/24	487	-
			<u>13,018</u>	<u>-</u>
Embassy Suites Crystal City	Contributing Employer	01/11/24	-	365
Embassy Suites Crystal City	Contributing Employer	04/25/24	-	338
Embassy Suites Crystal City	Contributing Employer	05/23/24	-	358
Embassy Suites Crystal City	Contributing Employer	08/15/24	-	431
Embassy Suites Crystal City	Contributing Employer	09/26/24	-	478
Embassy Suites Crystal City	Contributing Employer	10/24/24	-	326
Embassy Suites Crystal City	Contributing Employer	11/21/24	-	301
			<u>-</u>	<u>2,597</u>
Gaylord Nat'l Resort & Conv Ctr	Contributing Employer	01/05/24	-	4,339
Gaylord Nat'l Resort & Conv Ctr	Contributing Employer	01/12/24	-	3,967
Gaylord Nat'l Resort & Conv Ctr	Contributing Employer	02/09/24	-	3,699
Gaylord Nat'l Resort & Conv Ctr	Contributing Employer	02/16/24	-	78
Gaylord Nat'l Resort & Conv Ctr	Contributing Employer	04/05/24	3,762	-
Gaylord Nat'l Resort & Conv Ctr	Contributing Employer	04/12/24	4,582	-
Gaylord Nat'l Resort & Conv Ctr	Contributing Employer	04/19/24	4,376	-
Gaylord Nat'l Resort & Conv Ctr	Contributing Employer	04/26/24	4,003	-
Gaylord Nat'l Resort & Conv Ctr	Contributing Employer	05/03/24	4,602	-
Gaylord Nat'l Resort & Conv Ctr	Contributing Employer	05/17/24	4,031	-
Gaylord Nat'l Resort & Conv Ctr	Contributing Employer	05/31/24	4,264	-
Gaylord Nat'l Resort & Conv Ctr	Contributing Employer	06/07/24	4,068	-
Gaylord Nat'l Resort & Conv Ctr	Contributing Employer	07/12/24	-	4,435
Gaylord Nat'l Resort & Conv Ctr	Contributing Employer	11/01/24	-	3,953
			<u>33,688</u>	<u>20,471</u>
Hilton Arlington National Lndg	Contributing Employer	10/25/24	-	275
Hilton Arlington National Lndg	Contributing Employer	11/01/24	-	275
			<u>-</u>	<u>550</u>
Hilton Washington DC National Mall	Contributing Employer	01/19/24	-	979
Hilton Washington DC National Mall	Contributing Employer	01/26/24	-	1,439
			<u>-</u>	<u>2,418</u>
Hyatt Regency	Contributing Employer	01/04/24	-	4,261
Hyatt Regency	Contributing Employer	01/11/24	-	4,261
Hyatt Regency	Contributing Employer	01/18/24	-	7,305
Hyatt Regency	Contributing Employer	01/25/24	6,521	-
Hyatt Regency	Contributing Employer	02/01/24	-	4,511
Hyatt Regency	Contributing Employer	02/08/24	-	7,437
Hyatt Regency	Contributing Employer	02/15/24	-	7,857
Hyatt Regency	Contributing Employer	06/20/24	-	6,711
			<u>6,521</u>	<u>42,343</u>
Madison	Contributing Employer	01/05/24	-	515
Madison	Contributing Employer	01/12/24	-	515

(a)	(b)	(c)	(h)	(i)
Party Involved	Relationship to Plan	Pay period end date	Contribution Not Corrected	Contribution Corrected Outside of VFCP
Madison	Contributing Employer	01/19/24	\$ -	\$ 515
Madison	Contributing Employer	02/02/24	-	640
Madison	Contributing Employer	02/09/24	-	640
Madison	Contributing Employer	03/01/24	660	-
Madison	Contributing Employer	03/08/24	640	-
Madison	Contributing Employer	03/15/24	660	-
Madison	Contributing Employer	04/05/24	660	-
Madison	Contributing Employer	04/12/24	660	-
Madison	Contributing Employer	04/19/24	660	-
Madison	Contributing Employer	04/26/24	660	-
Madison	Contributing Employer	05/10/24	660	-
Madison	Contributing Employer	05/24/24	920	-
Madison	Contributing Employer	05/31/24	874	-
Madison	Contributing Employer	06/21/24	877	-
Madison	Contributing Employer	06/28/24	824	-
Madison	Contributing Employer	07/05/24	1,067	-
Madison	Contributing Employer	07/26/24	907	-
Madison	Contributing Employer	08/02/24	1,078	-
Madison	Contributing Employer	08/09/24	785	-
Madison	Contributing Employer	08/16/24	887	-
Madison	Contributing Employer	08/23/24	948	-
Madison	Contributing Employer	09/06/24	982	-
Madison	Contributing Employer	09/13/24	836	-
Madison	Contributing Employer	09/20/24	1,232	-
Madison	Contributing Employer	09/27/24	967	-
			<u>18,444</u>	<u>2,825</u>
Phoenix Park	Contributing Employer	02/23/24	-	64
Phoenix Park	Contributing Employer	03/15/24	-	139
Phoenix Park	Contributing Employer	03/22/24	-	93
Phoenix Park	Contributing Employer	03/29/24	-	127
Phoenix Park	Contributing Employer	04/05/24	-	126
Phoenix Park	Contributing Employer	04/19/24	-	77
Phoenix Park	Contributing Employer	04/26/24	-	80
Phoenix Park	Contributing Employer	05/03/24	-	63
Phoenix Park	Contributing Employer	05/10/24	-	86
Phoenix Park	Contributing Employer	05/17/24	-	73
Phoenix Park	Contributing Employer	06/14/24	-	195
Phoenix Park	Contributing Employer	07/19/24	-	136
Phoenix Park	Contributing Employer	07/26/24	-	61
Phoenix Park	Contributing Employer	08/16/24	-	57
Phoenix Park	Contributing Employer	08/23/24	-	60
Phoenix Park	Contributing Employer	08/30/24	-	68
Phoenix Park	Contributing Employer	09/27/24	-	193
			<u>-</u>	<u>1,698</u>
Renaissance Mayflower	Contributing Employer	01/18/24	-	7,899
Renaissance Mayflower	Contributing Employer	01/25/24	-	12,356
Renaissance Mayflower	Contributing Employer	02/08/24	-	11,893
Renaissance Mayflower	Contributing Employer	02/15/24	-	9,289
Renaissance Mayflower	Contributing Employer	02/29/24	-	8,567
Renaissance Mayflower	Contributing Employer	03/14/24	13,632	-
Renaissance Mayflower	Contributing Employer	03/21/24	12,926	-
Renaissance Mayflower	Contributing Employer	03/28/24	12,023	-

(a)	(b)	(c)	(h)	(i)
Party Involved	Relationship to Plan	Pay period end date	Contribution Not Corrected	Contribution Corrected Outside of VFCP
Renaissance Mayflower	Contributing Employer	04/04/24	\$ 8,052	\$ -
Renaissance Mayflower	Contributing Employer	05/23/24	13,731	-
Renaissance Mayflower	Contributing Employer	11/27/24	-	13,361
			<u>60,364</u>	<u>63,365</u>
St Regis	Contributing Employer	01/05/24	-	509
St Regis	Contributing Employer	01/26/24	-	570
St Regis	Contributing Employer	03/01/24	-	442
St Regis	Contributing Employer	03/08/24	-	474
St Regis	Contributing Employer	03/22/24	488	-
St Regis	Contributing Employer	03/29/24	500	-
St Regis	Contributing Employer	04/05/24	610	-
St Regis	Contributing Employer	04/12/24	356	-
St Regis	Contributing Employer	04/26/24	2,859	-
St Regis	Contributing Employer	05/03/24	356	-
St Regis	Contributing Employer	05/10/24	348	-
St Regis	Contributing Employer	05/17/24	348	-
St Regis	Contributing Employer	07/05/24	-	425
St Regis	Contributing Employer	08/09/24	-	605
St Regis	Contributing Employer	08/16/24	-	566
St Regis	Contributing Employer	08/23/24	-	549
St Regis	Contributing Employer	09/20/24	-	616
St Regis	Contributing Employer	09/27/24	-	943
St Regis	Contributing Employer	10/18/24	-	821
St Regis	Contributing Employer	10/25/24	-	723
St Regis	Contributing Employer	11/01/24	-	667
St Regis	Contributing Employer	11/08/24	-	739
			<u>5,865</u>	<u>8,649</u>
Total 2024 Late Contributions			<u>\$ 152,321</u>	<u>\$ 146,827</u>
Courtyard/Residence Inn by Marriott	Contributing Employer	06/02/23	\$ -	\$ 973
Courtyard/Residence Inn by Marriott	Contributing Employer	06/09/23	-	920
Courtyard/Residence Inn by Marriott	Contributing Employer	06/16/23	-	944
Courtyard/Residence Inn by Marriott	Contributing Employer	06/23/23	-	941
Courtyard/Residence Inn by Marriott	Contributing Employer	06/30/23	-	919
Courtyard/Residence Inn by Marriott	Contributing Employer	08/04/23	-	891
			<u>-</u>	<u>5,588</u>
Double Tree Crystal City	Contributing Employer	02/23/23	3,467	-
Double Tree Crystal City	Contributing Employer	03/09/23	3,442	-
Double Tree Crystal City	Contributing Employer	03/23/23	3,281	-
Double Tree Crystal City	Contributing Employer	04/06/23	3,458	-
Double Tree Crystal City	Contributing Employer	05/04/23	3,557	-
Double Tree Crystal City	Contributing Employer	06/29/23	-	3,087
Double Tree Crystal City	Contributing Employer	07/13/23	-	3,459
Double Tree Crystal City	Contributing Employer	07/27/23	-	3,316
Double Tree Crystal City	Contributing Employer	08/10/23	-	3,093
			<u>17,205</u>	<u>12,955</u>
The Embassy Row	Contributing Employer	01/05/23	323	-
The Embassy Row	Contributing Employer	01/12/23	326	-
The Embassy Row	Contributing Employer	01/19/23	234	-
The Embassy Row	Contributing Employer	01/26/23	109	-

(a)	(b)	(c)	(h)	(i)
Party Involved	Relationship to Plan	Pay period end date	Contribution Not Corrected	Contribution Corrected Outside of VFCP
The Embassy Row	Contributing Employer	09/21/23	\$ -	\$ 530
			992	530
Embassy Suites Convention Center	Contributing Employer	01/05/23	541	-
Embassy Suites Convention Center	Contributing Employer	01/12/23	461	-
Embassy Suites Convention Center	Contributing Employer	01/19/23	513	-
Embassy Suites Convention Center	Contributing Employer	01/26/23	531	-
Embassy Suites Convention Center	Contributing Employer	02/02/23	509	-
Embassy Suites Convention Center	Contributing Employer	02/09/23	459	-
Embassy Suites Convention Center	Contributing Employer	02/16/23	499	-
Embassy Suites Convention Center	Contributing Employer	02/23/23	631	-
Embassy Suites Convention Center	Contributing Employer	03/02/23	562	-
Embassy Suites Convention Center	Contributing Employer	03/09/23	453	-
Embassy Suites Convention Center	Contributing Employer	03/16/23	400	-
Embassy Suites Convention Center	Contributing Employer	03/30/23	491	-
Embassy Suites Convention Center	Contributing Employer	04/06/23	618	-
Embassy Suites Convention Center	Contributing Employer	04/13/23	647	-
Embassy Suites Convention Center	Contributing Employer	04/20/23	534	-
Embassy Suites Convention Center	Contributing Employer	04/27/23	941	-
Embassy Suites Convention Center	Contributing Employer	05/04/23	425	-
Embassy Suites Convention Center	Contributing Employer	05/11/23	463	-
Embassy Suites Convention Center	Contributing Employer	05/18/23	497	-
Embassy Suites Convention Center	Contributing Employer	05/25/23	494	-
Embassy Suites Convention Center	Contributing Employer	06/01/23	549	-
Embassy Suites Convention Center	Contributing Employer	06/08/23	550	-
Embassy Suites Convention Center	Contributing Employer	06/15/23	469	-
Embassy Suites Convention Center	Contributing Employer	06/22/23	493	-
Embassy Suites Convention Center	Contributing Employer	06/29/23	501	-
Embassy Suites Convention Center	Contributing Employer	07/06/23	847	-
Embassy Suites Convention Center	Contributing Employer	07/13/23	600	-
Embassy Suites Convention Center	Contributing Employer	07/20/23	542	-
Embassy Suites Convention Center	Contributing Employer	07/27/23	454	-
Embassy Suites Convention Center	Contributing Employer	08/03/23	451	-
Embassy Suites Convention Center	Contributing Employer	08/10/23	524	-
Embassy Suites Convention Center	Contributing Employer	08/17/23	426	-
Embassy Suites Convention Center	Contributing Employer	08/24/23	427	-
Embassy Suites Convention Center	Contributing Employer	08/24/23	49	-
Embassy Suites Convention Center	Contributing Employer	08/31/23	432	-
Embassy Suites Convention Center	Contributing Employer	11/30/23	569	-
Embassy Suites Convention Center	Contributing Employer	12/07/23	488	-
Embassy Suites Convention Center	Contributing Employer	12/07/23	10	-
Embassy Suites Convention Center	Contributing Employer	12/14/23	695	-
Embassy Suites Convention Center	Contributing Employer	12/21/23	512	-
Embassy Suites Convention Center	Contributing Employer	12/28/23	390	-
			20,647	-
Gaylord National Resort & Convention Center	Contributing Employer	07/28/23	-	3,092
Gaylord National Resort & Convention Center	Contributing Employer	07/14/23	-	3,123
Gaylord National Resort & Convention Center	Contributing Employer	07/21/23	-	3,271
Gaylord National Resort & Convention Center	Contributing Employer	08/18/23	-	3,080
Gaylord National Resort & Convention Center	Contributing Employer	08/11/23	-	3,548
Gaylord National Resort & Convention Center	Contributing Employer	12/22/23	-	3,622
Gaylord National Resort & Convention Center	Contributing Employer	12/29/23	-	4,037
			-	23,773

(a)	(b)	(c)	(h)	(i)
Party Involved	Relationship to Plan	Pay period end date	Contribution Not Corrected	Contribution Corrected Outside of VFCP
Hilton Washington DC National Mall	Contributing Employer	10/20/23	\$ -	\$ 1,044
Hilton Washington DC National Mall	Contributing Employer	10/27/23	1,793	-
Hilton Washington DC National Mall	Contributing Employer	11/03/23	-	2,341
			<u>1,793</u>	<u>3,385</u>
The Hotel Monaco	Contributing Employer	02/28/23	-	153
The Hotel Monaco	Contributing Employer	03/15/23	-	465
The Hotel Monaco	Contributing Employer	03/31/23	-	574
The Hotel Monaco	Contributing Employer	02/28/23	-	439
The Hotel Monaco	Contributing Employer	04/15/23	-	786
The Hotel Monaco	Contributing Employer	04/30/23	-	761
The Hotel Monaco	Contributing Employer	05/15/23	-	583
The Hotel Monaco	Contributing Employer	05/31/23	-	648
The Hotel Monaco	Contributing Employer	06/15/23	-	583
The Hotel Monaco	Contributing Employer	06/30/23	-	597
The Hotel Monaco	Contributing Employer	05/15/23	-	50
The Hotel Monaco	Contributing Employer	05/31/23	-	50
The Hotel Monaco	Contributing Employer	06/15/23	-	50
The Hotel Monaco	Contributing Employer	06/30/23	-	50
The Hotel Monaco	Contributing Employer	07/15/23	-	50
The Hotel Monaco	Contributing Employer	04/30/23	-	100
The Hotel Monaco	Contributing Employer	05/15/23	-	100
The Hotel Monaco	Contributing Employer	05/31/23	-	100
The Hotel Monaco	Contributing Employer	06/15/23	-	100
The Hotel Monaco	Contributing Employer	06/30/23	-	100
The Hotel Monaco	Contributing Employer	07/15/23	-	100
The Hotel Monaco	Contributing Employer	07/31/23	-	220
The Hotel Monaco	Contributing Employer	08/15/23	-	100
The Hotel Monaco	Contributing Employer	02/28/23	-	135
The Hotel Monaco	Contributing Employer	03/15/23	-	156
The Hotel Monaco	Contributing Employer	03/31/23	-	169
The Hotel Monaco	Contributing Employer	04/15/23	-	131
The Hotel Monaco	Contributing Employer	04/30/23	-	174
The Hotel Monaco	Contributing Employer	05/15/23	-	187
The Hotel Monaco	Contributing Employer	05/31/23	-	151
The Hotel Monaco	Contributing Employer	06/15/23	-	143
The Hotel Monaco	Contributing Employer	06/30/23	-	160
The Hotel Monaco	Contributing Employer	07/15/23	-	129
The Hotel Monaco	Contributing Employer	07/31/23	-	147
The Hotel Monaco	Contributing Employer	08/15/23	-	64
The Hotel Monaco	Contributing Employer	08/31/23	-	168
			<u>-</u>	<u>8,673</u>
Hyatt Regency Hotel	Contributing Employer	07/06/23	8,672	-
Hyatt Regency Hotel	Contributing Employer	07/28/23	-	57
Hyatt Regency Hotel	Contributing Employer	09/02/23	-	5,006
Hyatt Regency Hotel	Contributing Employer	09/09/23	-	4,686
Hyatt Regency Hotel	Contributing Employer	11/22/23	-	7,200
Hyatt Regency Hotel	Contributing Employer	11/30/23	5,246	-
Hyatt Regency Hotel	Contributing Employer	12/07/23	5,915	-
Hyatt Regency Hotel	Contributing Employer	12/14/23	7,819	-
Hyatt Regency Hotel	Contributing Employer	12/21/23	4,899	-
			<u>32,551</u>	<u>16,949</u>

(a)	(b)	(c)	(h)	(i)
Party Involved	Relationship to Plan	Pay period end date	Contribution Not Corrected	Contribution Corrected Outside of VFCP
The Jefferson	Contributing Employer	10/19/23	\$ -	\$ 1,132
Madison Hotel	Contributing Employer	10/13/23	540	-
Madison Hotel	Contributing Employer	10/20/23	540	-
Madison Hotel	Contributing Employer	10/27/23	540	-
Madison Hotel	Contributing Employer	11/03/23	540	-
Madison Hotel	Contributing Employer	11/10/23	540	-
Madison Hotel	Contributing Employer	11/17/23	540	-
Madison Hotel	Contributing Employer	11/24/23	540	-
Madison Hotel	Contributing Employer	12/01/23	540	-
Madison Hotel	Contributing Employer	12/08/23	540	-
			<u>4,860</u>	<u>-</u>
Marriott Marquis	Contributing Employer	12/14/23	<u>9,024</u>	<u>-</u>
Renaissance Mayflower	Contributing Employer	05/12/23	-	10,768
Renaissance Mayflower	Contributing Employer	06/30/23	-	11,533
Renaissance Mayflower	Contributing Employer	07/21/23	-	9,201
Renaissance Mayflower	Contributing Employer	09/08/23	-	10,107
Renaissance Mayflower	Contributing Employer	09/22/23	10,848	-
Renaissance Mayflower	Contributing Employer	09/28/23	11,430	-
Renaissance Mayflower	Contributing Employer	10/05/23	12,161	-
Renaissance Mayflower	Contributing Employer	10/12/23	-	12,240
Renaissance Mayflower	Contributing Employer	10/19/23	14,126	-
Renaissance Mayflower	Contributing Employer	10/26/23	10,665	-
Renaissance Mayflower	Contributing Employer	11/09/23	11,060	-
Renaissance Mayflower	Contributing Employer	11/16/23	-	13,162
Renaissance Mayflower	Contributing Employer	11/22/23	-	12,295
Renaissance Mayflower	Contributing Employer	11/30/23	-	8,412
Renaissance Mayflower	Contributing Employer	12/14/23	-	11,961
Renaissance Mayflower	Contributing Employer	12/21/23	-	11,615
Renaissance Mayflower	Contributing Employer	12/28/23	-	6,447
			<u>70,290</u>	<u>117,741</u>
St. Regis	Contributing Employer	04/07/23	-	249
St. Regis	Contributing Employer	06/23/23	-	370
St. Regis	Contributing Employer	06/30/23	-	379
St. Regis	Contributing Employer	07/21/23	-	359
St. Regis	Contributing Employer	07/28/23	-	357
St. Regis	Contributing Employer	08/04/23	-	282
St. Regis	Contributing Employer	08/18/23	-	351
St. Regis	Contributing Employer	08/25/23	-	345
St. Regis	Contributing Employer	09/01/23	-	176
St. Regis	Contributing Employer	10/27/23	-	586
St. Regis	Contributing Employer	11/24/23	-	435
St. Regis	Contributing Employer	12/01/23	-	405
St. Regis	Contributing Employer	12/08/23	-	513
St. Regis	Contributing Employer	12/15/23	-	369
St. Regis	Contributing Employer	12/22/23	-	478
St. Regis	Contributing Employer	12/29/23	-	580
			<u>-</u>	<u>6,234</u>
Total 2023 Late Contributions			<u>\$ 157,362</u>	<u>\$ 196,960</u>

(a)	(b)	(c)	(h)	(i)
Party Involved	Relationship to Plan	Pay period end date	Contribution Not Corrected	Contribution Corrected Outside of VFCP
Double Tree Crystal City	Contributing Employer	08/25/22	\$ 2,999	\$ -
Double Tree Crystal City	Contributing Employer	09/08/22	2,764	-
Double Tree Crystal City	Contributing Employer	09/22/22	3,309	-
			<u>9,072</u>	<u>-</u>
The Embassy Row	Contributing Employer	07/14/22	151	-
The Embassy Row	Contributing Employer	07/21/22	140	-
The Embassy Row	Contributing Employer	07/28/22	163	-
The Embassy Row	Contributing Employer	08/04/22	168	-
The Embassy Row	Contributing Employer	08/11/22	98	-
The Embassy Row	Contributing Employer	08/18/22	102	-
The Embassy Row	Contributing Employer	08/25/22	118	-
The Embassy Row	Contributing Employer	09/01/22	65	-
The Embassy Row	Contributing Employer	09/08/22	195	-
The Embassy Row	Contributing Employer	09/15/22	168	-
The Embassy Row	Contributing Employer	09/22/22	135	-
The Embassy Row	Contributing Employer	09/29/22	149	-
The Embassy Row	Contributing Employer	10/06/22	141	-
The Embassy Row	Contributing Employer	10/13/22	154	-
The Embassy Row	Contributing Employer	10/20/22	166	-
The Embassy Row	Contributing Employer	10/27/22	131	-
The Embassy Row	Contributing Employer	11/03/22	107	-
The Embassy Row	Contributing Employer	11/10/22	146	-
The Embassy Row	Contributing Employer	11/17/22	114	-
The Embassy Row	Contributing Employer	11/25/22	495	-
The Embassy Row	Contributing Employer	12/01/22	494	-
The Embassy Row	Contributing Employer	12/08/22	314	-
The Embassy Row	Contributing Employer	12/15/22	270	-
The Embassy Row	Contributing Employer	12/22/22	166	-
The Embassy Row	Contributing Employer	12/29/22	194	-
			<u>4,544</u>	<u>-</u>
Embassy Suites Convention Center	Contributing Employer	08/18/22	-	440
Embassy Suites Convention Center	Contributing Employer	08/25/22	-	405
Embassy Suites Convention Center	Contributing Employer	09/01/22	-	342
Embassy Suites Convention Center	Contributing Employer	09/08/22	-	584
Embassy Suites Convention Center	Contributing Employer	09/15/22	-	530
Embassy Suites Convention Center	Contributing Employer	09/22/22	-	403
Embassy Suites Convention Center	Contributing Employer	09/29/22	-	404
Embassy Suites Convention Center	Contributing Employer	10/06/22	-	473
Embassy Suites Convention Center	Contributing Employer	10/13/22	-	494
Embassy Suites Convention Center	Contributing Employer	10/20/22	-	408
Embassy Suites Convention Center	Contributing Employer	10/27/22	-	419
Embassy Suites Convention Center	Contributing Employer	11/03/22	-	393
Embassy Suites Convention Center	Contributing Employer	11/10/22	-	378
Embassy Suites Convention Center	Contributing Employer	11/17/22	-	612
Embassy Suites Convention Center	Contributing Employer	11/24/22	-	503
Embassy Suites Convention Center	Contributing Employer	12/01/22	-	383
Embassy Suites Convention Center	Contributing Employer	12/22/22	379	-
Embassy Suites Convention Center	Contributing Employer	12/29/22	507	-
			<u>886</u>	<u>7,171</u>
Hilton Washington DC Capitol Hill	Contributing Employer	09/30/22	209	-

(a)	(b)	(c)	(h)	(i)
Party Involved	Relationship to Plan	Pay period end date	Contribution Not Corrected	Contribution Corrected Outside of VFCP
Madison Hotel	Contributing Employer	03/31/22	\$ 5,464	\$ -
St. Regis	Contributing Employer	12/31/22	-	6,565
Waldorf Astoria Washington DC	Contributing Employer	08/07/22	697	-
Waldorf Astoria Washington DC	Contributing Employer	08/14/22	202	-
Waldorf Astoria Washington DC	Contributing Employer	08/21/22	309	-
Waldorf Astoria Washington DC	Contributing Employer	08/28/22	862	-
Waldorf Astoria Washington DC	Contributing Employer	09/04/22	1,034	-
Waldorf Astoria Washington DC	Contributing Employer	09/11/22	758	-
Waldorf Astoria Washington DC	Contributing Employer	09/18/22	1,879	-
Waldorf Astoria Washington DC	Contributing Employer	10/02/22	3,353	-
			9,094	-
Woodner Hotel	Contributing Employer	01/07/22	303	-
Woodner Hotel	Contributing Employer	01/14/22	242	-
Woodner Hotel	Contributing Employer	01/21/22	18	-
Woodner Hotel	Contributing Employer	01/28/22	4	-
Woodner Hotel	Contributing Employer	02/04/22	4	-
Woodner Hotel	Contributing Employer	02/11/22	9	-
Woodner Hotel	Contributing Employer	02/18/22	22	-
Woodner Hotel	Contributing Employer	02/25/22	9	-
Woodner Hotel	Contributing Employer	03/04/22	32	-
Woodner Hotel	Contributing Employer	03/11/22	34	-
Woodner Hotel	Contributing Employer	03/18/22	55	-
Woodner Hotel	Contributing Employer	03/25/22	71	-
Woodner Hotel	Contributing Employer	04/01/22	15	-
Woodner Hotel	Contributing Employer	04/08/22	66	-
Woodner Hotel	Contributing Employer	04/15/22	28	-
Woodner Hotel	Contributing Employer	04/22/22	21	-
Woodner Hotel	Contributing Employer	04/29/22	43	-
Woodner Hotel	Contributing Employer	05/06/22	46	-
Woodner Hotel	Contributing Employer	05/13/22	48	-
Woodner Hotel	Contributing Employer	05/20/22	36	-
Woodner Hotel	Contributing Employer	05/27/22	26	-
Woodner Hotel	Contributing Employer	06/03/22	35	-
Woodner Hotel	Contributing Employer	06/10/22	41	-
Woodner Hotel	Contributing Employer	06/17/22	43	-
Woodner Hotel	Contributing Employer	06/24/22	43	-
Woodner Hotel	Contributing Employer	07/01/22	59	-
			1,353	-
Yotel Hotel	Contributing Employer	01/08/22	674	-
Yotel Hotel	Contributing Employer	01/15/22	638	-
Yotel Hotel	Contributing Employer	01/22/22	615	-
Yotel Hotel	Contributing Employer	01/29/22	681	-
Yotel Hotel	Contributing Employer	03/26/22	639	-
Yotel Hotel	Contributing Employer	04/02/22	664	-
Yotel Hotel	Contributing Employer	04/09/22	655	-
Yotel Hotel	Contributing Employer	04/10/22	608	-
Yotel Hotel	Contributing Employer	04/16/22	619	-
Yotel Hotel	Contributing Employer	04/23/22	640	-
Yotel Hotel	Contributing Employer	04/30/22	650	-
Yotel Hotel	Contributing Employer	05/07/22	715	-

(a)	(b)	(c)	(h)	(i)
Party Involved	Relationship to Plan	Pay period end date	Contribution Not Corrected	Contribution Corrected Outside of VFCP
Yotel Hotel	Contributing Employer	05/08/22	\$ 617	\$ -
Yotel Hotel	Contributing Employer	07/17/22	582	-
Yotel Hotel	Contributing Employer	08/21/22	645	-
Yotel Hotel	Contributing Employer	10/22/22	526	-
Yotel Hotel	Contributing Employer	11/20/22	659	-
			<u>10,827</u>	<u>-</u>
	Total 2022 Late Contributions		<u>\$ 41,449</u>	<u>\$ 13,736</u>
Hotel Washington	Contributing Employer	12/31/21	\$ 7,730	\$ -
Hilton Washington DC Capitol Hill	Contributing Employer	06/30/21	298	-
Madison Hotel	Contributing Employer	12/31/21	10,080	-
Woodner Hotel	Contributing Employer	12/31/21	276	-
	Total 2021 Late Contributions		<u>\$ 18,384</u>	<u>\$ -</u>
Hotel Washington	Contributing Employer	12/31/20	\$ 438	\$ -
Madison Hotel	Contributing Employer	12/31/20	1,717	-
	Total 2020 Late Contributions		<u>\$ 2,155</u>	<u>\$ -</u>
	Grand Total		<u>\$ 371,671</u>	<u>\$ 357,523</u>

**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 01/01/2024 and ending 12/31/2024

- 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.)
- B** This return/report is:  a single-employer plan  a DFE (specify) \_\_\_\_\_  
 the first return/report  the final return/report  
 an amended return/report  a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here .....▶
- D** Check box if filing under:  Form 5558  automatic extension  the DFVC program  
 special extension (enter description) \_\_\_\_\_
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here .....▶

**Part II Basic Plan Information - enter all requested information**

<b>1a</b> Name of plan HOSPITALITY INDUSTRY 401K PLAN	<b>1b</b> Three-digit plan number (PN) ▶ <u>001</u>
<b>2a</b> 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) BOARD OF TRUSTEES HOSPITALITY INDUSTRY 401K PLAN  ASSOCIATED ADMINISTRATORS, LLC 911 RIDGEBROOK ROAD  SPARKS MD 21152-0000	<b>1c</b> Effective date of plan <u>11/01/1999</u>  <b>2b</b> Employer Identification Number (EIN) <u>52-2231158</u>  <b>2c</b> Plan Sponsor's telephone number <u>410-683-6500</u>  <b>2d</b> Business code (see instructions) <u>721110</u>

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

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

SIGN HERE	<input checked="" type="checkbox"/>	<u>9/4/25</u>	PAUL SCHWALB
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<input checked="" type="checkbox"/>		SOLOMON KEENE JR
	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

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

Form 5500 (2024)  
v. 240311

<b>Form 5500</b> <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	<b>Annual Return/Report of Employee Benefit Plan</b> 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). <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	<small>OMB Nos. 1210 - 0110 1210 - 0088</small>  <b>2024</b>  <b>This Form Is Open to Public Inspection</b>
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<b>Part I Annual Report Identification Information</b>	
For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A This return/report is for:	<input checked="" type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) <input type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ B This return/report is: <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months) C If the plan is a collectively-bargained plan, check here <input checked="" type="checkbox"/>
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here	<input type="checkbox"/>

<b>Part II Basic Plan Information - enter all requested information</b>											
<b>1a Name of plan</b> HOSPITALITY INDUSTRY 401K PLAN  <b>2a Plan sponsor's name (employer, if for a single-employer plan)</b> 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) BOARD OF TRUSTEES HOSPITALITY INDUSTRY 401K PLAN  ASSOCIATED ADMINISTRATORS, LLC 911 RIDGEBROOK ROAD  SPARKS MD 21152-0000	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"><b>1b Three-digit plan number (PN)</b></td> <td style="width:20%; text-align: center;">▶ 001</td> </tr> <tr> <td><b>1c Effective date of plan</b></td> <td style="text-align: center;">11/01/1999</td> </tr> <tr> <td><b>2b Employer Identification Number (EIN)</b></td> <td style="text-align: center;">52-2231158</td> </tr> <tr> <td><b>2c Plan Sponsor's telephone number</b></td> <td style="text-align: center;">410-683-6500</td> </tr> <tr> <td><b>2d Business code (see instructions)</b></td> <td style="text-align: center;">721110</td> </tr> </table>	<b>1b Three-digit plan number (PN)</b>	▶ 001	<b>1c Effective date of plan</b>	11/01/1999	<b>2b Employer Identification Number (EIN)</b>	52-2231158	<b>2c Plan Sponsor's telephone number</b>	410-683-6500	<b>2d Business code (see instructions)</b>	721110
<b>1b Three-digit plan number (PN)</b>	▶ 001										
<b>1c Effective date of plan</b>	11/01/1999										
<b>2b Employer Identification Number (EIN)</b>	52-2231158										
<b>2c Plan Sponsor's telephone number</b>	410-683-6500										
<b>2d Business code (see instructions)</b>	721110										

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

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

<b>SIGN HERE</b>	<input checked="" type="checkbox"/>		
	Signature of plan administrator	Date	PAUL SCHWALB Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	<input checked="" type="checkbox"/>		
	Signature of employer/plan sponsor	Date	9/25/2025 SOLOMON KEENE JR Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
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<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	5,481
<b>6</b> 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).		
<b>a (1)</b> Total number of active participants at the beginning of the plan year .....	<b>6a(1)</b>	5,357
<b>a (2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b>	5,781
<b>b</b> Retired or separated participants receiving benefits .....	<b>6b</b>	
<b>c</b> Other retired or separated participants entitled to future benefits .....	<b>6c</b>	113
<b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c .....	<b>6d</b>	5,894
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....	<b>6e</b>	7
<b>f</b> Total. Add lines 6d and 6e .....	<b>6f</b>	5,901
<b>g (1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....	<b>6g(1)</b>	5,481
<b>(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<b>6g(2)</b>	5,901
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<b>6h</b>	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	37

**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 2T

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

<b>9a</b> Plan funding arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

<b>a Pension Schedules</b> (1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information) (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) - Number Attached _____ (5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information - Small Plan) (3) <input checked="" type="checkbox"/> <b>A</b> (Insurance Information) - Number Attached <u>  1  </u> (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)
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**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 \_\_\_\_\_