

<p style="text-align: center;">Form 5500</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-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 style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 2em; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center; 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>1a Name of plan <u>HARRISON INN SIXTY-SIX, INC. SAFE HARBOR PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>HARRISON INN SIXTY-SIX, INC.</u></p> <p><u>PO BOX 160 ATTN HUMAN RESOURCES</u> <u>OCEAN CITY, MD 21842</u></p>	<p>1c Effective date of plan <u>03/31/1998</u></p> <p>2b Employer Identification Number (EIN) <u>52-1191391</u></p> <p>2c Plan Sponsor's telephone number <u>410-289-4444</u></p> <p>2d 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.

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/15/2025</u>	<u>BILL DELLER</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	495
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	438
	6a(2)	398
	6b	12
	6c	59
	6d	469
	6e	0
	6f	469
	6g(1)	206
	6g(2)	205
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

<p>SCHEDULE A (Form 5500)</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>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</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>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan HARRISON INN SIXTY-SIX, INC. SAFE HARBOR PLAN</p>	<p>B Three-digit plan number (PN) ▶ 001</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 HARRISON INN SIXTY-SIX, INC.</p>	<p>D Employer Identification Number (EIN) 52-1191391</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
LINCOLN NATIONAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	893797+087	8	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.

(a) Total amount of commissions paid 1895	(b) Total amount of fees paid 0
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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
WELLS FARGO ADVISORS FINET LLC

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1895			4

(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	

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year	7b	989437
c Additions: (1) Contributions deposited during the year	7c(1)	3933
	7c(2)	
	7c(3)	21393
	7c(4)	29576
	7c(5)	2081
▶ MAY INCLUDE LOAN REPAYMENTS, FORFEITURES AND/OR ADJUSTMENTS		
(6) Total additions	7c(6)	56983
d Total of balance and additions (add lines 7b and 7c(6))	7d	1046420
e Deductions:		
	7e(1)	11126
	7e(2)	2511
	7e(3)	409462
	7e(4)	2868
▶ MAY INCLUDE LOANS ISSUED, FORFEITURES AND/OR ADJUSTMENTS		
(5) Total deductions	7e(5)	425967
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	620453

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

<p>SCHEDULE A (Form 5500)</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>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</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>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan HARRISON INN SIXTY-SIX, INC. SAFE HARBOR PLAN</p>	<p>B Three-digit plan number (PN) ▶ 001</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 HARRISON INN SIXTY-SIX, INC.</p>	<p>D Employer Identification Number (EIN) 52-1191391</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
LINCOLN NATIONAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	HISS-001	18	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.

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year	7b	174318
c Additions: (1) Contributions deposited during the year	7c(1)	59755
	7c(2)	
	7c(3)	4709
	7c(4)	32195
	7c(5)	1900
▶ MAY INCLUDE LOAN REPAYMENTS, FORFEITURES AND/OR ADJUSTMENTS		
(6) Total additions	7c(6)	98559
d Total of balance and additions (add lines 7b and 7c(6))	7d	272877
e Deductions:		
	7e(1)	15772
	7e(2)	670
	7e(3)	1
7e(4)	4585	
▶ MAY INCLUDE LOANS ISSUED, FORFEITURES AND/OR ADJUSTMENTS		
(5) Total deductions	7e(5)	21028
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	251849

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

A Name of plan HARRISON INN SIXTY-SIX, INC. SAFE HARBOR PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 HARRISON INN SIXTY-SIX, INC.	D Employer Identification Number (EIN) 52-1191391	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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)

LINCOLN NATIONAL CORPORATION

35-1140070

(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	SERVICE PROVIDER	34768	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan HARRISON INN SIXTY-SIX, INC. SAFE HARBOR PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 HARRISON INN SIXTY-SIX, INC.	D Employer Identification Number (EIN) 52-1191391

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	110245
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	10613602
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	1163755
(15) Other.....	1c(15)	106878

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	11887602	13988118
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	11887602	13988118

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	322530	
(B) Participants.....	2a(1)(B)	647629	
(C) Others (including rollovers).....	2a(1)(C)	396027	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1366186
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	6839	
(F) Other.....	2b(1)(F)	21393	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		28232
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	623177	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		623177
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		818393
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2835988

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	696123	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		696123
f Corrective distributions (see instructions)	2f		3500
g Certain deemed distributions of participant loans (see instructions).....	2g		1081
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	34768	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		34768
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		735472

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2100516
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **BDO USA, P.C.**

(2) EIN: **13-5381590**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	X		392
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan HARRISON INN SIXTY-SIX, INC. SAFE HARBOR PLAN	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 HARRISON INN SIXTY-SIX, INC.	D Employer Identification Number (EIN) 52-1191391	

Part I	Distributions
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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	0
----------	----------

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 04-2456637

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

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

3	
----------	--

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

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

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

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

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

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) 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 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q703197A.

Harrison Inn Sixty-Six, Inc. Safe Harbor Plan

**Financial Statements
and ERISA-Required Supplemental Schedules
As of December 31, 2024 and 2023
and for the Year Ended December 31, 2024**

The report accompanying these financial statements was issued by BDO USA, P.C., a Virginia professional corporation, and the U.S. member of BDO International Limited, a UK company limited by guarantee.



Harrison Inn Sixty-Six, Inc. Safe Harbor Plan

Financial Statements and ERISA-Required Supplemental Schedules
As of December 31, 2024 and 2023, and for the Year Ended December 31, 2024

Harrison Inn Sixty-Six, Inc. Safe Harbor Plan

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Note: Other schedules required by Section 2520.103.10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.



Independent Auditor's Report

The Plan Administrator
Harrison Inn Sixty-Six, Inc. Safe Harbor Plan
Ocean City, Maryland

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

We have performed audits of the financial statements of the Harrison Inn Sixty-Six, Inc. Safe Harbor 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). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, 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 (DOL) Rules and Regulations for Reporting and Disclosure under ERISA (ERISA Section 103(a)(3)(C) audit). 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 (qualified institution), provided that the investment information is prepared and certified to by the qualified institution in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained a certification from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

- 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 (GAAP); and
- The certified investment information in the accompanying financial statements agrees to, or is derived from, in all material respects, the information prepared and certified by a qualified 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 GAAP, 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 within one year after the date that the financial statements are available to be issued.

Management is responsible for maintaining a current plan instrument, including all plan amendments. Management is also responsible for 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 GAAP.

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 GAAP.

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.

Other Matter – Supplemental Schedules Required by ERISA

The supplemental schedules (Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2024 and Schedule H, Line 4a - Schedule of Delinquent Participant Contributions for the Year Ended December 31, 2024) are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL'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 schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL'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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The certified investment information in the supplemental schedules agrees to, or are derived from, in all material respects, the information prepared and certified by a qualified institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

BDO USA, P.C.

October 14, 2025

Financial Statements

Harrison Inn Sixty-Six, Inc. Safe Harbor Plan

Statements of Net Assets Available for Benefits

<i>December 31,</i>	2024	2023
Assets		
Investments		
Investments, at fair value	\$ 13,260,787	\$ 10,787,920
Investments, at contract value	620,453	989,437
Total Investments	13,881,240	11,777,357
Receivables		
Notes receivable from participants	106,878	110,245
Net Assets Available for Benefits	\$ 13,988,118	\$ 11,887,602

See accompanying notes to the financial statements.

Harrison Inn Sixty-Six, Inc. Safe Harbor Plan

Statement of Changes in Net Assets Available for Benefits

Year ended December 31, 2024

Additions

Investment income:

Net appreciation in fair value of investments	\$	840,029
Dividends and interest		622,934

Total Investment Income		1,462,963
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Interest income on notes receivable from participants		6,839
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Contributions:

Employer		322,530
Employee		647,629
Rollover		396,027

Total Contributions		1,366,186
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Total Additions		2,835,988
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Deductions

Benefits paid to participants		700,704
Administrative expenses		34,768

Total Deductions		735,472
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Net Increase		2,100,516
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Net Assets Available for Benefits, beginning of the year		11,887,602
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Net Assets Available for Benefits, end of the year	\$	13,988,118
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See accompanying notes to the financial statements.

Harrison Inn Sixty-Six, Inc. Safe Harbor Plan

Notes to Financial Statements

1. Description of the Plan

The following description of the Harrison Inn Sixty-Six, Inc. Safe Harbor Plan (the Plan) is provided for general information purposes only. Participants should refer to the comprehensive Plan Document for a more complete description of the Plan's provisions.

General

The Plan was adopted effective March 31, 1998, and was most recently restated January 1, 2022, by Harrison Inn Sixty-Six, Inc. (the Company or Employer). The Plan is a defined contribution plan covering substantially all employees of the Company, and its affiliates consisting of Plim Plaza, Harrison Hall, Flagship Oceanfront, Oceanic, Hilton Suites Oceanfront, Seabonay, Harrison Group General, Quality Inn Oceanfront, Quality Inn Boardwalk, Hampton Inn Corolla, Holiday Inn Suites Oceanfront, Surfbreak, Doubletree, 1608 Philadelphia Ave, LLC trading as Anthony's, Harrison 15th Street LLC, and Harrison Virginia Beach South, LLC. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Trustee and Administration of the Plan

The trustee is Lincoln Financial Group Trust Company, Inc. and the recordkeeper is Lincoln Retirement Services Company LLC (collectively, Lincoln). The trustee holds all assets of the Plan in accordance with the service provider contract with the Company. The administrator of the Plan is the Company. The Plan's management determines the appropriateness of the Plan's investment offerings and monitors investment performance.

Eligibility

Employees of the Company who are age 21 or older are considered eligible for participation, except for leased employees. Additionally, the participant must complete one year of service with a minimum of 1,000 hours of service to participate in the Plan. One year of service is defined as a 12 consecutive-month period beginning on an employee's date of hire, during which the employee is credited with at least 1,000 hours of service. Once the employee meets the eligibility requirements, they are enrolled in the Plan on the first day of the following month.

Contributions

Each year, participants may contribute a minimum of 1% of eligible compensation, as defined in the Plan. Salary deferral agreements shall be made, terminated, or changed according to procedures and limitations set up by the Plan Administrator and the Plan Document. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. The Plan does not allow for Roth contributions.

The Company's basic safe harbor match is equal to 100% of the Participants' salary deferrals up to the first 3% of Plan compensation, plus 50% of Participants' salary deferrals up to the next 2% of Plan compensation. Participants may also roll over balances representing distributions from other qualified defined benefit or contribution plans (rollover contributions). Employee contributions are recorded in the period in which the Company makes payroll deductions from the participants' earnings. The employer basic safe harbor match is recorded at the same time. Contributions are subject to certain Internal Revenue Service (IRS) limitations. Participants direct the investment of their contributions into various investment options offered by the Plan.

Harrison Inn Sixty-Six, Inc. Safe Harbor Plan

Notes to Financial Statements

Participant Accounts

Each participant's account is credited with the participant's contributions, the Company's safe harbor matching contributions, and an allocation of net Plan earnings or losses. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled to is the vested portion of their account.

Vesting

Participants are immediately vested in their contributions and the Company's safe harbor matching contributions plus actual earnings thereon.

Payment of Benefits

A participant's entire interest in the Plan is payable upon death, attainment of normal retirement age, becoming disabled, as defined, or termination of service. A participant may elect to receive a lump-sum amount equal to the vested portion of the participant's account, or annual installments. Participants may elect to rollover their vested balance to another qualified retirement plan or IRA. Withdrawals from the Plan may also be made upon circumstances of financial hardship, in accordance with provisions specified in the Plan. Participants may also withdraw an amount at age 59½ if certain criteria are met. A terminated participant will receive an involuntary cash-out distribution if their vested account balance is less than or equal to \$1,000, paid in a single lump sum distribution to the participant.

Forfeitures

At December 31, 2024 and 2023, forfeited non-vested accounts totaled approximately \$5,679 and \$4,598, respectively. These accounts may be used to pay administrative expenses and reduce future employer safe harbor matching contributions. There were no forfeited funds used to pay administrative expenses and/or fund employer contributions in 2024.

Notes Receivable from Participants

Participants are permitted to borrow a minimum of \$1,000 of their vested benefits under the Plan. Participants may borrow up to a maximum equal to the lesser of 50% of their vested account balance or \$50,000, reduced by the highest outstanding loan balance in their account during the prior 12-month period. Loans are secured by the participant's account and bear an interest rate at the prime rate plus 1%, which would be made under similar circumstances and is fixed for the term of the loan. The notes are repaid ratably through payroll deductions over a period of five years or less, unless used to purchase a principal residence up to fifteen years. Each participant may not have more than two loan outstanding at any time. These loans are subject to certain restrictions as defined by the Plan Document and applicable restrictions under the Internal Revenue Code (IRC).

Harrison Inn Sixty-Six, Inc. Safe Harbor Plan

Notes to Financial Statements

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements of the Plan are prepared using the accrual basis of accounting.

Use of Estimates

The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America (GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results may differ from those estimates.

Investment Valuation and Income Recognition

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

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus accrued unpaid interest. If a participant ceases to make loan repayments and the Plan Administrator deems the participant loan to be in default, the participant loan balance is reduced, and a benefit payment is recorded.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to participant-initiated transactions are charged directly to the participant's account and are included in administrative expenses. Investment-related expenses are included in net appreciation in fair value of investments.

3. Certified Investment Information

Certain information disclosed in the accompanying financial statements and ERISA-required supplemental schedule, related to investments and notes receivable from participants held as of December 31, 2024 and 2023, and net appreciation in fair value of investments, interest and

Harrison Inn Sixty-Six, Inc. Safe Harbor Plan

Notes to Financial Statements

dividends, and interest income on notes receivable from participants for the year ended December 31, 2024, was obtained by management and agreed to or derived from information certified as complete and accurate by Lincoln Financial Group Trust Company, Inc., a qualified institution.

4. Fair Value Measurements

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

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

Level 2 - Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets.
- Quoted prices for identical or similar assets or liabilities in inactive markets.
- Inputs other than quoted prices that are observable for the asset or liability.
- Inputs that are derived principally from, or corroborated by, observable market data by correlation or other means.

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

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

A financial instrument's 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.

There have been no changes in the methodologies used at December 31, 2024 or 2023. The following is a description of the valuation methodologies used for assets measured at fair value:

Mutual Funds - Mutual funds are valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Unallocated Group Fixed Annuity Contract - The Plan invests in the Lincoln Stable Value Account, which is an unallocated group fixed annuity contract investment option with The Lincoln National Life Insurance Company, Inc. This investment is reported at contract value. Contract value is the relevant measure for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the

Harrison Inn Sixty-Six, Inc. Safe Harbor Plan

Notes to Financial Statements

amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.

Target Date Separately Managed Portfolio - The Plan's target date separately managed portfolios are unitized investments that have a calculated unit value based on the fair value of the underlying investments, which consist primarily of mutual funds. Additionally, the Lincoln Stable Value Account provides liquidity to the separately managed portfolios.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's investments measured at fair value on a recurring basis:

December 31, 2024

	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 11,066,320	\$ -	\$ -	\$ 11,066,320
Target date separately managed portfolios	-	2,194,467	-	2,194,467
Total Investments	\$ 11,066,320	\$ 2,194,467	\$ -	\$ 13,260,787

December 31, 2023

	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 9,257,930	\$ -	\$ -	\$ 9,257,930
Target date separately managed portfolios	-	1,529,990	-	1,529,990
Total Investments	\$ 9,257,930	\$ 1,529,990	\$ -	\$ 10,787,920

As described in Note 2, the Plan holds an investment in an unallocated group fixed annuity contract with The Lincoln National Life Insurance Company, Inc. (LNLIC). Contributions received in any quarter are credited with earnings at the guaranteed crediting interest rates in effect for the quarter. The LNLIC maintains the contributions in a general account.

The Plan owns a promise from LNLIC to pay interest at crediting rates that are announced in advance and guaranteed for a specified period of time as outlined in the contract. Because the unallocated group fixed annuity contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the unallocated group fixed annuity contract. Contract value, as reported to the Plan by the trustee and custodian, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. Contract value for this investment at December 31, 2024 and 2023 was \$620,453 and \$989,437, respectively.

Harrison Inn Sixty-Six, Inc. Safe Harbor Plan

Notes to Financial Statements

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on an interest rate agreed upon with the issuer, but it may not be less than 1%.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) if the Plan sponsor terminates the recordkeeping agreement with the issuer of the contract, or an affiliate of the issuer of the contract, (2) the issuer ceases to offer this contract to the public, or (3) the Plan ceases to meet the requirements to qualify for exemption from federal income taxes. The Plan Administrator does not believe that the occurrence of any such event, which would limit the Plan's ability to transact at contract value with participants, is probable.

The investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date without giving notice of such termination at least 90 days in advance of the termination date and electing one of the payment options in the contract specifications. If no option is selected by the termination date, the Five Year Book Value option will be utilized, as defined in the contract. If the Five Year Book Value installment option is selected, the contract owner account will be paid in six payments, as defined in the contract, to a trustee of the Plan or to a financial institution designated by the Plan. Upon notice, the insurance company will immediately begin the process of termination and make the appropriate payout according to the timing specified under the payment option.

5. Related Party and Party-in-Interest Transactions

Certain Plan investments are in funds and accounts that are managed by the Trustee. Participant loan and distribution processing fees are paid to Lincoln by participants. The Plan also issues loans to participants which are secured by the vested balance of the participants' accounts. As described in Note 2, the Plan paid certain expenses related to plan operations and investment activity to various service providers. These transactions are party-in-interest transactions, which are exempt from prohibited transaction rules.

6. Risks and Uncertainties

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

7. Plan Termination

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, participants would remain 100% vested in their accounts.

Harrison Inn Sixty-Six, Inc. Safe Harbor Plan

Notes to Financial Statements

8. Tax Status

The Plan uses the pre-approved plan document sponsored by Lincoln Retirement Services Company, LLC, which received an opinion letter from IRS dated June 30, 2020, which states that the pre-approved plan document, as then designed, satisfies the applicable provisions of the IRC. Although the Plan has been amended since the date of the opinion letter, Plan management believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no IRS examinations for any tax periods in progress.

9. Prohibited Transactions

During the Plan year ended December 31, 2024, participant contributions totaling \$392 were not remitted to the Plan within the period prescribed by DOL regulations. These transactions constitute non-exempt party-in-interest transactions or prohibited transactions as defined by ERISA. The related lost earnings will be remitted to the Plan in 2025.

10. Subsequent Events

The Plan has evaluated subsequent events through October 14, 2025, the date the financial statements were available to be issued. The Plan Administrator is not aware of any subsequent events which would require recognition or disclosure in the financial statements.

ERISA-Required Supplemental Schedules

Harrison Inn Sixty-Six, Inc. Safe Harbor Plan

Schedule H, Line 4a - Schedule of Delinquent Participant Contributions

EIN: 52-1191391
Plan Number: 001

Plan Year	Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Total That Constitutes Nonexempt Prohibited Transactions: \$392 Contributions Corrected Outside Voluntary Fiduciary Correction Program (VFCP)	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and Prohibited Transaction Exemption 2002-51
2024	\$ 392	\$ 392	\$ -	\$ -	\$ -

Harrison Inn Sixty-Six, Inc. Safe Harbor Plan

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

Plan EIN: 52-1191391
Plan Number: 001

December 31, 2024

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investments, including maturity date, rate of interest collateral, par or maturity value	(d) Cost	(e) Current value
	Vanguard 500 Index Admiral Fund	Mutual Fund	**	2,182,121
	Principal Blue Chip Institutional Class	Mutual Fund	**	1,395,692
	Macquarie Value Fund	Mutual Fund	**	1,183,730
	Fidelity Contra Fund K6	Mutual Fund	**	1,096,598
	American Funds Smallcap World Class R6	Mutual Fund	**	667,645
	T Rowe Price Science & Technology I Class	Mutual Fund	**	637,252
	Macquarie Mid Cap Growth Fund	Mutual Fund	**	636,311
	Jackson Square Large Cap Growth	Mutual Fund	**	500,260
	Schwab International Index Fund	Mutual Fund	**	469,926
	Macquarie Strategic Income Fund	Mutual Fund	**	389,324
	Macquarie Global Listed Real Estate Assets Fund	Mutual Fund	**	366,107
	Vanguard Mid Cap Index Admiral Fund	Mutual Fund	**	286,565
	Vanguard Small Cap Index Admiral Fund	Mutual Fund	**	231,112
	JPMorgan Emerging Markets Equity Class R6	Mutual Fund	**	204,074
	PGIM Jennison International Opportunities Class	Mutual Fund	**	173,865
	Macquarie Wealth Builder Fund	Mutual Fund	**	122,798
	PIMCO High Yield Spectrum Institutional Class	Mutual Fund	**	98,031
	Invesco Growth & Income Class R6	Mutual Fund	**	85,509
	Blackrock Global Allocation Fund	Mutual Fund	**	79,589
	Blackrock Floating Rate Income Institutional Shares	Mutual Fund	**	75,188
	Vanguard Total Bond Market Index Admiral Fund	Mutual Fund	**	66,316
	Blackrock Inflation Protected Bond Fund	Mutual Fund	**	65,045
	Columbia Acorn Fund	Mutual Fund	**	21,059
	Putnam Short Duration Bond Class R6	Mutual Fund	**	17,678
	Eaton Vance Income of Boston Class R6	Mutual Fund	**	12,464
	Lord Abbett Developing Growth Class R6	Mutual Fund	**	2,061
	* Yourpath American Funds 2010 Moderate	Separately Managed Portfolio	**	
	* Lincoln Stable Value Account	Unallocated Group Fixed Annuity Contract	**	55
	American Funds Inflation Linked Bond Fund Class R-6	Mutual Fund	**	28
	American Funds Fundamental Investors Class R-6	Mutual Fund	**	21
	American Funds American Mutual Fund Class R-6	Mutual Fund	**	10
	American Funds AMCAP Fund Class R-6	Mutual Fund	**	9
	American Funds American High-Income Trust Class R-6	Mutual Fund	**	9
	American Funds The Bond Fund of America Class R-6	Mutual Fund	**	7
	American Funds The Growth Fund of America Class R-6	Mutual Fund	**	7
	American Funds Intermediate Bond Fund of America Class R-6	Mutual Fund	**	7
	American Funds New Perspective Fund Class R-6	Mutual Fund	**	5
	American Funds Corporate Bond Fund Class R-6	Mutual Fund	**	4
	American Funds Capital Income Builder Class R-6	Mutual Fund	**	3
	American Funds International Growth and Income Fund Class R-6	Mutual Fund	**	3
	American Funds Washington Mutual Investors Fund Class R-6	Mutual Fund	**	3
	American Funds Capital World Bond Fund Class R-6	Mutual Fund	**	2
	American Funds SMALLCAP World Fund Class R-6	Mutual Fund	**	2
	Subtotal	Separately Managed Portfolio		175
	* Yourpath American Funds 2015 Moderate	Separately Managed Portfolio	**	
	* Lincoln Stable Value Account	Unallocated Group Fixed Annuity Contract	**	125
	American Funds Inflation Linked Bond Fund Class R-6	Mutual Fund	**	51
	American Funds American Mutual Fund Class R-6	Mutual Fund	**	44
	American Funds Fundamental Investors Class R-6	Mutual Fund	**	39
	American Funds Intermediate Bond Fund of America Class R-6	Mutual Fund	**	33
	American Funds AMCAP Fund Class R-6	Mutual Fund	**	30
	American Funds American High-Income Trust Class R-6	Mutual Fund	**	24
	American Funds The Bond Fund of America Class R-6	Mutual Fund	**	23
	American Funds Capital Income Builder Class R-6	Mutual Fund	**	15
	American Funds The Growth Fund of America Class R-6	Mutual Fund	**	15
	American Funds Washington Mutual Investors Fund Class R-6	Mutual Fund	**	15
	American Funds Corporate Bond Fund Class R-6	Mutual Fund	**	14
	American Funds International Growth and Income Fund Class R-6	Mutual Fund	**	11

Harrison Inn Sixty-Six, Inc. Safe Harbor Plan

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

Plan EIN: 52-1191391
Plan Number: 001

December 31, 2024

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investments, including maturity date, rate of interest collateral, par or maturity value	(d) Cost	(e) Current value
	American Funds New Perspective Fund Class R-6	Mutual Fund	**	10
	American Funds Capital World Bond Fund Class R-6	Mutual Fund	**	5
	American Funds Capital World Growth and Income Fund Class R-6	Mutual Fund	**	5
	American Funds EUPAC Fund Class R-6	Mutual Fund	**	5
	American Funds SMALLCAP World Fund Class R-6	Mutual Fund	**	5
Subtotal		Separately Managed Portfolio		469
* Yourpath American Funds 2020 Moderate		Separately Managed Portfolio	**	
* Lincoln Stable Value Account		Unallocated Group Fixed Annuity Contract	**	4,576
	American Funds Fundamental Investors Class R-6	Mutual Fund	**	2,274
	American Funds Inflation Linked Bond Fund Class R-6	Mutual Fund	**	1,711
	American Funds American Mutual Fund Class R-6	Mutual Fund	**	1,523
	American Funds The Bond Fund of America Class R-6	Mutual Fund	**	1,522
	American Funds Intermediate Bond Fund of America Class R-6	Mutual Fund	**	1,332
	American Funds AMCAP Fund Class R-6	Mutual Fund	**	947
	American Funds American High-Income Trust Class R-6	Mutual Fund	**	761
	American Funds The Growth Fund of America Class R-6	Mutual Fund	**	757
	American Funds Corporate Bond Fund Class R-6	Mutual Fund	**	570
	American Funds Washington Mutual Investors Fund Class R-6	Mutual Fund	**	570
	American Funds New Perspective Fund Class R-6	Mutual Fund	**	568
	American Funds Capital Income Builder Class R-6	Mutual Fund	**	383
	American Funds International Growth and Income Fund Class R-6	Mutual Fund	**	380
	American Funds Capital World Growth and Income Fund Class R-6	Mutual Fund	**	379
	American Funds Global Balanced Fund Class R-6	Mutual Fund	**	190
	American Funds Capital World Bond Fund Class R-6	Mutual Fund	**	190
	American Funds SMALLCAP World Fund Class R-6	Mutual Fund	**	190
	American Funds EUPAC Fund Class R-6	Mutual Fund	**	189
Subtotal		Separately Managed Portfolio		19,012
* Yourpath American Funds 2025 Moderate		Separately Managed Portfolio	**	
* Lincoln Stable Value Account		Unallocated Group Fixed Annuity Contract	**	157,548
	American Funds Fundamental Investors Class R-6	Mutual Fund	**	89,174
	American Funds The Bond Fund of America Class R-6	Mutual Fund	**	67,673
	American Funds Inflation Linked Bond Fund Class R-6	Mutual Fund	**	52,665
	American Funds Intermediate Bond Fund of America Class R-6	Mutual Fund	**	52,622
	American Funds American Mutual Fund Class R-6	Mutual Fund	**	52,260
	American Funds AMCAP Fund Class R-6	Mutual Fund	**	44,552
	American Funds Washington Mutual Investors Fund Class R-6	Mutual Fund	**	37,042
	American Funds The Growth Fund of America Class R-6	Mutual Fund	**	36,989
	American Funds Corporate Bond Fund Class R-6	Mutual Fund	**	22,546
	American Funds American High-Income Trust Class R-6	Mutual Fund	**	22,475
	American Funds Capital Income Builder Class R-6	Mutual Fund	**	22,373
	American Funds New Perspective Fund Class R-6	Mutual Fund	**	22,158
	American Funds SMALLCAP World Fund Class R-6	Mutual Fund	**	14,896
	American Funds International Growth and Income Fund Class R-6	Mutual Fund	**	14,888
	American Funds Capital World Growth and Income Fund Class R-6	Mutual Fund	**	14,813
	American Funds Capital World Bond Fund Class R-6	Mutual Fund	**	7,499
	American Funds Global Balanced Fund Class R-6	Mutual Fund	**	7,444
	American Funds EUPAC Fund Class R-6	Mutual Fund	**	7,427
Subtotal		Separately Managed Portfolio		747,044
* Yourpath American Funds 2030 Moderate		Separately Managed Portfolio	**	
* Lincoln Stable Value Account		Unallocated Group Fixed Annuity Contract	**	37,833
	American Funds Fundamental Investors Class R-6	Mutual Fund	**	32,853
	American Funds The Bond Fund of America Class R-6	Mutual Fund	**	21,336
	American Funds Intermediate Bond Fund of America Class R-6	Mutual Fund	**	18,961
	American Funds American Mutual Fund Class R-6	Mutual Fund	**	18,860
	American Funds Washington Mutual Investors Fund Class R-6	Mutual Fund	**	18,835
	American Funds AMCAP Fund Class R-6	Mutual Fund	**	14,069

Harrison Inn Sixty-Six, Inc. Safe Harbor Plan

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

Plan EIN: 52-1191391
Plan Number: 001

December 31, 2024

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investments, including maturity date, rate of interest collateral, par or maturity value	(d) Cost	(e) Current value
	American Funds The Growth Fund of America Class R-6	Mutual Fund	**	11,708
	American Funds Inflation Linked Bond Fund Class R-6	Mutual Fund	**	9,488
	American Funds New Perspective Fund Class R-6	Mutual Fund	**	9,373
	American Funds Corporate Bond Fund Class R-6	Mutual Fund	**	7,108
	American Funds Capital World Growth and Income Fund Class R-6	Mutual Fund	**	7,004
	American Funds American High-Income Trust Class R-6	Mutual Fund	**	4,724
	American Funds Capital Income Builder Class R-6	Mutual Fund	**	4,703
	American Funds SMALLCAP World Fund Class R-6	Mutual Fund	**	4,695
	American Funds International Growth and Income Fund Class R-6	Mutual Fund	**	4,693
	American Funds EUPAC Fund Class R-6	Mutual Fund	**	4,681
	American Funds Capital World Bond Fund Class R-6	Mutual Fund	**	2,364
	American Funds Global Balanced Fund Class R-6	Mutual Fund	**	2,346
	Subtotal	Separately Managed Portfolio		235,634
*	Yourpath American Funds 2035 Moderate	Separately Managed Portfolio	**	
	American Funds Fundamental Investors Class R-6	Mutual Fund	**	36,598
	American Funds Washington Mutual Investors Fund Class R-6	Mutual Fund	**	31,468
	American Funds The Bond Fund of America Class R-6	Mutual Fund	**	28,865
*	Lincoln Stable Value Account	Unallocated Group Fixed Annuity Contract	**	26,504
	American Funds American Mutual Fund Class R-6	Mutual Fund	**	26,258
	American Funds Intermediate Bond Fund of America Class R-6	Mutual Fund	**	18,474
	American Funds AMCAP Fund Class R-6	Mutual Fund	**	18,281
	American Funds The Growth Fund of America Class R-6	Mutual Fund	**	15,648
	American Funds International Growth and Income Fund Class R-6	Mutual Fund	**	10,550
	American Funds New Perspective Fund Class R-6	Mutual Fund	**	10,328
	American Funds Corporate Bond Fund Class R-6	Mutual Fund	**	7,880
	American Funds EUPAC Fund Class R-6	Mutual Fund	**	7,791
	American Funds Capital World Growth and Income Fund Class R-6	Mutual Fund	**	7,714
	American Funds SMALLCAP World Fund Class R-6	Mutual Fund	**	5,256
	American Funds Global Balanced Fund Class R-6	Mutual Fund	**	2,610
	American Funds American High-Income Trust Class R-6	Mutual Fund	**	2,587
	American Funds Inflation Linked Bond Fund Class R-6	Mutual Fund	**	2,570
	American Funds Capital Income Builder Class R-6	Mutual Fund	**	2,550
	Subtotal	Separately Managed Portfolio		261,932
*	Yourpath American Funds 2040 Moderate	Separately Managed Portfolio	**	
	American Funds Fundamental Investors Class R-6	Mutual Fund	**	54,504
	American Funds American Mutual Fund Class R-6	Mutual Fund	**	44,495
	American Funds Washington Mutual Investors Fund Class R-6	Mutual Fund	**	41,018
	American Funds The Bond Fund of America Class R-6	Mutual Fund	**	31,019
	American Funds AMCAP Fund Class R-6	Mutual Fund	**	27,072
	American Funds The Growth Fund of America Class R-6	Mutual Fund	**	23,631
	American Funds International Growth and Income Fund Class R-6	Mutual Fund	**	20,471
*	Lincoln Stable Value Account	Unallocated Group Fixed Annuity Contract	**	17,191
	American Funds New Perspective Fund Class R-6	Mutual Fund	**	16,924
	American Funds Intermediate Bond Fund of America Class R-6	Mutual Fund	**	13,783
	American Funds EUPAC Fund Class R-6	Mutual Fund	**	13,612
	American Funds SMALLCAP World Fund Class R-6	Mutual Fund	**	10,239
	American Funds Capital World Growth and Income Fund Class R-6	Mutual Fund	**	10,182
	American Funds Corporate Bond Fund Class R-6	Mutual Fund	**	6,889
	American Funds Inflation Linked Bond Fund Class R-6	Mutual Fund	**	3,448
	American Funds American High-Income Trust Class R-6	Mutual Fund	**	3,434
	American Funds Capital Income Builder Class R-6	Mutual Fund	**	3,418
	Subtotal	Separately Managed Portfolio		341,330
*	Yourpath American Funds 2045 Moderate	Separately Managed Portfolio	**	
	American Funds Fundamental Investors Class R-6	Mutual Fund	**	34,125
	American Funds Washington Mutual Investors Fund Class R-6	Mutual Fund	**	26,185
	American Funds American Mutual Fund Class R-6	Mutual Fund	**	24,203

Harrison Inn Sixty-Six, Inc. Safe Harbor Plan

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

Plan EIN: 52-1191391
Plan Number: 001

December 31, 2024

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investments, including maturity date, rate of interest collateral, par or maturity value	(d) Cost	(e) Current value
	American Funds AMCAP Fund Class R-6	Mutual Fund	**	18,054
	American Funds The Growth Fund of America Class R-6	Mutual Fund	**	16,018
	American Funds International Growth and Income Fund Class R-6	Mutual Fund	**	14,225
	American Funds EUPAC Fund Class R-6	Mutual Fund	**	12,005
	American Funds The Bond Fund of America Class R-6	Mutual Fund	**	10,154
	American Funds SMALLCAP World Fund Class R-6	Mutual Fund	**	10,127
	American Funds New Perspective Fund Class R-6	Mutual Fund	**	9,995
	American Funds Capital World Growth and Income Fund Class R-6	Mutual Fund	**	7,962
*	Lincoln Stable Value Account	Unallocated Group Fixed Annuity Contract	**	6,049
	American Funds Intermediate Bond Fund of America Class R-6	Mutual Fund	**	6,018
	American Funds American High-Income Trust Class R-6	Mutual Fund	**	2,002
	American Funds Corporate Bond Fund Class R-6	Mutual Fund	**	1,981
	American Funds Capital Income Builder Class R-6	Mutual Fund	**	1,974
Subtotal		Separately Managed Portfolio		201,077
*	Yourpath American Funds 2050 Moderate	Separately Managed Portfolio	**	
	American Funds Fundamental Investors Class R-6	Mutual Fund	**	31,675
	American Funds Washington Mutual Investors Fund Class R-6	Mutual Fund	**	24,303
	American Funds American Mutual Fund Class R-6	Mutual Fund	**	22,463
	American Funds AMCAP Fund Class R-6	Mutual Fund	**	16,756
	American Funds International Growth and Income Fund Class R-6	Mutual Fund	**	15,038
	American Funds The Growth Fund of America Class R-6	Mutual Fund	**	14,875
	American Funds New Perspective Fund Class R-6	Mutual Fund	**	13,028
	American Funds EUPAC Fund Class R-6	Mutual Fund	**	13,011
	American Funds The Bond Fund of America Class R-6	Mutual Fund	**	9,396
	American Funds SMALLCAP World Fund Class R-6	Mutual Fund	**	9,368
	American Funds Capital World Growth and Income Fund Class R-6	Mutual Fund	**	7,389
	American Funds Intermediate Bond Fund of America Class R-6	Mutual Fund	**	3,755
	American Funds American High-Income Trust Class R-6	Mutual Fund	**	1,868
*	Lincoln Stable Value Account	Unallocated Group Fixed Annuity Contract	**	1,846
	American Funds Capital Income Builder Class R-6	Mutual Fund	**	1,828
Subtotal		Separately Managed Portfolio		186,599
*	Yourpath American Funds 2055 Moderate	Separately Managed Portfolio	**	
	American Funds Fundamental Investors Class R-6	Mutual Fund	**	15,980
	American Funds Washington Mutual Investors Fund Class R-6	Mutual Fund	**	12,262
	American Funds American Mutual Fund Class R-6	Mutual Fund	**	11,334
	American Funds AMCAP Fund Class R-6	Mutual Fund	**	8,454
	American Funds International Growth and Income Fund Class R-6	Mutual Fund	**	7,529
	American Funds The Growth Fund of America Class R-6	Mutual Fund	**	7,505
	American Funds EUPAC Fund Class R-6	Mutual Fund	**	7,504
	American Funds New Perspective Fund Class R-6	Mutual Fund	**	6,573
	American Funds SMALLCAP World Fund Class R-6	Mutual Fund	**	5,645
	American Funds The Bond Fund of America Class R-6	Mutual Fund	**	4,750
	American Funds Capital World Growth and Income Fund Class R-6	Mutual Fund	**	3,764
	American Funds Intermediate Bond Fund of America Class R-6	Mutual Fund	**	1,900
	American Funds Capital Income Builder Class R-6	Mutual Fund	**	949
Subtotal		Separately Managed Portfolio		94,149
*	Yourpath American Funds 2060 Moderate	Separately Managed Portfolio	**	
	American Funds Fundamental Investors Class R-6	Mutual Fund	**	9,247
	American Funds Washington Mutual Investors Fund Class R-6	Mutual Fund	**	7,095
	American Funds American Mutual Fund Class R-6	Mutual Fund	**	6,011
	American Funds EUPAC Fund Class R-6	Mutual Fund	**	4,895
	American Funds AMCAP Fund Class R-6	Mutual Fund	**	4,892
	American Funds International Growth and Income Fund Class R-6	Mutual Fund	**	4,354
	American Funds The Growth Fund of America Class R-6	Mutual Fund	**	4,343
	American Funds New Perspective Fund Class R-6	Mutual Fund	**	3,803
	American Funds SMALLCAP World Fund Class R-6	Mutual Fund	**	3,263
	American Funds The Bond Fund of America Class R-6	Mutual Fund	**	2,746

Harrison Inn Sixty-Six, Inc. Safe Harbor Plan

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

Plan EIN: 52-1191391
Plan Number: 001

December 31, 2024

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investments, including maturity date, rate of interest collateral, par or maturity value	(d) Cost	(e) Current value
	American Funds Capital World Growth and Income Fund Class R-6	Mutual Fund	**	2,178
	American Funds Intermediate Bond Fund of America Class R-6	Mutual Fund	**	1,098
	American Funds Capital Income Builder Class R-6	Mutual Fund	**	545
	Subtotal	Separately Managed Portfolio		54,470
	* Yourpath American Funds 2065 Moderate	Separately Managed Portfolio	**	
	American Funds Fundamental Investors Class R-6	Mutual Fund	**	939
	American Funds Washington Mutual Investors Fund Class R-6	Mutual Fund	**	663
	American Funds American Mutual Fund Class R-6	Mutual Fund	**	554
	American Funds International Growth and Income Fund Class R-6	Mutual Fund	**	554
	American Funds EUPAC Fund Class R-6	Mutual Fund	**	496
	American Funds AMCAP Fund Class R-6	Mutual Fund	**	495
	American Funds The Growth Fund of America Class R-6	Mutual Fund	**	440
	American Funds New Perspective Fund Class R-6	Mutual Fund	**	385
	American Funds SMALLCAP World Fund Class R-6	Mutual Fund	**	331
	American Funds The Bond Fund of America Class R-6	Mutual Fund	**	276
	American Funds Capital World Growth and Income Fund Class R-6	Mutual Fund	**	221
	American Funds Intermediate Bond Fund of America Class R-6	Mutual Fund	**	111
	American Funds Capital Income Builder Class R-6	Mutual Fund	**	55
	Subtotal	Separately Managed Portfolio		5,520
	* Yourpath American Funds 2035 Growth	Separately Managed Portfolio	**	
	American Funds Fundamental Investors Class R-6	Mutual Fund	**	279
	American Funds American Mutual Fund Class R-6	Mutual Fund	**	242
	American Funds Washington Mutual Investors Fund Class R-6	Mutual Fund	**	242
	American Funds AMCAP Fund Class R-6	Mutual Fund	**	138
	American Funds The Bond Fund of America Class R-6	Mutual Fund	**	121
	American Funds The Growth Fund of America Class R-6	Mutual Fund	**	120
	American Funds New Perspective Fund Class R-6	Mutual Fund	**	120
	American Funds International Growth and Income Fund Class R-6	Mutual Fund	**	86
	American Funds EUPAC Fund Class R-6	Mutual Fund	**	69
	American Funds Intermediate Bond Fund of America Class R-6	Mutual Fund	**	69
	* Lincoln Stable Value Account	Unallocated Group Fixed Annuity Contract	**	69
	American Funds Capital World Growth and Income Fund Class R-6	Mutual Fund	**	52
	American Funds SMALLCAP World Fund Class R-6	Mutual Fund	**	52
	American Funds Corporate Bond Fund Class R-6	Mutual Fund	**	17
	American Funds Global Balanced Fund Class R-6	Mutual Fund	**	17
	American Funds American High-Income Trust Class R-6	Mutual Fund	**	17
	American Funds Capital Income Builder Class R-6	Mutual Fund	**	17
	Subtotal	Separately Managed Portfolio		1,727
	* Yourpath American Funds 2045 Growth	Separately Managed Portfolio	**	
	American Funds Fundamental Investors Class R-6	Mutual Fund	**	7,600
	American Funds American Mutual Fund Class R-6	Mutual Fund	**	6,287
	American Funds Washington Mutual Investors Fund Class R-6	Mutual Fund	**	6,279
	American Funds International Growth and Income Fund Class R-6	Mutual Fund	**	4,034
	American Funds AMCAP Fund Class R-6	Mutual Fund	**	4,020
	American Funds The Growth Fund of America Class R-6	Mutual Fund	**	3,569
	American Funds EUPAC Fund Class R-6	Mutual Fund	**	3,130
	American Funds New Perspective Fund Class R-6	Mutual Fund	**	3,116
	American Funds SMALLCAP World Fund Class R-6	Mutual Fund	**	2,690
	American Funds Capital World Growth and Income Fund Class R-6	Mutual Fund	**	1,784
	American Funds The Bond Fund of America Class R-6	Mutual Fund	**	1,358
	American Funds Capital Income Builder Class R-6	Mutual Fund	**	452
	American Funds American High-Income Trust Class R-6	Mutual Fund	**	451
	Subtotal	Separately Managed Portfolio		44,770
	* Yourpath American Funds 2055 Growth	Separately Managed Portfolio	**	
	American Funds Fundamental Investors Class R-6	Mutual Fund	**	22
	American Funds Washington Mutual Investors Fund Class R-6	Mutual Fund	**	17
	American Funds American Mutual Fund Class R-6	Mutual Fund	**	15
	American Funds International Growth and Income Fund Class R-6	Mutual Fund	**	13
	American Funds AMCAP Fund Class R-6	Mutual Fund	**	11
	American Funds EUPAC Fund Class R-6	Mutual Fund	**	11
	American Funds The Growth Fund of America Class R-6	Mutual Fund	**	10

Harrison Inn Sixty-Six, Inc. Safe Harbor Plan

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

Plan EIN: 52-1191391
Plan Number: 001

December 31, 2024

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investments, including maturity date, rate of interest collateral, par or maturity value	(d) Cost	(e) Current value
	American Funds New Perspective Fund Class R-6	Mutual Fund	**	10
	American Funds SMALLCAP World Fund Class R-6	Mutual Fund	**	8
	American Funds Capital World Growth and Income Fund Class R-6	Mutual Fund	**	5
	American Funds The Bond Fund of America Class R-6	Mutual Fund	**	4
	American Funds Capital Income Builder Class R-6	Mutual Fund	**	1
	Subtotal	Separately Managed Portfolio		127
*	Yourpath American Funds 2045 Conservative	Separately Managed Portfolio	**	
	American Funds Fundamental Investors Class R-6	Mutual Fund	**	43
	American Funds The Bond Fund of America Class R-6	Mutual Fund	**	33
	American Funds American Mutual Fund Class R-6	Mutual Fund	**	27
	American Funds Washington Mutual Investors Fund Class R-6	Mutual Fund	**	27
	American Funds AMCAP Fund Class R-6	Mutual Fund	**	24
	American Funds Intermediate Bond Fund of America Class R-6	Mutual Fund	**	24
*	Lincoln Stable Value Account	Unallocated Group Fixed Annuity Contract	**	24
	American Funds The Growth Fund of America Class R-6	Mutual Fund	**	21
	American Funds International Growth and Income Fund Class R-6	Mutual Fund	**	12
	American Funds New Perspective Fund Class R-6	Mutual Fund	**	12
	American Funds SMALLCAP World Fund Class R-6	Mutual Fund	**	12
	American Funds Capital World Growth and Income Fund Class R-6	Mutual Fund	**	9
	American Funds EUPAC Fund Class R-6	Mutual Fund	**	9
	American Funds Corporate Bond Fund Class R-6	Mutual Fund	**	6
	American Funds Inflation Linked Bond Fund Class R-6	Mutual Fund	**	6
	American Funds American High-Income Trust Class R-6	Mutual Fund	**	6
	American Funds Global Balanced Fund Class R-6	Mutual Fund	**	3
	American Funds Capital Income Builder Class R-6	Mutual Fund	**	3
	American Funds Capital World Bond Fund Class R-6	Mutual Fund	**	3
	Subtotal	Separately Managed Portfolio		304
*	Yourpath American Funds 2055 Conservative	Separately Managed Portfolio	**	
	American Funds Fundamental Investors Class R-6	Mutual Fund	**	18
	American Funds Washington Mutual Investors Fund Class R-6	Mutual Fund	**	14
	American Funds American Mutual Fund Class R-6	Mutual Fund	**	13
	American Funds AMCAP Fund Class R-6	Mutual Fund	**	11
	American Funds The Growth Fund of America Class R-6	Mutual Fund	**	10
	American Funds International Growth and Income Fund Class R-6	Mutual Fund	**	9
	American Funds The Bond Fund of America Class R-6	Mutual Fund	**	8
	American Funds EUPAC Fund Class R-6	Mutual Fund	**	8
	American Funds Intermediate Bond Fund of America Class R-6	Mutual Fund	**	8
	American Funds SMALLCAP World Fund Class R-6	Mutual Fund	**	8
	American Funds New Perspective Fund Class R-6	Mutual Fund	**	6
	American Funds Capital World Growth and Income Fund Class R-6	Mutual Fund	**	5
	American Funds Corporate Bond Fund Class R-6	Mutual Fund	**	3
*	Lincoln Stable Value Account	Unallocated Group Fixed Annuity Contract	**	3
	American Funds Global Balanced Fund Class R-6	Mutual Fund	**	1
	American Funds American High-Income Trust Class R-6	Mutual Fund	**	1
	American Funds Capital Income Builder Class R-6	Mutual Fund	**	1
	American Funds Capital World Bond Fund Class R-6	Mutual Fund	**	1
	Subtotal	Separately Managed Portfolio		128
*	Lincoln Stable Value Account	Unallocated Group Fixed Annuity Contract	**	620,453
	Total Investments, per the financial statements			13,881,240
*	Participant loans	Interest rates from 4.25% and 9.50%	\$ -	106,878
	Total Investments, per the Form 5500		\$	13,988,118

* Denotes a party-in-interest.

** Cost not required as investments are participant-directed.