Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
ESCAPE LODGING, LLC 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2002

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)
ESCAPE LODGING, LLC

1315 S HEMLOCK ST #3
CANNON BEACH, OR 97110

2b Employer Identification Number (EIN)
93-1328932

2c Plan Sponsor's telephone number
503-436-2480

2d Business code (see instructions)
721110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2026	DEBBIE CALHOUN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	

5	Total number of participants at the beginning of the plan year	**5**	303
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	163
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	147
b	Retired or separated participants receiving benefits	**6b**	1
c	Other retired or separated participants entitled to future benefits	**6c**	22
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	170
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f	Total. Add lines **6d** and **6e**.	**6f**	171
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	121
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	124
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	4
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 Characteristic Codes in the instructions:

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

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	**(1)**	[X] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
ESCAPE LODGING, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
93-1328932

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
84-0467907	68322	518461-01	92	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
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(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	17907
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

b	Balance at the end of the previous year			7b	14939
c	Additions: (1) Contributions deposited during the year	7c(1)	1264		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	235		
	(4) Transferred from separate account	7c(4)	2728		
	(5) Other (specify below)	7c(5)	3473		
	▶ LOAN PAYMENTS				
	(6)Total additions			7c(6)	7700
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	22639
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	288		
	(2) Administration charge made by carrier	7e(2)	78		
	(3) Transferred to separate account	7e(3)	4366		
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	4732
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	17907

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
ESCAPE LODGING, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
93-1328932

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)

EDWARD D JONES & CO LP

12555 MANCHESTER RD
ATTN COMMISSIONS DEPT
ST LOUIS, MO 63131

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	13527	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPOWER ANNUITY INSURANCE COMPANY O

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	11980	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

EMPOWER ADVISORY GROUP, LLC

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MGMT	1623	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

MORNINGSTAR INC DBA MORNINGSTAR ASS

5904 PAYSPHERE CIRCLE
CHICAGO, IL 60674

(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?
99	OTHER	769	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
ESCAPE LODGING, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
93-1328932

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

a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RET BLEND TRST 2020

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
38-7271342-736	C	593686

a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RET BLEND TRST 2050

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
38-7271348-742	C	464177

a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RET BLEND TRST 2045

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
38-7271347-741	C	490831

a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RET BLEND TRST 2030

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
38-7271344-738	C	261900

a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RET BLEND TRST 2060

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
38-7271350-744	C	77330

a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RET BLEND TRST 2035

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
38-7271345-739	C	377671

a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RET BLEND TRST 2040

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
38-7271346-740	C	980025

a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RET BLEND TRST 2065

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

c EIN-PN 38-7271351-745	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 43939

a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RET BLEND TRST 2055

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

c EIN-PN 38-7271349-743	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 304476

a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RET BLEND TRST 2025

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

c EIN-PN 38-7271343-737	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 478766

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
ESCAPE LODGING, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
93-1328932

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	93880	77548
(9) Value of interest in common/collective trusts	1c(9)	3290849	4072801
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	270636	348649
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	14939	17907
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
1e Buildings and other property used in plan operation	1e	0	0
1f Total assets (add all amounts in lines 1a through 1e)	1f	3670304	4516905
Liabilities			
1g Benefit claims payable	1g	0	0
1h Operating payables	1h		
1i Acquisition indebtedness	1i	0	0
1j Other liabilities	1j	0	0
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	3670304	4516905

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)	84075	
(B) Participants	2a(1)(B)	334974	
(C) Others (including rollovers)	2a(1)(C)	4305	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		423354
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	7216	
(F) Other	2b(1)(F)	235	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		7451
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	22507	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		22507
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		577834
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		26681
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		1057827
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	152170	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		152170
f Corrective distributions (see instructions)	2f		20713
g Certain deemed distributions of participant loans (see instructions)	2g		10444
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)	11980	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	15150	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	769	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		27899
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		211226
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		846601
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) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: FELLNER & KUHN, LLP **(2)** EIN: 45-5284006

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.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		300000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
ESCAPE LODGING, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
93-1328932

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... | 1 | 0

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

EIN(s): 20-3691708

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) 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 11 / 14 / 2022 (MM/DD/YYYY) and the Opinion Letter serial number Q702518A .

Fellner & Kuhn
CERTIFIED PUBLIC ACCOUNTANTS

October 9, 2026

Patrick Nofield
Escape Lodging, LLC
P. O. Box 1037
Cannon Beach, OR 97110

Dear Patrick:

Enclosed is your copy of the audited financial statements for the Escape Lodging, LLC 401(k) Plan as of December 31, 2025 and 2024.

We have also provided an electronic copy of the enclosed to Debbie for submission to Empower as an attachment to the Plan's 2025 Form 5500.

Your ERISA bond should be at least $470,000 for the year ending December 31, 2025.

Very truly,

FELLNER & KUHN, LLP



Teri L. Johnson, CPA

BNG

Enclosures

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ESCAPE LODGING, LLC 401(k) PLAN

INDEPENDENT AUDITORS' REPORT

and

FINANCIAL STATEMENTS

December 31, 2025 and 2024

Fellner & Kuhn
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITORS' REPORT

Mr. Patrick Nofield, Trustee
Escape Lodging, LLC 401(k) Plan

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

We have performed audits of the accompanying financial statements of Escape Lodging, LLC 401(k) Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statement of net assets available for benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Escape Lodging, LLC 401(k) Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note titled *Information Prepared and Certified by Custodians (Unaudited)*, to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all

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material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' 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 auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.

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

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

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

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

Supplemental Schedule Required by ERISA

The supplemental schedule of *Form 5500 – Schedule H – Part IV of Assets Held at End of Year* for December 31, 2025 and 2024, is presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

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

Restricted Use

This report is intended solely for the information and use of the U.S. Department of Labor, management of Escape Lodging, LLC, and the trustee and participants of Escape Lodging, LLC 401(k) Plan, and is not intended to be and should not be used by anyone other than these specified parties.

Fellner & Kuhn, LLP

Fellner & Kuhn, LLP

Portland, OR
October 9, 2026

ESCAPE LODGING, LLC 401(k) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2025 and 2024

	2025	2024
ASSETS		
Investments at fair value:		
Mutual funds	$ 348,649	$ 270,636
Fixed annuities	16,536	12,922
Fixed annuities – forfeiture available for use	1,371	2,017
Common collective trusts	4,072,801	3,290,849
Notes receivable from participants	92,156	97,671
Employer contribution receivable	85,417	88,222
Total assets	4,616,930	3,762,317
LIABILITIES		
Excess contribution receivable	31,056	20,713
Total liabilities	31,056	20,713
NET ASSETS AVAILABLE FOR BENEFITS	$ 4,585,874	$ 3,741,604

The accompanying notes are an integral
part of these financial statements

ESCAPE LODGING, LLC 401(k) PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the years ended December 31, 2025 and 2024

	2025	2024
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income:		
Increase in value of investments	$ 604,516	$ 371,715
Dividend and interest income	22,739	12,391
Net investment income	627,255	384,106
Interest income from participant loans	7,722	7,880
Participant forfeitures	3,640	5,331
Employer contributions	85,417	88,222
Participant contributions	373,392	363,850
Participant contributions - rollover	4,305	-
	474,476	465,283
Total additions to net assets	1,101,731	849,389
REDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Participant loan repayments	38,418	35,187
Forfeitures utilized	4,312	14,060
Distributions to participants	188,533	290,312
Administrative fees	26,198	21,600
Total reductions from net assets	257,461	361,159
Net increase	844,270	488,230
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	3,741,604	3,253,374
End of year	$ 4,585,874	$ 3,741,604

The accompanying notes are an integral part of these financial statements

ESCAPE LODGING, LLC 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2025 and 2024

PLAN DESCRIPTION

Escape Lodging, LLC 401(k) Plan (the Plan) is a defined contribution prototype profit-sharing plan administered by Escape Lodging, LLC. The Plan covers substantially all employees of Escape Lodging, LLC, Six Daughters, LLC, Hospitality First, LLC, Van Buren Lighthouse Inn, LLC, Cousins Restaurant, Inc., Martin & Martin, Inc., Cannon Beach RV Resort, Weno Restaurants, LLC, Beaverton TP OPS, LLC, Newberg Lodging, LLC, Escape the Dalles, LLC, Ebb Tide, High Tide, and Dayton Inn. Benefits under the Plan are provided by a trust agreement administered by Escape Lodging, LLC (Plan Sponsor).

The trust is funded at the discretion of the management of Escape Lodging, LLC and by voluntary contributions by participants of the Plan.

Employees are eligible to participate in the Plan after attaining age 21, completing one year of employment and 1,000 hours of service. In addition, long-term, part-time employees are eligible to participate after completing two consecutive years with at least 500 hours of service in each year. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

In January 2020, Congress passed the Setting Every Community Up for Retirement Enhancement (SECURE) Act of 2020 that contained the largest package of retirement system reform in over a decade. Many of the provisions of the SECURE Act became effective on January 1, 2020 and required significant changes to plan administration and recordkeeping.

The COVID-19 outbreak in the United States caused business disruption through mandated and voluntary closings of businesses in numerous industries. In March 2020, Congress passed the Coronavirus Aid, Relief, and Economic Security Act (“CARES Act”) that included numerous employee benefit plan provisions to assist plan sponsors and participants.

The Consolidated Appropriations Act of 2021 was signed into law on December 27, 2020 which included a temporary rule that prevents partial plan terminations for qualified retirement plans in certain circumstances.

In December 2022, Congress passed the SECURE Act of 2022 (SECURE 2.0) which includes an additional set of both mandatory and optional changes to plan provisions related to plan administration and participant saving options. The provisions have various effective dates ranging from immediate enactment to 2026.

Each participant's account is credited with the participant’s voluntary contribution, an allocation of the Plan Sponsor's matching contribution, Plan earnings and unrealized appreciation or depreciation of Plan assets during the year.

PLAN DESCRIPTION - continued

Employee contributions are matched 50% up to the first 3% of eligible wages. Matching contributions are made for all participants who completed at least 501 hours of service during the Plan year.

Each participant's account is a participant directed account, where the Plan Sponsor has given participants several investment options to choose from.

Vesting is based on years of service. Participants are immediately vested in their voluntary contributions and 100% vested in the Plan Sponsor's contributions after five years of service based on a graduated vesting schedule.

The Plan Sponsor has the right under the Plan document to terminate the Plan subject to provisions of ERISA. Upon any full or partial termination, all participants shall become 100% vested in their accounts. Any unallocated amounts, including forfeitures, shall be allocated to participant accounts and distributed in such a manner as the Plan Sponsor may determine.

Amounts forfeited by participants may be allocated in one of the following ways: (a) offset the administrative costs of the plan, (b) reduce the employer's current year contribution, or (c) be allocated to the remaining plan participants.

Upon separation from service, payment of benefits will be the vested portion of the participant's account. Benefits will be paid in a lump sum distribution, ad-hoc distributions or installment payments, sufficient to satisfy the required minimum distribution, to the participant or beneficiary.

The Plan Sponsor absorbs the cost of the Plan's administration except for transactions fees charged by the third-party administrator of the Plan.

SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America, except that benefits paid to Plan participants are recorded on a cash basis.

SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - continued

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. Plan management determines the Plan's valuation policies utilizing the information provided by the investment advisers and plan custodian. See *Fair Value of Financial Instruments* note.

Security transactions are recorded on a trade-date basis. Interest and other regular periodic receipts of income, other than dividends, are deemed to accrue from day to day. The Plan's annuities are calculated daily by the annuity provider according to the methods described in the annuity contract. The other investments held by the Plan are valued at the net asset value per share or unit on the applicable valuation date. See *Fair Value of Financial Instruments* note.

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2025 and 2024.

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

TAX STATUS

As of March 7, 2023, the Plan is a prototype retirement plan with a cash or deferred arrangement through Empower. The prototype retirement plan received a favorable determination letter dated November 14, 2022, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. Since receiving the determination letter, SECURE 2.0 was enacted and the Plan must be amended to reflect the required changes. The Plan has until December 31, 2026 to enact said changes through amendment.

The plan administrator believes that the Plan is currently designed and is being operated in compliance with the applicable requirements of the Internal Revenue Code, including implementation of required positions of SECURE 2.0 prior to receiving a formal amendment.

ESCAPE LODGING, LLC 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2025 and 2024

INVESTMENTS

During the years ended December 31, 2025 and 2024, the net investment change, including investments bought, sold, and held during the year were as follows:

	2025	2024
Mutual Funds	$ 26,474	$ 2,547
Fixed annuities – forfeitures available for use	208	70
Common collective trusts	577,834	369,098
	$ 604,516	$ 371,715

INFORMATION PREPARED AND CERTIFIED BY CUSTODIANS (UNAUDITED)

The following information included in the accompanying financial statements and supplemental schedules, as of December 31, 2025 and 2024, was obtained from data that has been prepared and certified as complete and accurate by Empower, custodian of the Plan.

	2025	2024
Investments at fair value:		
Mutual funds	$ 348,649	$ 270,636
Fixed annuities	16,536	12,922
Fixed annuities – forfeitures available for use	1,371	2,017
Common collective trusts	4,072,801	3,290,849
Total investments	$ 4,439,357	$ 3,576,424

Investments are participant directed.

PARTIES-IN-INTEREST

Escape Lodging, LLC accrued matching contributions totaling $85,417 and $88,222 for the years ended December 31, 2025 and 2024, respectively. Also see *Plan Description* note.

The Plan paid $10,279 and $8,505 in administrative fees to Empower, custodian of the Plan's assets, for the years ended December 31, 2025 and 2024, respectively.

PARTIES-IN-INTEREST - continued

The Plan paid $13,527 and $11,637 in administrative fees to Edward Jones for investment advisory services, for the years ended December 31, 2025 and 2024, respectively.

The Plan paid $769 and $668 in administrative fees to Morningstar Inc for investment advisory services, for the years ended December 31, 2025 and 2024, respectively.

The Plan paid $1,623 and $790 in administrative fees to Empower Advisory Group, LLC for investment management services, for the years ended December 31, 2025 and 2024, respectively.

Fellner & Kuhn, LLP was engaged as the independent auditor of the plan for the years ended December 31, 2025 and 2024.

RELATED PARTY TRANSACTIONS

The members of the Plan Sponsor are also employees of the Plan Sponsor. During the year ended December 31, 2025, six such members were allocated matching contributions totaling $15,450. During the year ended December 31, 2024, seven such members were allocated matching contributions totaling $21,866. The other members did not make elective deferrals into the Plan for the years ended December 31, 2025 and 2024, therefore there were no matching contributions allocated to their accounts.

Due to Plan's failure of non-discrimination testing for the years ended December 31, 2025 and 2024, a portion of the allocated matching contributions were refunded to highly-compensated employees of the Plan Sponsor, including members of the Plan Sponsor. See *Excess of Contributions Receivable* note.

FAIR VALUE OF FINANCIAL INSTRUMENTS

The fair value measurements accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels:

Level 1: Unadjusted quoted prices in active markets for identical assets and liabilities.

Level 2: Observable inputs other than those included in Level 1, such as quoted prices for similar assets or liabilities in active markets, or quoted market prices for identical assets or liabilities in inactive markets.

FAIR VALUE OF FINANCIAL INSTRUMENTS - continued

Level 3: Unobservable inputs reflecting management's own assumptions about the inputs used in pricing the asset or liability. Level 3 assets and liabilities include financial instruments whose value is determined using pricing models, discounted cash flow methodologies, or similar techniques, as well as instruments for which the determination of fair values requires significant management judgment or estimation.

Following is a description of the valuation methodologies used for assets measured at fair value at December 31, 2025 and 2024:

Mutual funds: The reported values for mutual funds are reported daily based on the share prices and/or net asset values (NAVs) generally obtained from a file feed from the National Securities Clearing Corporation, and/or directly from the fund house, or a secondary pricing source, such as Interactive Data Corporation (IDC). If discrepancies are noted, the fund house is contacted directly to resolve.

Fixed annuities: The reported values for fixed annuity options are reported daily based on the valuation method disclosed in the annuity contract, as calculated by the annuity provider. A discounted cash flow valuation method is used, where the interest rate for the contract is reset at least as frequently as annually, prior to contract termination, to determine NAV as a readily determinable fair value to estimate fair value. This readily determinable fair value is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily.

Common collective trusts: The reported values for common collective trusts are calculated daily by Empower according to the methods described in the Plan and Declaration of Trust of T Rowe Price Retirement Blend Select Trust. The initial pricing input is the quoted price obtained for the underlying investments which is then adjusted by accrued income, withdrawals, if any, and account factors deemed appropriate. Account factors may include values obtained from qualified appraisers or other sources as deemed necessary by Empower.

The carrying amount reported on the balance sheet for fixed annuities and common collective trusts are recorded at fair value. These values are reflected in Level 2, pursuant to the inputs discussed in the preceding paragraph.

FAIR VALUE OF FINANCIAL INSTRUMENTS - continued

At December 31, 2025 and 2024 the values are as follows:

	Quoted prices in active markets for identical assets/liabilities (Level 1)	Significant other observable inputs (Level 2)	Significant unobservable inputs (Level 3)
December 31, 2025			
Mutual funds	$ 348,649	$ -	$ -
Common collective trusts	-	4,072,801	-
Fixed annuities	-	16,536	-
Fixed annuities - forfeiture available for use	-	1,371	-
December 31, 2024			
Mutual funds	$ 270,636	$ -	$ -
Common collective trusts	-	3,290,849	-
Fixed annuities	-	12,922	-
Fixed annuities - forfeiture available for use	-	2,017	-

EXCESS CONTRIBUTIONS RECEIVABLE

For the plan year ending December 31, 2025, the Plan failed its ADP and ACP non-discrimination tests. Pursuant to IRS regulations, the Plan distributed excess contributions of $31,056, including earnings, to affected highly compensated employees during 2026.

For the plan year ending December 31, 2024, the Plan failed its ADP and ACP non-discrimination test. Pursuant to IRS regulations, the Plan distributed excess contributions of $20,713, including earnings, to affected highly compensated employees during 2025.

During the years ended December 31, 2025 and 2024, the Plan was assessed excise taxes of approximately $2,900 and $1,100, respectively, as the corrective distributions were not all completed within the 2.5-month statutory period. All excise taxes are paid directly by the Plan Sponsor. See *Related Parties Transactions* note.

FORFEITURES

Forfeitures of $4,312 and $14,060 were used to offset the employer's administrative fees and contributions for the years ended December 31, 2025 and 2024, respectively. At December 31, 2025 and 2024, forfeitures of approximately $1,400 and $2,000 were available for use in a future period, respectively. Also see *Plan Description* note.

DEPOSITORY INSURANCE

Investments held with Empower are not covered by depository insurance in the event of insolvency by Empower. The Plan's assets held with Empower were approximately $4,600,000 and $3,700,000 at December 31, 2025 and 2024, respectively.

NOTES RECEIVABLE FROM PARTICIPANTS

The Plan allows participants to borrow the lesser of $50,000 or 50% of their total vested account balance. The minimum loan amount is $1,000 and participants have 60 months to repay a general-purpose loan or 180 months if the loan is used to purchase a primary residence. The participants are charged both an origination fee and annual loan fees.

Principal payments are applied to the loan balances and interest is recorded as interest income when accrued. The interest is applied to the respective participant's account. The balance due on participant loans were $92,156 and $97,671 as of December 31, 2025 and 2024, respectively. The interest rate on the loans ranges from 4.25% to 10.50%.

Notes receivable from participants includes $14,609 and $3,791 of loans, including accrued interest, deemed to be a distribution for Form 5500 purposes. Of that amount, 10,444 and $-0- were reported on the Form 5500 as a distribution for the years ended December 2025 and 2024, respectively. See *Reconciliation of Information with Form 5500* note.

ESCAPE LODGING, LLC 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2025 and 2024

BENEFITS ALLOCATED TO TERMINATED PARTICIPANTS

Accrued plan assets allocable to participants who have terminated employment and requested distributions are as follows:

	2025	2024
Account balance	$ 2,501	$ 1,745
Vested balance	$ 2,349	$ 1,745

RECONCILIATION OF INFORMATION WITH FORM 5500

According to accounting principles generally accepted in the United States of America, financial reporting is on the accrual basis of accounting. The 5500, prepared by the custodian, is on the cash basis. Reconciling items for the year ended December 31, 2025, are as follows:

	Financial Statements	Form 5500	Difference
Beginning of year total net assets	$ 3,741,604	$ 3,670,304	$ 71,300
Notes receivable from participants	(92,156)	(77,548)	(14,608)
Employer contribution receivable	(85,417)	-	(85,417)
Excess contribution receivable	31,056	-	31,056
	$ 3,595,087	$ 3,592,756	$ 2,331
Employer contribution	$ 85,417	$ 84,075	$ 1,342
Net investment gain	604,516	604,515	1
Dividend and interest income	22,739	22,507	232
Distributions to participants	(188,533)	(172,883)	(15,650)
Deemed distributed participant loan	-	(10,444)	10,444
Participant forfeitures	3,640	-	3,640
Participant contributions	373,392	334,974	38,418
Participant loan repayments	(38,418)	-	(38,418)
Forfeitures utilized	(4,312)	-	(4,312)
Interest income from participant loans	7,722	7,216	506
Other interest	-	235	(235)
Administrative fees	(26,198)	(27,899)	1,701
	$ 839,965	$ 842,296	$ (2,331)

RECONCILIATION OF INFORMATION WITH FORM 5500 - continued

Reconciling items for the year ended December 31, 2024, are as follows:

	Financial Statements	Form 5500	Difference
Beginning of year total net assets	$ 3,253,374	$ 3,163,188	$ 90,186
Notes receivable from participants	(97,671)	(93,880)	(3,791)
Employer contribution receivable	(88,222)	-	(88,222)
Excess contribution receivable	20,713	-	20,713
	$ 3,088,194	$ 3,069,308	$ 18,886
Employer contribution	$ 88,222	$ 74,917	$ 13,305
Net investment gain	371,715	371,715	-
Dividend and interest income	12,391	12,186	205
Distributions to participants	(290,312)	(265,192)	(25,120)
Participant forfeitures	5,331	-	5,331
Participant contributions	363,850	328,663	35,187
Participant loan repayments	(35,187)	-	(35,187)
Forfeitures utilized	(14,060)	-	(14,060)
Interest income from participant loans	7,880	7,701	179
Other interest	-	205	(205)
Other income	-	72	(72)
Administrative fees	(21,600)	(23,151)	1,551
	$ 488,230	$ 507,116	$ (18,886)

RECLASSIFICATION

Certain accounts in the prior year financial statements have been reclassified for comparative purposes to conform to the presentation in the current year financial statements.

SUBSEQUENT EVENTS

Subsequent events have been evaluated through October 9, 2026, the date the financial statements are available to be issued.

SUPPLEMENTARY SCHEDULES

ESCAPE LODGING, LLC 401(k) PLAN

EIN 93-1328932 Plan No. 001

Form 5500 – Schedule H – Part IV
Line 4i - Schedule of Assets Held at End of Year

December 31, 2025

(a) (b) Identity of issue, borrower, or similar party	Shares	(c) Description of investment	(d) Cost	(e) Current value
Held with				
* Empower Trust Company, LLC		Fixed annuities		
		EI Fixed Account - Series Class I	n/a	16,536
Forfeitures available for use		EI Fixed Account - Series Class I	n/a	1,371
			n/a	17,907
Held with				
* Empower Trust Company, LLC		Mutual funds		
	615.862876	American Funds Capital World Bond R6	n/a	10,094
	340.569856	American Funds New Economy R6	n/a	25,093
	512.758214	American Funds New World R6	n/a	47,774
	261.686461	BlackRock Global Allocation K	n/a	5,333
	862.555063	BlackRock High Yield Bond Portfolio K	n/a	6,236
	986.655434	BlackRock Inflation Protected Bond K	n/a	9,541
	405.574829	ClearBridge Mid Cap Growth IS	n/a	17,728
	420.777581	Fidelity Equity Dividend Income K	n/a	12,506
	961.409128	Invesco Balanced-Risk Commodity Strat R6	n/a	6,634
	2,652.941794	JPMorgan Core Bond R6	n/a	27,697
	1,861.306273	JPMorgan Core Plus Bond R6	n/a	13,625
	215.024786	JPMorgan Small Cap Value R6	n/a	6,102
	152.770613	MFS Growth R6	n/a	30,392
	708.353849	MFS Intl Diversification R6	n/a	19,678

ESCAPE LODGING, LLC 401(k) PLAN

EIN 93-1328932 Plan No. 001

Form 5500 – Schedule H – Part IV
Line 4i - Schedule of Assets Held at End of Year, continued

December 31, 2025

(a) (b) Identity of issue, borrower, or similar party	Shares	(c) Description of investment	(d) Cost	(e) Current value
* Empower Trust Company, LLC	Mutual funds - continued			
	445.181726	PGIM Jennison Small Company R6	n/a	10,836
	605.520184	T. Rowe Price Dividend Growth I	n/a	49,380
	964.880302	T. Rowe Price Intl Value Equity I	n/a	22,704
	1,141.195731	Victory Integrity Mid-Cap Value R6	n/a	27,296
			n/a	348,649
* Empower Trust Company, LLC	Common collective trusts			
	47,481.214149	T. Rowe Price Retirement Blend Select Trust 2020	n/a	593,686
	39,464.376329	T. Rowe Price Retirement Blend Select Trust 2025	n/a	478,766
	20,602.391920	T. Rowe Price Retirement Blend Select Trust 2030	n/a	261,900
	29,265.491310	T. Rowe Price Retirement Blend Select Trust 2035	n/a	377,671
	73,756.490685	T. Rowe Price Retirement Blend Select Trust 2040	n/a	980,025
	36,166.054820	T. Rowe Price Retirement Blend Select Trust 2045	n/a	490,831
	33,877.843331	T. Rowe Price Retirement Blend Select Trust 2050	n/a	464,177
	22,246.800169	T. Rowe Price Retirement Blend Select Trust 2055	n/a	304,476
	5,644.147198	T. Rowe Price Retirement Blend Select Trust 2060	n/a	77,330
	3,086.393591	T. Rowe Price Retirement Blend Select Trust 2065	n/a	43,939
			n/a	4,072,801

ESCAPE LODGING, LLC 401(k) PLAN

EIN 93-1328932 Plan No. 001

Form 5500 – Schedule H – Part IV
Line 4i - Schedule of Assets Held at End of Year, continued

December 31, 2025

(a) (b) Identity of issue, borrower, or similar party	(c) Shares	Description of investment	(d) Cost	(e) Current value
Participant loans		Interest at 4.25% - 10.50%	-	77,547
			$ -	$ 4,516,904

ESCAPE LODGING, LLC 401(k) PLAN

EIN 93-1328932 Plan No. 001

Form 5500 – Schedule H – Part IV
Line 4i - Schedule of Assets Held at End of Year

December 31, 2024

(a) (b) Identity of issue, borrower, or similar party	Shares	(c) Description of investment	(d) Cost	(e) Current value
Held with				
* Empower Trust Company, LLC		Fixed annuities		
		EI Fixed Account - Series Class I	n/a	12,922
Forfeitures available for use		EI Fixed Account - Series Class I	n/a	2,017
			n/a	14,939
Held with				
* Empower Trust Company, LLC		Mutual funds		
	466.581166	American Funds Capital World Bond R6	n/a	7,288
	213.526078	American Funds New Economy R6	n/a	13,177
	460.385305	American Funds New World R6	n/a	35,436
	442.127934	BlackRock Global Allocation K	n/a	8,259
	725.272618	BlackRock High Yield Bond Portfolio K	n/a	5,149
	1,201.499119	BlackRock Inflation Protected Bond K	n/a	11,354
	431.151743	ClearBridge Mid Cap Growth IS	n/a	19,428
	318.247216	Fidelity Equity Dividend Income K	n/a	8,952
	403.679759	Invesco Balanced-Risk Commodity Strat R6	n/a	2,668
	2,181.576127	JPMorgan Core Bond R6	n/a	22,078
	1,785.158393	JPMorgan Core Plus Bond R6	n/a	12,710
	89.397695	JPMorgan Small Cap Value R6	n/a	2,466
	67.143730	MFS Growth R6	n/a	13,668
	575.276576	MFS Intl Diversification R6	n/a	13,145

ESCAPE LODGING, LLC 401(k) PLAN

EIN 93-1328932 Plan No. 001

Form 5500 – Schedule H – Part IV
Line 4i - Schedule of Assets Held at End of Year, continued

December 31, 2024

(a) Identity of issue, borrower, or similar party		(b) Description of investment	(c) Cost	(d) Proceeds
* Empower Trust Company, LLC	Mutual funds - continued			
	301.303816	PGIM Jennison Small Company R6	n/a	7,306
	506.172465	T. Rowe Price Dividend Growth I	n/a	38,884
	1,552.336476	T. Rowe Price Intl Value Equity I	n/a	26,095
	1,000.999081	Victory Integrity Mid-Cap Value R6	n/a	22,573
			n/a	270,636
* Empower Trust Company, LLC	Common collective trusts			
	43,998.110891	T. Rowe Price Retirement Blend Select Trust 2020	n/a	486,271
	41,247.803688	T. Rowe Price Retirement Blend Select Trust 2025	n/a	440,234
	18,439.990194	T. Rowe Price Retirement Blend Select Trust 2030	n/a	203,436
	26,606.071114	T. Rowe Price Retirement Blend Select Trust 2035	n/a	293,063
	68,018.717504	T. Rowe Price Retirement Blend Select Trust 2040	n/a	762,388
	34,103.871464	T. Rowe Price Retirement Blend Select Trust 2045	n/a	386,615
	33,885.281252	T. Rowe Price Retirement Blend Select Trust 2050	n/a	386,689
	20,896.154656	T. Rowe Price Retirement Blend Select Trust 2055	n/a	235,065
	6,095.546285	T. Rowe Price Retirement Blend Select Trust 2060	n/a	69,469
	2,332.325856	T. Rowe Price Retirement Blend Select Trust 2065	n/a	27,619
			n/a	3,290,849

ESCAPE LODGING, LLC 401(k) PLAN

EIN 93-1328932 Plan No. 001

Form 5500 – Schedule H – Part IV
Line 4i - Schedule of Assets Held at End of Year, continued

December 31, 2024

(a) Identity of issue, borrower, or similar party	(b) Description of investment	(c) Cost	(d) Proceeds
Participant loans	Interest at 4.25% - 10.50%	-	93,880
		$ -	$ 3,670,304

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Escape Lodging, LLC 401(k) Plan

01-JAN-25 to 31-DEC-25

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1TRB201			462,277.61	593,686.10
1TRB251			360,164.76	478,766.02
1TRB301			194,844.41	261,899.69
1TRB351			264,584.48	377,671.15
1TRB401			664,627.05	980,024.63
1TRB451			337,731.33	490,831.24
1TRB501			318,400.37	464,177.26
1TRB551			209,623.10	304,476.40
1TRB601			56,164.33	77,329.90
1TRB651			32,112.16	43,938.83
1RNWGX			41,118.09	47,773.67
1MKLOX			5,042.27	5,333.17
1MDIZX			17,662.12	19,678.06
1TRTIX			16,483.86	22,703.64
1IBRFX			6,723.31	6,633.73
1JSVUX			6,046.70	6,102.40
1PJSQX			10,103.14	10,835.68
1LCMIX			16,197.69	17,727.65
1MRIMX			27,155.54	27,297.40
1RNGGX			23,187.50	25,093.17
1FETKX			12,286.62	12,505.52
1MFEKX			32,069.17	30,392.18
1PDGIX			46,179.36	49,380.17
1RCWGX			9,925.22	10,093.99
1BRHYX			6,172.73	6,236.27
1BPLBX			9,494.32	9,540.95
1JCBUX			27,140.60	27,696.73
1JCPUX			13,370.78	13,624.77
1GWAQ35		1.450	16,250.39	16,536.40
			3,243,139.01	**4,437,986.77**
PARTICIPANT LOANS	VARIOUS	4.250-10.500	77,651.79	77,547.67
FORFEITURES			1,101.15	1,370.80

Attachment to Form 5500, Schedule H, Part 4, Item I
EIN # 93-1328932

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Escape Lodging, LLC 401(k) Plan

01-JAN-25 to 31-DEC-25

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE

LEGEND

INVESTMENT OPTION:

1TRB201	T Rowe Price Ret Blend Selct Trst 2020 1
1TRB301	T Rowe Price Ret Blend Selct Trst 2030 1
1TRB401	T Rowe Price Ret Blend Selct Trst 2040 1
1TRB501	T Rowe Price Ret Blend Selct Trst 2050 1
1TRB601	T Rowe Price Ret Blend Selct Trst 2060 1
1RNWGX	American Funds New World R6
1MDIZX	MFS Intl Diversification R6
1IBRFX	Invesco Balanced-Risk Commodity Strat R6
1PJSQX	PGIM Jennison Small Company R6
1MRIMX	Victory Integrity Mid-Cap Value R6
1FETKX	Fidelity Equity Dividend Income K
1PDGIX	T. Rowe Price Dividend Growth I
1BRHYX	BlackRock High Yield K
1JCBUX	JPMorgan Core Bond R6
1GWAQ35	EI Fixed Account - Series Class I
1TRB251	T Rowe Price Ret Blend Selct Trst 2025 1
1TRB351	T Rowe Price Ret Blend Selct Trst 2035 1
1TRB451	T Rowe Price Ret Blend Selct Trst 2045 1
1TRB551	T Rowe Price Ret Blend Selct Trst 2055 1
1TRB651	T Rowe Price Ret Blend Selct Trst 2065 1
1MKLOX	BlackRock Global Allocation K
1TRTIX	T. Rowe Price Intl Value Equity I
1JSVUX	JPMorgan Small Cap Value R6
1LCMIX	ClearBridge Mid Cap Growth IS
1RNGGX	American Funds New Economy R6
1MFEKX	MFS Growth R6
1RCWGX	American Funds Capital World Bond R6
1BPLBX	BlackRock Inflation Protected Bond K
1JCPUX	JPMorgan Core Plus Bond R6

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year
CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year