

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 6047(e), 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 2009 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009	
A	This return/report is for: ☐ a multiemployer plan; ☒ a single-employer plan; ☐ a multiple-employer plan; or ☐ a DFE (specify) ____
B	This return/report is: ☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan MMH HOSPITALITY CORPORATION 401(K) PLAN	1b Three-digit plan number (PN) ▶ 001
		1c Effective date of plan 02/01/2007
2a	Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) MMH HOSPITALITY CORPORATION 7200 HANOVER DRIVE GREENBELT, MD 20770	2b Employer Identification Number (EIN) 06-1805166 2c Sponsor's telephone number 301-614-8807 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.	10/12/2010	JUNE TAYLOR-WATTS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2010	JUNE TAYLOR-WATTS
	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 (if same as plan sponsor, enter "Same") MMH HOSPITALITY CORPORATION 7200 HANOVER DRIVE GREENBELT, MD 20770	3b Administrator's EIN 06-1805166 3c Administrator's telephone number 301-614-8807
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	213
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	184
b Retired or separated participants receiving benefits.....	6b	1
c Other retired or separated participants entitled to future benefits.....	6c	11
d Subtotal. Add lines 6a , 6b , and 6c	6d	196
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	196
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	44
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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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 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) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan MMH HOSPITALITY CORPORATION 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 MMH HOSPITALITY CORPORATION	D Employer Identification Number (EIN) 06-1805166	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

(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 ☐

(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 ☐

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) 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
		2009
		This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan MMH HOSPITALITY CORPORATION 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 MMH HOSPITALITY CORPORATION	D Employer Identification Number (EIN) 06-1805166	

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

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)	7341	10407
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	303530	423827
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	310871	434234

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	310871	434234
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	0	
(B) Participants	2a(1)(B)	71740	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		71740

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)	860	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		860
(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)	72986	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		72986
(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

		(a) Amount	(b) Total
2b (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
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		0
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		145586

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	22223	
(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)		22223
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		0
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		22223

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		123363
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

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

(1) Name: REZNICK GROUP, PC

(2) EIN: 52-1088612

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....	☒		7505
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.).....		☒	
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.)		☒	
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.).....		☒	
e Was this plan covered by a fidelity bond?.....	☒		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	☒		
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.).....		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If yes, enter the amount of any plan assets that reverted to the employer this year ☐ Yes ☒ No Amount:

- 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)

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

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 section 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 2009 This Form is Open to Public Inspection.
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan <u>MMH HOSPITALITY CORPORATION 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MMH HOSPITALITY CORPORATION</u>	D Employer Identification Number (EIN) <u>06-1805166</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
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): <u>95-6817943</u>		
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	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 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(es). If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
--	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 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 items 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 items 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 items 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 items 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 items 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 participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	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 item 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 items (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

FINANCIAL STATEMENTS AND
INDEPENDENT AUDITORS' REPORT

MMH HOSPITALITY CORPORATION
401(K) PLAN

DECEMBER 31, 2009 AND 2008

MMH Hospitality Corporation 401(k) Plan

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All other schedules required by Schedule H of Department of Labor Form 5500, Annual Return/Report of Employee Benefit Plans are not applicable and are therefore omitted.

INDEPENDENT AUDITORS' REPORT

To the Trustee and Administrator
MMH Hospitality Corporation 401(k) Plan

We were engaged to audit the accompanying statements of net assets available for plan benefits of the MMH Hospitality Corporation 401(k) Plan as of December 31, 2009 and 2008, and the related statement of changes in net assets available for plan benefits for the year ended December 31, 2009, the supplemental schedule of assets held (at end of year) as of December 31, 2009 and the supplemental schedule of delinquent participant contributions as of December 31, 2008. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in note 4, which was certified by Capital Bank and Trust Company, as of December 31, 2009 and 2008 and for the year ended December 31, 2009 and from August 14, 2008 through December 31, 2008, respectively, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certifications from the trustee as of December 31, 2009 and 2008 and for the year ended December 31, 2009 and for the period August 14, 2008 through December 31, 2008, respectively, that the information provided to the Plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Reznick Group, P.C.

Baltimore, Maryland
September 29, 2010

MMH Hospitality Corporation 401(k) Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS

December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
ASSETS		
Investments at fair value		
Participant directed investments	\$ 423,827	\$ 303,530
Participant loans	<u>10,407</u>	<u>7,341</u>
Net assets available for plan benefits at fair value	<u>434,234</u>	<u>310,871</u>
Receivables		
Participants' contributions	<u>2,439</u>	<u>-</u>
Total receivables	<u>2,439</u>	<u>-</u>
Net assets available for plan benefits	<u><u>\$ 436,673</u></u>	<u><u>\$ 310,871</u></u>

See notes to financial statements

MMH Hospitality Corporation 401(k) Plan

STATEMENT OF CHANGES IN NET ASSETS
AVAILABLE FOR PLAN BENEFITS

Year ended December 31, 2009

Additions

Additions to net assets attributed to

Investment income:

Net appreciation in fair value of investments

\$ 72,986

Interest

860

Total investment income

73,846

Contributions

Employer

38

Participant

74,141

74,179

Total additions

148,025

Deductions

Benefit payments

22,223

Total deductions

22,223

NET INCREASE IN NET ASSETS AVAILABLE FOR
PLAN BENEFITS

125,802

Net assets available for plan benefits, beginning of year

310,871

Net assets available for plan benefits, end of year

\$ 436,673

See notes to financial statements

MMH Hospitality Corporation 401(k) Plan

NOTES TO FINANCIAL STATEMENTS

December 31, 2009 and 2008

NOTE 1 - PLAN DESCRIPTION

General

MMH Hospitality Corporation 401(k) Plan (the Plan), which was effective as of February 1, 2007 and amended as of May 1, 2007, was established to permit participants to take advantage of the benefits of Section 401(k) of the Internal Revenue Code (IRC). The Plan is a defined contribution plan covering all employees of MMH Hospitality Corporation (the Company) who had one year of eligible service and were 21 years of age or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). More complete information regarding the Plan's provisions may be found in the Plan documents.

The Company has the right to terminate the Plan at any time, although it has no intention to do so. If the Plan is terminated, a participant will become 100% vested in his or her account balance attributable to employer contributions, regardless of his or her years of vesting services, provided that the participant is an employee on the date of Plan termination. The Company will provide for the orderly distribution of benefits either at the time of Plan termination or at a later time.

On June 2, 2008, the plan transferred assets out of State Street Bank and Trust. From June 3, 2008 through December 31, 2008, investments are managed by Capital Bank and Trust Company Transactions.

Contributions

Each year, employees may defer up to 90% of eligible compensation, as defined by the Plan. For 2009 and 2008, the maximum statutory limit for employee deferrals is \$16,500 and \$15,500, respectively. For 2009 and 2008, employees 50 years of age or older could defer a maximum of \$22,000 and \$20,500, respectively.

Currently, the Company does not make matching employer contributions.

MMH Hospitality Corporation 401(k) Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2009 and 2008

Investment Options

Upon enrollment in the Plan, a participant may direct employee and employer contributions to any of the investment options currently available under the Plan and managed by the custodian. Participants may change their investments options as specified in the Plan documents.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of Plan earnings and charged with an allocation of administrative expenses. Allocations are based on participant compensation or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are automatically 100% vested in their voluntary contributions plus any rollover contributions, and all earnings thereon.

Vesting in the Company's contributions and earnings thereon is based on years of service and is determined as follows:

<u>Years of Service</u>	<u>% Vested</u>
Less than 2 years	0%
At least 2 years, but less than 3	20%
At least 3 years, but less than 4	40%
At least 4 years, but less than 5	60%
At least 5 years, but less than 6	80%
6 years or more	100%

MMH Hospitality Corporation 401(k) Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2009 and 2008

Payment of Benefits

Distribution of benefits from the Plan is allowed in the event of death, disability, employment termination or attainment of age 65, the Plan's normal retirement age or age 55, which is the early retirement age under the terms of the Plan. Distribution of benefits from the Plan are usually paid to the participant in a single lump sum payment, as a direct rollover into an individual retirement account (IRA) or as a direct rollover into another employer's tax qualified plan. Participants may also elect to withdraw funds from their vested account balance in the event of financial hardship or attainment of age 59½. A hardship withdrawal requires approval by the Plan administrator.

Participant Loans

Participants may borrow from their fund accounts a minimum of \$500, up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Loan terms range from one to five years or up to thirty years for the purchase of a principal residence. Loans will bear a reasonable rate of interest comparable to the interest rate charged on similar commercial loans at the time of borrowing. During 2009 and 2008, participant loan interest rates ranged from 9.50% through 10.00%. Interest income from these loans is treated as income to the Plan and is allocated with other earnings on investments and credited to the respective employee's account.

Party-in-Interest Transaction

The Plan has investments managed by Capital Bank and Trust Company (current trustee). Transactions involving these instruments are party-in-interest transactions.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements are presented on the accrual basis of accounting.

MMH Hospitality Corporation 401(k) Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2009 and 2008

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates that affect the reported amounts in the financial statements and accompanying notes. Actual results could differ from those estimates.

Investments

The Plan's investments are stated at fair value. Quoted market prices are used to value these investments. Participants' loans are valued at their outstanding balance, which approximates fair value.

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

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

Payment of Benefits

Benefits are recorded when paid.

Income Taxes

The Plan has been amended since receiving a determination letter; however, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

MMH Hospitality Corporation 401(k) Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2009 and 2008

Recently Issued Accounting Pronouncements

In June 2009, the Financial Accounting Standards Board (FASB) issued the Accounting Standards Codification (Codification). Effectively July 1, 2009, the Codification is the single source of authoritative accounting principles recognized by the FASB to be applied by nongovernmental entities in the preparation of financial statements in conformity with U.S. generally accepted accounting principles (GAAP). The Codification is intended to reorganize, rather than change, existing GAAP. Accordingly, all references to currently existing GAAP have been removed and have been replaced with plain English explanations of the Plan's accounting policies. The adoption of the Codification did not have a material impact on the Plan's financial position or results of operations.

Subsequent Events

Material subsequent events have been considered for disclosure and recognition in these financial statements through September 29, 2010.

NOTE 3 - FAIR VALUE MEASURE

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

Level 1 - Observable inputs such as quoted prices (unadjusted) in active markets for identical assets or liabilities;

Level 2 - Inputs other than quoted prices that are observable for the asset or liability either directly or indirectly. These include quoted prices for similar assets or liabilities in active markets and quoted prices for identical or similar assets or liabilities in markets that are not active; or

Level 3 - Unobservable inputs that reflect the reporting entity's own assumptions.

MMH Hospitality Corporation 401(k) Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2009 and 2008

Investments measured at fair value on a recurring basis consisted of the following types of instruments as of December 31, 2009 and 2008 (Level 1, 2, and 3 inputs are defined above):

	2009			Total
	Level 1	Level 2	Level 3	
Mutual funds:				
Growth	\$ 54,290	\$ -	\$ -	\$ 54,290
Growth and Income	44,549	-	-	44,549
Bond	14,044	-	-	14,044
Equity Income	53,030	-	-	53,030
Target Date	200,779	-	-	200,779
Money Market	57,135	-	-	57,135
Participant loans	-	-	10,407	10,407
Total investments measured at fair value	<u>\$ 423,827</u>	<u>\$ -</u>	<u>\$ 10,407</u>	<u>\$ 434,234</u>
	2008			Total
	Level 1	Level 2	Level 3	
Mutual funds:				
Growth	\$ 31,363	\$ -	\$ -	\$ 31,363
Money Market	52,045	-	-	52,045
Growth and Income	28,768	-	-	28,768
Bond	8,818	-	-	8,818
Equity Income	33,993	-	-	33,993
Target Date	148,543	-	-	148,543
Participant loans	-	-	7,341	7,341
Total investments measured at fair value	<u>\$ 303,530</u>	<u>\$ -</u>	<u>\$ 7,341</u>	<u>\$ 310,871</u>

MMH Hospitality Corporation 401(k) Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2009 and 2008

The table below sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended December 31, 2009:

	<u>Level 3 Assets</u>
	Year ended December 31, 2009
	<u>Participant loans</u>
Balance, beginning of year	\$ 7,341
Issuances and repayments of loans (net)	<u>3,066</u>
Balance, end of year	<u><u>\$ 10,407</u></u>

NOTE 4 - INFORMATION CERTIFIED BY THE TRUSTEE

Investments are carried at market value and held by Capital Bank and Trust Company the trustee of the Plan.

All the investments that are disclosed in the financial statements, including investments held at December 31, 2009 and 2008, and net appreciation in fair value of investments, and net investment income for the year ended December 31, 2009, are based on information certified by the trustee as complete and accurate in accordance with Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employment Retirement Income Security Act of 1974.

MMH Hospitality Corporation 401(k) Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2009 and 2008

The following presents investments that represent 5% or more of the Plan's net assets:

	2009	2008
Capital World Growth and Income Fund	\$ 23,051	\$ 15,723
New World Fund	35,992	19,531
American Funds 2010 Target Date Retirement Fund	83,257	59,638
American Funds 2015 Target Date Retirement Fund	36,444	43,474
American Funds 2040 Target Date Retirement Fund	24,690	-
Money Market Fund	57,135	-
The Cash Management Trust of America	-	52,045
Capital Income Builder	53,030	33,993

During 2009, the Plan's participant's directed investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by \$72,986.

NOTE 5 - PLAN TERMINATION

The Company has the right to terminate the Plan at any time, although it has no intention to do so. If the Plan is terminated, a participant will become 100% vested in his or her account.

NOTE 6 - RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits

MMH Hospitality Corporation 401(k) Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2009 and 2008

NOTE 7 - DELINQUENT PARTICIPANT CONTRIBUTIONS

Department of Labor (DOL) regulations require that participant contributions be remitted as soon as they can be segregated from the sponsor's assets, but in no instance later than the fifteenth business day of the month following the month of the contribution. During 2008, the Plan's sponsor identified participant contributions of \$7,505 that were not remitted to the Plan in accordance with the regulations. Additionally, management performed a calculation of lost earnings and interest on late participants' contributions which totaled \$38. The late contributions were funded to the Plan on July 11, 2008. The lost earnings were funded to the Plan during 2009. During 2009, there were no delinquent participant contributions.

NOTE 8 - DIFFERENCES BETWEEN FINANCIAL STATEMENTS AND FORM 5500

The following is a reconciliation of net assets available to plan benefits per the financial statements to the Form 5500 as of December 31, 2009 and 2008:

	2009	2008
Net assets available for plan benefits per the financial statements	\$ 436,673	\$ 310,871
Less contributions receivable - participants	<u>(2,439)</u>	<u>-</u>
Net assets per Form 5500	<u>\$ 434,234</u>	<u>\$ 310,871</u>

The following is reconciliation of contributions per the financial statements to the Form 5500 for the year ended December 31, 2009:

Contributions per the financial statements	\$ 74,179
Less contributions receivable - participants at December 31, 2009	<u>(2,439)</u>
Contributions per Form 5500	<u>\$ 71,740</u>

SUPPLEMENTAL INFORMATION

MMH Hospitality Corporation 401(k) Plan
 EIN # 06-1805166
 Plan Number 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD (AT END OF YEAR)

December 31, 2009

(a)	(b)	(c)	(e)
Party-in-Interest	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value	Current Value
	Money Market Fund	Money Market	\$ 57,135
	The Bond Fund of America	Mutual	12,820
	Capital Income Builder	Mutual	53,030
	Euro Pacific Growth Fund	Mutual	3,871
	Fundamental Investors	Mutual	21,498
	The Growth Fund of America	Mutual	11,625
	New World Fund	Mutual	35,992
	Small Cap World Fund	Mutual	2,802
	Capital World Bond Fund	Mutual	1,225
	Capital World Growth and Income Fund	Mutual	23,051
*	American Funds 2010 Target Date Retirement Fund	Mutual	83,257
*	American Funds 2015 Target Date Retirement Fund	Mutual	36,444
*	American Funds 2020 Target Date Retirement Fund	Mutual	15,734
*	American Funds 2025 Target Date Retirement Fund	Mutual	18,794
*	American Funds 2030 Target Date Retirement Fund	Mutual	6,247
*	American Funds 2035 Target Date Retirement Fund	Mutual	213
*	American Funds 2040 Target Date Retirement Fund	Mutual	24,690
*	American Funds 2045 Target Date Retirement Fund	Mutual	15,391
*	American Funds 2050 Target Date Retirement Fund	Mutual	8
			423,827
	Participant loans - Interest rates from 9.50% - 10.00%; varying maturities		10,407
	Total assets held		<u>\$ 434,234</u>

* Party-in-interest

The investments that are included in the supplemental schedules are based on information certified by the trustee as complete and accurate in accordance with Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employment Retirement Income Security Act of 1974.

MMH Hospitality Corporation 401(k) Plan
EIN # 06-1805166
Plan Number 001

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

December 31, 2008

Year	Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions 2008			Total Fully Corrected Under VFCP and PTE 2002-51
		Contributions Not Corrected	Contributions Corrected Outside the VFCP	Contributions Pending Correction in VFCP	
2008	\$ 7,505	\$ -	\$ 7,505	\$ -	\$ -

REPORT NUMBER: R03174
SOURCE PROGRAM: B01309
JOB: DCZTR130

TRUST REPORT
01-01-2009 TO 12-31-2009
TRADE DATE BASIS
BY LOCATION

PAGE: 1
SUPER SHEET DATE: 10/01/2010
CURRENT DATE: 10/04/2010
TIME: 08:51:14

ICU ID: 000002000 ICU NAME: AMERICAN FUNDS RETIREMENT RESOURCES
PLAN ID: IRK86607 PLAN NAME: MMH HOSPITALITY CORP 401K PLAN
LOCATION ID: 000000002 LOCATION NAME: DAYS INN HORSHAM-CQ3

ALL AMOUNTS ARE IN DOLLARS (\$)

	BEGINNING OF PERIOD ASSETS	END OF PERIOD ASSETS	LOCATION TOTALS FORFEITURE ASSETS	TOTAL PLAN ASSETS
FI-R2	1,113.16	1,713.92	0.00	1,713.92
CIB-R2	900.45	1,238.36	0.00	1,238.36
EUPAC-R2	1,132.57	1,809.16	0.00	1,809.16
WBF-R2	486.10	598.10	0.00	598.10
WGI-R2	2,817.88	5,027.58	0.00	5,027.58
SCWF-R2	1,012.29	1,799.89	0.00	1,799.89
NWF-R2	4,605.94	8,090.30	0.00	8,090.30
AFTD10-R2	0.00	0.20	0.00	0.20
AFTD45-R2	6,109.33	10,146.76	0.00	10,146.76
MMF-R2	0.00	0.00	0.00	0.00
TOTAL	18,177.72	30,424.27	0.00	30,424.27
ELEC DEF	18,177.72	30,424.27	0.00	30,424.27
DISC/PS	0.00	0.00	0.00	0.00
TOTAL	18,177.72	30,424.27	0.00	30,424.27

INVESTMENT VEHICLE	FI-R2	CIB-R2	EUPAC-R2	WBF-R2	WGI-R2	SCWF-R2
OPENING BALANCE	1,113.16	900.45	1,132.57	486.10	2,817.88	1,012.29
CONVERTED VALUE	0.00	0.00	0.00	0.00	0.00	0.00
CONTRIB.	201.73	141.23	201.73	60.50	1,095.42	201.73
DIVS.	12.01	37.91	18.59	17.14	84.24	0.00
GAIN (LOSS)	387.02	158.77	456.27	34.36	1,030.04	585.87
EXCHANGE	0.00	0.00	0.00	0.00	0.00	0.00
CDSC/COMM/STTR/FEES	0.00	0.00	0.00	0.00	0.00	0.00
FORF.	0.00	0.00	0.00	0.00	0.00	0.00
DISTRIB. (W/WH)	0.00	0.00	0.00	0.00	0.00	0.00
MISTAKE OF FACT	0.00	0.00	0.00	0.00	0.00	0.00
TRUSTEE TRANS IN	0.00	0.00	0.00	0.00	0.00	0.00
TRUSTEE TRANS OUT	0.00	0.00	0.00	0.00	0.00	0.00
LOAN TRANSFER IN	0.00	0.00	0.00	0.00	0.00	0.00
LOAN TRANSFER OUT	0.00	0.00	0.00	0.00	0.00	0.00
LOAN INTEREST	0.00	0.00	0.00	0.00	0.00	0.00
CLOSE-OUT	0.00	0.00	0.00	0.00	0.00	0.00
INS. PREMIUM	0.00	0.00	0.00	0.00	0.00	0.00
ADMIN ERROR	0.00	0.00	0.00	0.00	0.00	0.00
CLOSING BALANCE	1,713.92	1,238.36	1,809.16	598.10	5,027.58	1,799.89
ELEC DEF	201.73	141.23	201.73	60.50	1,095.42	201.73
DISC/PS	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL CONTRIB.	201.73	141.23	201.73	60.50	1,095.42	201.73

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ICU ID: 000002000 ICU NAME: AMERICAN FUNDS RETIREMENT RESOURCES
PLAN ID: IRK86607 PLAN NAME: MMH HOSPITALITY CORP 401K PLAN
LOCATION ID: 000000002 LOCATION NAME: DAYS INN HORSHAM-CQ3

ALL AMOUNTS ARE IN DOLLARS (\$)

LOCATION TOTALS

INVESTMENT VEHICLE	NWF-R2	AFTD10-R2	AFTD45-R2	MMF-R2	TOTAL
OPENING BALANCE	4,605.94	0.00	6,109.33	0.00	18,177.72
CONVERTED VALUE	0.00	0.00	0.00	0.00	0.00
CONTRIB.	908.08	0.19	1,820.51	0.00	4,631.12
DIVS.	51.05	0.00	152.79	0.00	373.73
GAIN (LOSS)	2,525.23	0.01	2,064.13	0.00	7,241.70
EXCHANGE	0.00	0.00	0.00	0.00	0.00
CDSC/COMM/STTR/FEES	0.00	0.00	0.00	0.00	0.00
FORF.	0.00	0.00	0.00	0.00	0.00
DISTRIB. (W/WH)	0.00	0.00	0.00	0.00	0.00
MISTAKE OF FACT	0.00	0.00	0.00	0.00	0.00
TRUSTEE TRANS IN	0.00	0.00	0.00	0.00	0.00
TRUSTEE TRANS OUT	0.00	0.00	0.00	0.00	0.00
LOAN TRANSFER IN	0.00	0.00	0.00	0.00	0.00
LOAN TRANSFER OUT	0.00	0.00	0.00	0.00	0.00
LOAN INTEREST	0.00	0.00	0.00	0.00	0.00
CLOSE-OUT	0.00	0.00	0.00	0.00	0.00
INS. PREMIUM	0.00	0.00	0.00	0.00	0.00
ADMIN ERROR	0.00	0.00	0.00	0.00	0.00
CLOSING BALANCE	8,090.30	0.20	10,146.76	0.00	30,424.27
ELEC DEF	908.08	0.19	1,820.51	0.00	4,631.12
DISC/PS	0.00	0.00	0.00	0.00	0.00
TOTAL CONTRIB.	908.08	0.19	1,820.51	0.00	4,631.12

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ICU ID: 000002000 ICU NAME: AMERICAN FUNDS RETIREMENT RESOURCES
PLAN ID: IRK86607 PLAN NAME: MMH HOSPITALITY CORP 401K PLAN
LOCATION ID: 000000003 LOCATION NAME: DAYS INN CONNECTICUT AVE -CQ5

ALL AMOUNTS ARE IN DOLLARS (\$)

	BEGINNING OF PERIOD ASSETS	END OF PERIOD ASSETS	LOCATION TOTALS FORFEITURE ASSETS	TOTAL PLAN ASSETS
WGI-R2	2,455.63	4,447.88	0.00	4,447.88
AFTD15-R2	20,033.60	27,908.97	0.00	27,908.97
AFTD20-R2	2,625.44	4,481.17	0.00	4,481.17
AFTD25-R2	112.14	410.29	0.00	410.29
AFTD30-R2	1,115.21	1,449.23	0.00	1,449.23
MMF-R2	0.00	0.00	0.00	0.00
LOAN	1,045.05	752.78	0.00	752.78
TOTAL	27,387.07	39,450.32	0.00	39,450.32
ELEC DEF	27,387.07	39,450.32	0.00	39,450.32
TOTAL	27,387.07	39,450.32	0.00	39,450.32

INVESTMENT VEHICLE	WGI-R2	AFTD15-R2	AFTD20-R2	AFTD25-R2	AFTD30-R2	MMF-R2
OPENING BALANCE	2,455.63	20,033.60	2,625.44	112.14	1,115.21	0.00
CONVERTED VALUE	0.00	0.00	0.00	0.00	0.00	0.00
CONTRIB.	817.49	2,715.92	817.49	226.96	0.00	0.00
DIVS.	74.04	630.79	87.38	7.50	24.03	0.00
GAIN (LOSS)	909.36	4,528.66	759.50	63.69	309.99	0.00
EXCHANGE	0.00	0.00	0.00	0.00	0.00	0.00
CDSC/COMM/STTR/FEES	0.00	0.00	0.00	0.00	0.00	0.00
FORF.	0.00	0.00	0.00	0.00	0.00	0.00
DISTRIB. (W/WH)	0.00	0.00	0.00	0.00	0.00	0.00
MISTAKE OF FACT	0.00	0.00	0.00	0.00	0.00	0.00
TRUSTEE TRANS IN	0.00	0.00	0.00	0.00	0.00	0.00
TRUSTEE TRANS OUT	0.00	0.00	0.00	0.00	0.00	0.00
LOAN TRANSFER IN	191.36	0.00	191.36	0.00	0.00	0.00
LOAN TRANSFER OUT	0.00	0.00	0.00	0.00	0.00	0.00
LOAN INTEREST	0.00	0.00	0.00	0.00	0.00	0.00
CLOSE-OUT	0.00	0.00	0.00	0.00	0.00	0.00
INS. PREMIUM	0.00	0.00	0.00	0.00	0.00	0.00
ADMIN ERROR	0.00	0.00	0.00	0.00	0.00	0.00
CLOSING BALANCE	4,447.88	27,908.97	4,481.17	410.29	1,449.23	0.00
ELEC DEF	817.49	2,715.92	817.49	226.96	0.00	0.00
TOTAL CONTRIB.	817.49	2,715.92	817.49	226.96	0.00	0.00

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ICU ID: 000002000 ICU NAME: AMERICAN FUNDS RETIREMENT RESOURCES
PLAN ID: IRK86607 PLAN NAME: MMH HOSPITALITY CORP 401K PLAN
LOCATION ID: 000000003 LOCATION NAME: DAYS INN CONNECTICUT AVE -CQ5

ALL AMOUNTS ARE IN DOLLARS (\$)

LOCATION TOTALS

INVESTMENT VEHICLE	LOAN	TOTAL
OPENING BALANCE	1,045.05	27,387.07
CONVERTED VALUE	0.00	0.00
CONTRIB.	0.00	4,577.86
DIVS.	0.00	823.74
GAIN (LOSS)	0.00	6,571.20
EXCHANGE	0.00	0.00
CDSC/COMM/STTR/FEES	0.00	0.00
FORF.	0.00	0.00
DISTRIB. (W/WH)	0.00	0.00
MISTAKE OF FACT	0.00	0.00
TRUSTEE TRANS IN	0.00	0.00
TRUSTEE TRANS OUT	0.00	0.00
LOAN TRANSFER IN	0.00	382.72
LOAN TRANSFER OUT	382.72-	382.72-
LOAN INTEREST	90.45	90.45
CLOSE-OUT	0.00	0.00
INS. PREMIUM	0.00	0.00
ADMIN ERROR	0.00	0.00
CLOSING BALANCE	752.78	39,450.32
ELEC DEF	0.00	4,577.86
TOTAL CONTRIB.	0.00	4,577.86

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ICU ID: 000002000 ICU NAME: AMERICAN FUNDS RETIREMENT RESOURCES
PLAN ID: IRK86607 PLAN NAME: MMH HOSPITALITY CORP 401K PLAN
LOCATION ID: 000000004 LOCATION NAME: HILTON SPRINGFIELD-CQ7

ALL AMOUNTS ARE IN DOLLARS (\$)

	BEGINNING OF PERIOD ASSETS	END OF PERIOD ASSETS	LOCATION TOTALS FORFEITURE ASSETS	TOTAL PLAN ASSETS
BFA-R2	8,151.50	12,819.25	0.00	12,819.25
CMTA-R2	44,595.18	0.00	0.00	0.00
CIB-R2	13,435.66	24,363.95	0.00	24,363.95
EUPAC-R2	910.73	2,062.01	0.00	2,062.01
WBF-R2	179.90	626.53	0.00	626.53
SCWF-R2	256.77	794.83	0.00	794.83
NWF-R2	255.50	780.43	0.00	780.43
AFTD10-R2	59,638.30	83,256.79	0.00	83,256.79
AFTD15-R2	19,907.19	625.59	0.00	625.59
AFTD20-R2	3,604.81	8,437.03	0.00	8,437.03
AFTD25-R2	13,386.45	18,383.66	0.00	18,383.66
AFTD30-R2	2,328.70	3,971.86	0.00	3,971.86
AFTD35-R2	2,287.30	0.00	0.00	0.00
AFTD40-R2	10,332.73	24,690.07	0.00	24,690.07
AFTD45-R2	1,238.19	5,246.09	0.00	5,246.09
MMF-R2	0.00	49,842.24	0.00	49,842.24
LOAN	6,295.51	4,893.18	0.00	4,893.18
TOTAL	186,804.42	240,793.51	0.00	240,793.51
ELEC DEF	186,804.42	240,793.51	0.00	240,793.51
TOTAL	186,804.42	240,793.51	0.00	240,793.51

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ICU ID: 000002000 ICU NAME: AMERICAN FUNDS RETIREMENT RESOURCES
PLAN ID: IRK86607 PLAN NAME: MMH HOSPITALITY CORP 401K PLAN
LOCATION ID: 000000004 LOCATION NAME: HILTON SPRINGFIELD-CQ7

ALL AMOUNTS ARE IN DOLLARS (\$)

LOCATION TOTALS

INVESTMENT VEHICLE	BFA-R2	CMTA-R2	CIB-R2	EUPAC-R2	WBF-R2	SCWF-R2
OPENING BALANCE	8,151.50	44,595.18	13,435.66	910.73	179.90	256.77
CONVERTED VALUE	0.00	0.00	0.00	0.00	0.00	0.00
CONTRIB.	2,315.00	2,723.05	6,260.34	659.51	401.42	313.23
DIVS.	387.78	0.00	684.07	21.03	14.04	0.00
GAIN (LOSS)	979.47	0.00	2,998.38	470.74	31.17	224.83
EXCHANGE	0.00	47,318.23-	0.00	0.00	0.00	0.00
CDSC/COMM/STTR/FEES	0.00	0.00	0.00	0.00	0.00	0.00
FORF.	0.00	0.00	0.00	0.00	0.00	0.00
DISTRIB. (W/WH)	0.00	0.00	0.00	0.00	0.00	0.00
MISTAKE OF FACT	0.00	0.00	0.00	0.00	0.00	0.00
TRUSTEE TRANS IN	0.00	0.00	0.00	0.00	0.00	0.00
TRUSTEE TRANS OUT	0.00	0.00	0.00	0.00	0.00	0.00
LOAN TRANSFER IN	985.50	0.00	985.50	0.00	0.00	0.00
LOAN TRANSFER OUT	0.00	0.00	0.00	0.00	0.00	0.00
LOAN INTEREST	0.00	0.00	0.00	0.00	0.00	0.00
CLOSE-OUT	0.00	0.00	0.00	0.00	0.00	0.00
INS. PREMIUM	0.00	0.00	0.00	0.00	0.00	0.00
ADMIN ERROR	0.00	0.00	0.00	0.00	0.00	0.00
CLOSING BALANCE	12,819.25	0.00	24,363.95	2,062.01	626.53	794.83
ELEC DEF	2,315.00	2,723.05	6,260.34	659.51	401.42	313.23
TOTAL CONTRIB.	2,315.00	2,723.05	6,260.34	659.51	401.42	313.23

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ICU ID: 000002000 ICU NAME: AMERICAN FUNDS RETIREMENT RESOURCES
PLAN ID: IRK86607 PLAN NAME: MMH HOSPITALITY CORP 401K PLAN
LOCATION ID: 000000004 LOCATION NAME: HILTON SPRINGFIELD-CQ7

ALL AMOUNTS ARE IN DOLLARS (\$)

LOCATION TOTALS

INVESTMENT VEHICLE	NWF-R2	AFTD10-R2	AFTD15-R2	AFTD20-R2	AFTD25-R2	AFTD30-R2
OPENING BALANCE	255.50	59,638.30	19,907.19	3,604.81	13,386.45	2,328.70
CONVERTED VALUE	0.00	0.00	0.00	0.00	0.00	0.00
CONTRIB.	313.23	8,902.57	0.00	3,342.29	1,019.56	793.27
DIVS.	4.87	1,779.89	14.19	163.54	341.90	65.43
GAIN (LOSS)	206.83	12,936.03	743.85-	1,326.39	3,635.75	784.46
EXCHANGE	0.00	0.00	0.00	0.00	0.00	0.00
CDSC/COMM/STTR/FEES	0.00	0.00	0.00	0.00	0.00	0.00
FORF.	0.00	0.00	0.00	0.00	0.00	0.00
DISTRIB. (W/WH)	0.00	0.00	18,551.94-	0.00	0.00	0.00
MISTAKE OF FACT	0.00	0.00	0.00	0.00	0.00	0.00
TRUSTEE TRANS IN	0.00	0.00	0.00	0.00	0.00	0.00
TRUSTEE TRANS OUT	0.00	0.00	0.00	0.00	0.00	0.00
LOAN TRANSFER IN	0.00	0.00	0.00	0.00	0.00	0.00
LOAN TRANSFER OUT	0.00	0.00	0.00	0.00	0.00	0.00
LOAN INTEREST	0.00	0.00	0.00	0.00	0.00	0.00
CLOSE-OUT	0.00	0.00	0.00	0.00	0.00	0.00
INS. PREMIUM	0.00	0.00	0.00	0.00	0.00	0.00
ADMIN ERROR	0.00	0.00	0.00	0.00	0.00	0.00
CLOSING BALANCE	780.43	83,256.79	625.59	8,437.03	18,383.66	3,971.86
ELEC DEF	313.23	8,902.57	0.00	3,342.29	1,019.56	793.27
TOTAL CONTRIB.	313.23	8,902.57	0.00	3,342.29	1,019.56	793.27

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ICU ID: 000002000 ICU NAME: AMERICAN FUNDS RETIREMENT RESOURCES
PLAN ID: IRK86607 PLAN NAME: MMH HOSPITALITY CORP 401K PLAN
LOCATION ID: 000000004 LOCATION NAME: HILTON SPRINGFIELD-CQ7

ALL AMOUNTS ARE IN DOLLARS (\$)

LOCATION TOTALS

INVESTMENT VEHICLE	AFTD35-R2	AFTD40-R2	AFTD45-R2	MMF-R2	LOAN	TOTAL
OPENING BALANCE	2,287.30	10,332.73	1,238.19	0.00	6,295.51	186,804.42
CONVERTED VALUE	0.00	0.00	0.00	0.00	0.00	0.00
CONTRIB.	0.00	9,369.80	3,033.62	2,524.01	0.00	41,970.90
DIVS.	0.00	381.80	77.75	0.00	0.00	3,936.29
GAIN (LOSS)	624.13	4,605.74	896.53	0.00	0.00	28,976.60
EXCHANGE	0.00	0.00	0.00	47,318.23	0.00	0.00
CDSC/COMM/STTR/FEES	0.00	0.00	0.00	0.00	0.00	0.00
FORF.	0.00	0.00	0.00	0.00	0.00	0.00
DISTRIB. (W/WH)	2,911.43-	0.00	0.00	0.00	0.00	21,463.37-
MISTAKE OF FACT	0.00	0.00	0.00	0.00	0.00	0.00
TRUSTEE TRANS IN	0.00	0.00	0.00	0.00	0.00	0.00
TRUSTEE TRANS OUT	0.00	0.00	0.00	0.00	0.00	0.00
LOAN TRANSFER IN	0.00	0.00	0.00	0.00	0.00	1,971.00
LOAN TRANSFER OUT	0.00	0.00	0.00	0.00	1,971.00-	1,971.00-
LOAN INTEREST	0.00	0.00	0.00	0.00	568.67	568.67
CLOSE-OUT	0.00	0.00	0.00	0.00	0.00	0.00
INS. PREMIUM	0.00	0.00	0.00	0.00	0.00	0.00
ADMIN ERROR	0.00	0.00	0.00	0.00	0.00	0.00
CLOSING BALANCE	0.00	24,690.07	5,246.09	49,842.24	4,893.18	240,793.51
ELEC DEF	0.00	9,369.80	3,033.62	2,524.01	0.00	41,970.90
TOTAL CONTRIB.	0.00	9,369.80	3,033.62	2,524.01	0.00	41,970.90

	BEGINNING OF PERIOD ASSETS	END OF PERIOD ASSETS	LOCATION TOTALS FORFEITURE ASSETS	TOTAL PLAN ASSETS
GFA-R2	8,273.43	11,310.46	0.00	11,310.46
CMTA-R2	7,449.44	0.00	0.00	0.00
FI-R2	11,931.54	19,783.73	0.00	19,783.73
CIB-R2	19,563.09	27,267.07	0.00	27,267.07
WGI-R2	9,876.03	13,211.91	0.00	13,211.91
SCWF-R2	102.71	206.98	0.00	206.98
NWF-R2	14,213.96	26,959.39	0.00	26,959.39
AFTD15-R2	3,532.76	7,909.43	0.00	7,909.43
AFTD20-R2	1,586.27	2,816.16	0.00	2,816.16
AFTD35-R2	163.28	212.85	0.00	212.85
AFTD50-R2	6.15	8.03	0.00	8.03
MMF-R2	0.00	7,292.97	0.00	7,292.97
LOAN	0.00	4,727.75	0.00	4,727.75
TOTAL	76,698.66	121,706.73	0.00	121,706.73
ELEC DEF	76,698.66	121,706.73	0.00	121,706.73
TOTAL	76,698.66	121,706.73	0.00	121,706.73

INVESTMENT VEHICLE	GFA-R2	CMTA-R2	FI-R2	CIB-R2	WGI-R2	SCWF-R2
OPENING BALANCE	8,273.43	7,449.44	11,931.54	19,563.09	9,876.03	102.71
CONVERTED VALUE	0.00	0.00	0.00	0.00	0.00	0.00
CONTRIB.	1,428.99	473.28	3,780.90	4,670.19	1,185.73	31.97
DIVS.	23.52	0.00	133.66	821.98	238.38	0.00
GAIN (LOSS)	2,652.20	0.00	4,348.52	3,354.76	2,730.98	72.30
EXCHANGE	0.00	6,752.76-	0.00	0.00	0.00	0.00
CDSC/COMM/STTR/FEES	19.94-	17.18-	7.75-	21.00-	15.47-	0.00
FORF.	0.00	0.00	0.00	0.00	0.00	0.00
DISTRIB. (W/WH)	0.00	0.00	0.00	0.00	0.00	0.00
MISTAKE OF FACT	0.00	0.00	0.00	0.00	0.00	0.00
TRUSTEE TRANS IN	0.00	0.00	0.00	0.00	0.00	0.00
TRUSTEE TRANS OUT	0.00	0.00	0.00	0.00	0.00	0.00
LOAN TRANSFER IN	360.00	60.00	144.00	360.00	288.00	0.00
LOAN TRANSFER OUT	1,407.74-	1,212.78-	547.14-	1,481.95-	1,091.74-	0.00
LOAN INTEREST	0.00	0.00	0.00	0.00	0.00	0.00
CLOSE-OUT	0.00	0.00	0.00	0.00	0.00	0.00
INS. PREMIUM	0.00	0.00	0.00	0.00	0.00	0.00
ADMIN ERROR	0.00	0.00	0.00	0.00	0.00	0.00
CLOSING BALANCE	11,310.46	0.00	19,783.73	27,267.07	13,211.91	206.98
ELEC DEF	1,428.99	473.28	3,780.90	4,670.19	1,185.73	31.97
TOTAL CONTRIB.	1,428.99	473.28	3,780.90	4,670.19	1,185.73	31.97

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ICU ID: 000002000 ICU NAME: AMERICAN FUNDS RETIREMENT RESOURCES
PLAN ID: IRK86607 PLAN NAME: MMH HOSPITALITY CORP 401K PLAN
LOCATION ID: 000000005 LOCATION NAME: HOLIDAY INN GREENBELT-CQ8

ALL AMOUNTS ARE IN DOLLARS (\$)

LOCATION TOTALS

INVESTMENT VEHICLE	NWF-R2	AFTD15-R2	AFTD20-R2	AFTD35-R2	AFTD50-R2	MMF-R2
OPENING BALANCE	14,213.96	3,532.76	1,586.27	163.28	6.15	0.00
CONVERTED VALUE	0.00	0.00	0.00	0.00	0.00	0.00
CONTRIB.	4,564.80	3,062.78	707.33	0.00	0.00	384.21
DIVS.	169.75	176.80	54.84	3.54	0.15	0.00
GAIN (LOSS)	8,201.19	1,137.09	467.72	46.03	1.73	0.00
EXCHANGE	0.00	0.00	0.00	0.00	0.00	6,752.76
CDSC/COMM/STTR/FEES	3.66-	0.00	0.00	0.00	0.00	0.00
FORF.	0.00	0.00	0.00	0.00	0.00	0.00
DISTRIB. (W/WH)	0.00	0.00	0.00	0.00	0.00	0.00
MISTAKE OF FACT	0.00	0.00	0.00	0.00	0.00	0.00
TRUSTEE TRANS IN	0.00	0.00	0.00	0.00	0.00	0.00
TRUSTEE TRANS OUT	0.00	0.00	0.00	0.00	0.00	0.00
LOAN TRANSFER IN	72.00	0.00	0.00	0.00	0.00	156.00
LOAN TRANSFER OUT	258.65-	0.00	0.00	0.00	0.00	0.00
LOAN INTEREST	0.00	0.00	0.00	0.00	0.00	0.00
CLOSE-OUT	0.00	0.00	0.00	0.00	0.00	0.00
INS. PREMIUM	0.00	0.00	0.00	0.00	0.00	0.00
ADMIN ERROR	0.00	0.00	0.00	0.00	0.00	0.00
CLOSING BALANCE	26,959.39	7,909.43	2,816.16	212.85	8.03	7,292.97
ELEC DEF	4,564.80	3,062.78	707.33	0.00	0.00	384.21
TOTAL CONTRIB.	4,564.80	3,062.78	707.33	0.00	0.00	384.21

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ICU ID: 000002000 ICU NAME: AMERICAN FUNDS RETIREMENT RESOURCES
PLAN ID: IRK86607 PLAN NAME: MMH HOSPITALITY CORP 401K PLAN
LOCATION ID: 000000005 LOCATION NAME: HOLIDAY INN GREENBELT-CQ8

ALL AMOUNTS ARE IN DOLLARS (\$)

LOCATION TOTALS

INVESTMENT VEHICLE	LOAN	TOTAL
OPENING BALANCE	0.00	76,698.66
CONVERTED VALUE	0.00	0.00
CONTRIB.	0.00	20,290.18
DIVS.	0.00	1,622.62
GAIN (LOSS)	0.00	23,012.52
EXCHANGE	0.00	0.00
CDSC/COMM/STTR/FEES	0.00	85.00-
FORF.	0.00	0.00
DISTRIB. (W/WH)	0.00	0.00
MISTAKE OF FACT	0.00	0.00
TRUSTEE TRANS IN	0.00	0.00
TRUSTEE TRANS OUT	0.00	0.00
LOAN TRANSFER IN	6,000.00	7,440.00
LOAN TRANSFER OUT	1,440.00-	7,440.00-
LOAN INTEREST	167.75	167.75
CLOSE-OUT	0.00	0.00
INS. PREMIUM	0.00	0.00
ADMIN ERROR	0.00	0.00
CLOSING BALANCE	4,727.75	121,706.73
ELEC DEF	0.00	20,290.18
TOTAL CONTRIB.	0.00	20,290.18

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ICU ID: 000002000 ICU NAME: AMERICAN FUNDS RETIREMENT RESOURCES
PLAN ID: IRK86607 PLAN NAME: MMH HOSPITALITY CORP 401K PLAN
LOCATION ID: 000000006 LOCATION NAME: HOLIDAY INN EX ABINGDON-HZV

ALL AMOUNTS ARE IN DOLLARS (\$)

	BEGINNING OF PERIOD ASSETS	END OF PERIOD ASSETS	LOCATION TOTALS FORFEITURE ASSETS	TOTAL PLAN ASSETS
AFTD30-R2	537.01	825.39	0.00	825.39
MMF-R2	0.00	0.00	0.00	0.00
TOTAL	537.01	825.39	0.00	825.39
ELEC DEF	537.01	825.39	0.00	825.39
TOTAL	537.01	825.39	0.00	825.39

INVESTMENT VEHICLE	AFTD30-R2	MMF-R2	TOTAL
OPENING BALANCE	537.01	0.00	537.01
CONVERTED VALUE	0.00	0.00	0.00
CONTRIB.	91.75	0.00	91.75
DIVS.	13.69	0.00	13.69
GAIN (LOSS)	182.94	0.00	182.94
EXCHANGE	0.00	0.00	0.00
CDSC/COMM/STTR/FEES	0.00	0.00	0.00
FORF.	0.00	0.00	0.00
DISTRIB. (W/WH)	0.00	0.00	0.00
MISTAKE OF FACT	0.00	0.00	0.00
TRUSTEE TRANS IN	0.00	0.00	0.00
TRUSTEE TRANS OUT	0.00	0.00	0.00
LOAN TRANSFER IN	0.00	0.00	0.00
LOAN TRANSFER OUT	0.00	0.00	0.00
LOAN INTEREST	0.00	0.00	0.00
CLOSE-OUT	0.00	0.00	0.00
INS. PREMIUM	0.00	0.00	0.00
ADMIN ERROR	0.00	0.00	0.00
CLOSING BALANCE	825.39	0.00	825.39
ELEC DEF	91.75	0.00	91.75
TOTAL CONTRIB.	91.75	0.00	91.75

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ICU ID: 000002000 ICU NAME: AMERICAN FUNDS RETIREMENT RESOURCES
PLAN ID: IRK86607 PLAN NAME: MMH HOSPITALITY CORP 401K PLAN
LOCATION ID: 000000007 LOCATION NAME: ROYAL MANSION RESORT-RCN

ALL AMOUNTS ARE IN DOLLARS (\$)

	BEGINNING OF PERIOD ASSETS	END OF PERIOD ASSETS	LOCATION TOTALS FORFEITURE ASSETS	TOTAL PLAN ASSETS
GFA-R2	143.62	314.19	0.00	314.19
CIB-R2	23.38	27.93	0.00	27.93
WGI-R2	435.66	74.09	0.00	74.09
NWF-R2	433.95	109.41	0.00	109.41
MMF-R2	0.00	0.00	0.00	0.00
TOTAL	1,036.61	525.62	0.00	525.62
ELEC DEF	1,036.61	525.62	0.00	525.62
TOTAL	1,036.61	525.62	0.00	525.62

INVESTMENT VEHICLE	GFA-R2	CIB-R2	WGI-R2	NWF-R2	MMF-R2	TOTAL
OPENING BALANCE	143.62	23.38	435.66	433.95	0.00	1,036.61
CONVERTED VALUE	0.00	0.00	0.00	0.00	0.00	0.00
CONTRIB.	90.00	0.00	0.00	0.00	0.00	90.00
DIVS.	0.66	0.89	2.82	0.69	0.00	5.06
GAIN (LOSS)	79.91	3.66	7.01	62.70	0.00	153.28
EXCHANGE	0.00	0.00	0.00	0.00	0.00	0.00
CDSC/COMM/STTR/FEES	0.00	0.00	0.00	0.00	0.00	0.00
FORF.	0.00	0.00	0.00	0.00	0.00	0.00
DISTRIB. (W/WH)	0.00	0.00	371.40-	387.93-	0.00	759.33-
MISTAKE OF FACT	0.00	0.00	0.00	0.00	0.00	0.00
TRUSTEE TRANS IN	0.00	0.00	0.00	0.00	0.00	0.00
TRUSTEE TRANS OUT	0.00	0.00	0.00	0.00	0.00	0.00
LOAN TRANSFER IN	0.00	0.00	0.00	0.00	0.00	0.00
LOAN TRANSFER OUT	0.00	0.00	0.00	0.00	0.00	0.00
LOAN INTEREST	0.00	0.00	0.00	0.00	0.00	0.00
CLOSE-OUT	0.00	0.00	0.00	0.00	0.00	0.00
INS. PREMIUM	0.00	0.00	0.00	0.00	0.00	0.00
ADMIN ERROR	0.00	0.00	0.00	0.00	0.00	0.00
CLOSING BALANCE	314.19	27.93	74.09	109.41	0.00	525.62
ELEC DEF	90.00	0.00	0.00	0.00	0.00	90.00
TOTAL CONTRIB.	90.00	0.00	0.00	0.00	0.00	90.00

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ICU ID: 000002000 ICU NAME: AMERICAN FUNDS RETIREMENT RESOURCES
PLAN ID: IRK86607 PLAN NAME: MMH HOSPITALITY CORP 401K PLAN
LOCATION ID: 000000008 LOCATION NAME: HAMPTON INN FISHKILL-CQ6

ALL AMOUNTS ARE IN DOLLARS (\$)

	BEGINNING OF PERIOD ASSETS	END OF PERIOD ASSETS	LOCATION TOTALS FORFEITURE ASSETS	TOTAL PLAN ASSETS
CIB-R2	70.39	132.49	0.00	132.49
WGI-R2	137.42	289.95	0.00	289.95
NWF-R2	21.69	52.75	0.00	52.75
MMF-R2	0.00	0.00	0.00	0.00
	-----	-----	-----	-----
TOTAL	229.50	475.19	0.00	475.19
ELEC DEF	229.50	475.19	0.00	475.19
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TOTAL	229.50	475.19	0.00	475.19

INVESTMENT VEHICLE	CIB-R2	WGI-R2	NWF-R2	MMF-R2	TOTAL
OPENING BALANCE	70.39	137.42	21.69	0.00	229.50
CONVERTED VALUE	0.00	0.00	0.00	0.00	0.00
CONTRIB.	37.44	74.86	12.48	0.00	124.78
DIVS.	4.20	5.39	0.33	0.00	9.92
GAIN (LOSS)	20.46	72.28	18.25	0.00	110.99
EXCHANGE	0.00	0.00	0.00	0.00	0.00
CDSC/COMM/STTR/FEES	0.00	0.00	0.00	0.00	0.00
FORF.	0.00	0.00	0.00	0.00	0.00
DISTRIB. (W/WH)	0.00	0.00	0.00	0.00	0.00
MISTAKE OF FACT	0.00	0.00	0.00	0.00	0.00
TRUSTEE TRANS IN	0.00	0.00	0.00	0.00	0.00
TRUSTEE TRANS OUT	0.00	0.00	0.00	0.00	0.00
LOAN TRANSFER IN	0.00	0.00	0.00	0.00	0.00
LOAN TRANSFER OUT	0.00	0.00	0.00	0.00	0.00
LOAN INTEREST	0.00	0.00	0.00	0.00	0.00
CLOSE-OUT	0.00	0.00	0.00	0.00	0.00
INS. PREMIUM	0.00	0.00	0.00	0.00	0.00
ADMIN ERROR	0.00	0.00	0.00	0.00	0.00
CLOSING BALANCE	132.49	289.95	52.75	0.00	475.19
ELEC DEF	37.44	74.86	12.48	0.00	124.78
TOTAL CONTRIB.	37.44	74.86	12.48	0.00	124.78
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ICU ID: 000002000 ICU NAME: AMERICAN FUNDS RETIREMENT RESOURCES
PLAN ID: IRK86607 PLAN NAME: MMH HOSPITALITY CORP 401K PLAN

ALL AMOUNTS ARE IN DOLLARS (\$)

	BEGINNING OF PERIOD ASSETS	END OF PERIOD ASSETS	PLAN TOTALS FORFEITURE ASSETS	TOTAL PLAN ASSETS
FI-R2	13,044.70	21,497.65	0.00	21,497.65
CIB-R2	33,992.97	53,029.80	0.00	53,029.80
EUPAC-R2	2,043.30	3,871.17	0.00	3,871.17
WBF-R2	666.00	1,224.63	0.00	1,224.63
WGI-R2	15,722.62	23,051.41	0.00	23,051.41
SCWF-R2	1,371.77	2,801.70	0.00	2,801.70
NWF-R2	19,531.04	35,992.28	0.00	35,992.28
AFTD10-R2	59,638.30	83,256.99	0.00	83,256.99
AFTD45-R2	7,347.52	15,392.85	0.00	15,392.85
MMF-R2	0.00	57,135.21	0.00	57,135.21
AFTD15-R2	43,473.55	36,443.99	0.00	36,443.99
AFTD20-R2	7,816.52	15,734.36	0.00	15,734.36
AFTD25-R2	13,498.59	18,793.95	0.00	18,793.95
AFTD30-R2	3,980.92	6,246.48	0.00	6,246.48
LOAN	7,340.56	10,373.71	0.00	10,373.71
BFA-R2	8,151.50	12,819.25	0.00	12,819.25
CMTA-R2	52,044.62	0.00	0.00	0.00
AFTD35-R2	2,450.58	212.85	0.00	212.85
AFTD40-R2	10,332.73	24,690.07	0.00	24,690.07
GFA-R2	8,417.05	11,624.65	0.00	11,624.65
AFTD50-R2	6.15	8.03	0.00	8.03
TOTAL	310,870.99	434,201.03	0.00	434,201.03
ELEC DEF	310,870.99	434,201.03	0.00	434,201.03
DISC/PS	0.00	0.00	0.00	0.00
TOTAL	310,870.99	434,201.03	0.00	434,201.03

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ICU ID: 000002000
PLAN ID: IRK86607

ICU NAME: AMERICAN FUNDS RETIREMENT RESOURCES
PLAN NAME: MMH HOSPITALITY CORP 401K PLAN

ALL AMOUNTS ARE IN DOLLARS (\$)

PLAN TOTALS

INVESTMENT VEHICLE	FI-R2	CIB-R2	EUPAC-R2	WBF-R2	WGI-R2	SCWF-R2
OPENING BALANCE	13,044.70	33,992.97	2,043.30	666.00	15,722.62	1,371.77
CONVERTED VALUE	0.00	0.00	0.00	0.00	0.00	0.00
CONTRIB.	3,982.63	11,109.20	861.24	461.92	3,173.50	546.93
DIVS.	145.67	1,549.05	39.62	31.18	404.87	0.00
GAIN (LOSS)	4,735.54	6,536.03	927.01	65.53	4,749.67	883.00
EXCHANGE	0.00	0.00	0.00	0.00	0.00	0.00
CDSC/COMM/STTR/FEES	7.75-	21.00-	0.00	0.00	15.47-	0.00
FORF.	0.00	0.00	0.00	0.00	0.00	0.00
DISTRIB. (W/WH)	0.00	0.00	0.00	0.00	371.40-	0.00
MISTAKE OF FACT	0.00	0.00	0.00	0.00	0.00	0.00
TRUSTEE TRANS IN	0.00	0.00	0.00	0.00	0.00	0.00
TRUSTEE TRANS OUT	0.00	0.00	0.00	0.00	0.00	0.00
LOAN TRANSFER IN	144.00	1,345.50	0.00	0.00	479.36	0.00
LOAN TRANSFER OUT	547.14-	1,481.95-	0.00	0.00	1,091.74-	0.00
LOAN INTEREST	0.00	0.00	0.00	0.00	0.00	0.00
CLOSE-OUT	0.00	0.00	0.00	0.00	0.00	0.00
INS. PREMIUM	0.00	0.00	0.00	0.00	0.00	0.00
ADMIN ERROR	0.00	0.00	0.00	0.00	0.00	0.00
CLOSING BALANCE	21,497.65	53,029.80	3,871.17	1,224.63	23,051.41	2,801.70
ELEC DEF	3,982.63	11,109.20	861.24	461.92	3,173.50	546.93
DISC/PS	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL CONTRIB.	3,982.63	11,109.20	861.24	461.92	3,173.50	546.93

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ICU ID: 000002000
PLAN ID: IRK86607

ICU NAME: AMERICAN FUNDS RETIREMENT RESOURCES
PLAN NAME: MMH HOSPITALITY CORP 401K PLAN

ALL AMOUNTS ARE IN DOLLARS (\$)

PLAN TOTALS

INVESTMENT VEHICLE	NWF-R2	AFTD10-R2	AFTD45-R2	MMF-R2	AFTD15-R2	AFTD20-R2
OPENING BALANCE	19,531.04	59,638.30	7,347.52	0.00	43,473.55	7,816.52
CONVERTED VALUE	0.00	0.00	0.00	0.00	0.00	0.00
CONTRIB.	5,798.59	8,902.76	4,854.13	2,908.22	5,778.70	4,867.11
DIVS.	226.69	1,779.89	230.54	0.00	821.78	305.76
GAIN (LOSS)	11,014.20	12,936.04	2,960.66	0.00	4,921.90	2,553.61
EXCHANGE	0.00	0.00	0.00	54,070.99	0.00	0.00
CDSC/COMM/STTR/FEES	3.66-	0.00	0.00	0.00	0.00	0.00
FORF.	0.00	0.00	0.00	0.00	0.00	0.00
DISTRIB. (W/WH)	387.93-	0.00	0.00	0.00	18,551.94-	0.00
MISTAKE OF FACT	0.00	0.00	0.00	0.00	0.00	0.00
TRUSTEE TRANS IN	0.00	0.00	0.00	0.00	0.00	0.00
TRUSTEE TRANS OUT	0.00	0.00	0.00	0.00	0.00	0.00
LOAN TRANSFER IN	72.00	0.00	0.00	156.00	0.00	191.36
LOAN TRANSFER OUT	258.65-	0.00	0.00	0.00	0.00	0.00
LOAN INTEREST	0.00	0.00	0.00	0.00	0.00	0.00
CLOSE-OUT	0.00	0.00	0.00	0.00	0.00	0.00
INS. PREMIUM	0.00	0.00	0.00	0.00	0.00	0.00
ADMIN ERROR	0.00	0.00	0.00	0.00	0.00	0.00
CLOSING BALANCE	35,992.28	83,256.99	15,392.85	57,135.21	36,443.99	15,734.36
ELEC DEF	5,798.59	8,902.76	4,854.13	2,908.22	5,778.70	4,867.11
DISC/PS	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL CONTRIB.	5,798.59	8,902.76	4,854.13	2,908.22	5,778.70	4,867.11

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ICU ID: 000002000
PLAN ID: IRK86607

ICU NAME: AMERICAN FUNDS RETIREMENT RESOURCES
PLAN NAME: MMH HOSPITALITY CORP 401K PLAN

ALL AMOUNTS ARE IN DOLLARS (\$)

PLAN TOTALS

INVESTMENT VEHICLE	AFTD25-R2	AFTD30-R2	LOAN	BFA-R2	CMTA-R2	AFTD35-R2
OPENING BALANCE	13,498.59	3,980.92	7,340.56	8,151.50	52,044.62	2,450.58
CONVERTED VALUE	0.00	0.00	0.00	0.00	0.00	0.00
CONTRIB.	1,246.52	885.02	0.00	2,315.00	3,196.33	0.00
DIVS.	349.40	103.15	0.00	387.78	0.00	3.54
GAIN (LOSS)	3,699.44	1,277.39	0.00	979.47	0.00	670.16
EXCHANGE	0.00	0.00	0.00	0.00	54,070.99-	0.00
CDSC/COMM/STTR/FEES	0.00	0.00	0.00	0.00	17.18-	0.00
FORF.	0.00	0.00	0.00	0.00	0.00	0.00
DISTRIB. (W/WH)	0.00	0.00	0.00	0.00	0.00	2,911.43-
MISTAKE OF FACT	0.00	0.00	0.00	0.00	0.00	0.00
TRUSTEE TRANS IN	0.00	0.00	0.00	0.00	0.00	0.00
TRUSTEE TRANS OUT	0.00	0.00	0.00	0.00	0.00	0.00
LOAN TRANSFER IN	0.00	0.00	6,000.00	985.50	60.00	0.00
LOAN TRANSFER OUT	0.00	0.00	3,793.72-	0.00	1,212.78-	0.00
LOAN INTEREST	0.00	0.00	826.87	0.00	0.00	0.00
CLOSE-OUT	0.00	0.00	0.00	0.00	0.00	0.00
INS. PREMIUM	0.00	0.00	0.00	0.00	0.00	0.00
ADMIN ERROR	0.00	0.00	0.00	0.00	0.00	0.00
CLOSING BALANCE	18,793.95	6,246.48	10,373.71	12,819.25	0.00	212.85
ELEC DEF	1,246.52	885.02	0.00	2,315.00	3,196.33	0.00
DISC/PS	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL CONTRIB.	1,246.52	885.02	0.00	2,315.00	3,196.33	0.00

REPORT NUMBER: R03174
SOURCE PROGRAM: B01309
JOB: DCZTR130

TRUST REPORT
01-01-2009 TO 12-31-2009
TRADE DATE BASIS
BY LOCATION

PAGE: 5
SUPER SHEET DATE: 10/01/2010
CURRENT DATE: 10/04/2010
TIME: 08:51:14

ICU ID: 000002000 ICU NAME: AMERICAN FUNDS RETIREMENT RESOURCES
PLAN ID: IRK86607 PLAN NAME: MMH HOSPITALITY CORP 401K PLAN

ALL AMOUNTS ARE IN DOLLARS (\$)

PLAN TOTALS

INVESTMENT VEHICLE	AFTD40-R2	GFA-R2	AFTD50-R2	TOTAL
OPENING BALANCE	10,332.73	8,417.05	6.15	310,870.99
CONVERTED VALUE	0.00	0.00	0.00	0.00
CONTRIB.	9,369.80	1,518.99	0.00	71,776.59
DIVS.	381.80	24.18	0.15	6,785.05
GAIN (LOSS)	4,605.74	2,732.11	1.73	66,249.23
EXCHANGE	0.00	0.00	0.00	0.00
CDSC/COMM/STTR/FEES	0.00	19.94-	0.00	85.00-
FORF.	0.00	0.00	0.00	0.00
DISTRIB. (W/WH)	0.00	0.00	0.00	22,222.70-
MISTAKE OF FACT	0.00	0.00	0.00	0.00
TRUSTEE TRANS IN	0.00	0.00	0.00	0.00
TRUSTEE TRANS OUT	0.00	0.00	0.00	0.00
LOAN TRANSFER IN	0.00	360.00	0.00	9,793.72
LOAN TRANSFER OUT	0.00	1,407.74-	0.00	9,793.72-
LOAN INTEREST	0.00	0.00	0.00	826.87
CLOSE-OUT	0.00	0.00	0.00	0.00
INS. PREMIUM	0.00	0.00	0.00	0.00
ADMIN ERROR	0.00	0.00	0.00	0.00
CLOSING BALANCE	24,690.07	11,624.65	8.03	434,201.03
ELEC DEF	9,369.80	1,518.99	0.00	71,776.59
DISC/PS	0.00	0.00	0.00	0.00
TOTAL CONTRIB.	9,369.80	1,518.99	0.00	71,776.59

REPORT NUMBER: R03174
SOURCE PROGRAM: B01309
JOB: DCZTR130

TRUST REPORT
01-01-2009 TO 12-31-2009
TRADE DATE BASIS
BY LOCATION

PAGE: 6
SUPER SHEET DATE: 10/01/2010
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ICU ID: 000002000 ICU NAME: AMERICAN FUNDS RETIREMENT RESOURCES
PLAN ID: IRK86607 PLAN NAME: MMH HOSPITALITY CORP 401K PLAN

ALL AMOUNTS ARE IN DOLLARS (\$)

PLAN TOTALS

FORFEITURE ACCOUNT TOTALS

MONEY TYPE	DISCRETIONARY FORFEITURE	EMPLOYER MATCH FORFEITURE	EXCESS AGGREGATE FORFEITURE	MONEY PURCHASE FORFEITURE
OPENING BALANCE	0.00	0.00	0.00	0.00
PURCHASE	0.00	0.00	0.00	0.00
DIVS.	0.00	0.00	0.00	0.00
REDEMPTIONS	0.00	0.00	0.00	0.00
GAIN(LOSS)	0.00	0.00	0.00	0.00
CLOSING BALANCE	0.00	0.00	0.00	0.00
TOTAL TRUST	434,201.03			

Attachment to 2009 Form 5500
Schedule H, line 4a - Schedule of Delinquent Participant Contributions

Plan Name MMH HOSPITALITY CORPORATION 401(k) PLAN

EIN: 06-1805166

Plan Sponsor's Name MMH HOSPITALITY CORPORATION

PN: 001

Total that Constitute Nonexempt Prohibited Transactions				
Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: ☐	0	7,505	0	0