

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 2022 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>	
A This return/report is for:	☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information	
1a Name of plan	<u>MOTEL HOTEL ASSOCIATES, INC. 401(K) SAVINGS PLAN</u>	1b Three-digit plan number (PN) ▶ <u>001</u>
		1c Effective date of plan <u>04/01/2000</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>M.J. EMPLOYMENT SERVICES, INC.</u> <u>7 KENOSIA AVENUE, SUITE 2A</u> <u>DANBURY, CT 06810-7396</u>		2b Employer Identification Number (EIN) <u>23-2741694</u> 2c Plan Sponsor's telephone number <u>203-798-1099</u> 2d Business code (see instructions) <u>721110</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/16/2023	JAY SARKAR
	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

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address ☒ 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		5 525
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) 404
a(2) Total number of active participants at the end of the plan year		6a(2) 528
b Retired or separated participants receiving benefits		6b 0
c Other retired or separated participants entitled to future benefits.....		6c 119
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 647
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 0
f Total. Add lines 6d and 6e		6f 647
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g 444
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h 21
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2S 2T 3D 3H		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (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	
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) ☒ 1 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan	B Three-digit plan number (PN)	001
MOTEL HOTEL ASSOCIATES, INC. 401(K) SAVINGS PLAN		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
M.J. EMPLOYMENT SERVICES, INC.	23-2741694	

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.
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1 Coverage Information:

(a) Name of insurance carrier
LINCOLN NATIONAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	896264 087	444	01/01/2022	12/31/2022

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b	Balance at the end of the previous year	7b	961955
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c	Additions: (1) Contributions deposited during the year	7c(1)	41822	
	(2) Dividends and credits.....	7c(2)		
	(3) Interest credited during the year.....	7c(3)	19295	
	(4) Transferred from separate account.....	7c(4)		
	(5) Other (specify below)	7c(5)		

(6) Total additions.....	7c(6)	61117
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	1023072
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	112895	
	7e(2)		
	7e(3)		
	7e(4)		

(5) Total deductions.....	7e(5)	112895
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	910177
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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. Specify nature of costs.	10b	

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) 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
		2022
		This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan MOTEL HOTEL ASSOCIATES, INC. 401(K) SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 M.J. EMPLOYMENT SERVICES, INC.	D Employer Identification Number (EIN) 23-2741694	

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)

JOHN HANCOCK RETIREMENT PLAN SVCS

01-0233346

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 62 64	RETAINED BY PLAN SPONSOR	84897	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

DEL PIZZO & ASSOCIATES

298 WEST CHESTER PIKE
SUITE 101
BROOMALL, PA 19008

23-2876586

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	RETAINED BY EMPLOYER	20000	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

MORGANSTANLEY SMITHBARNEY LLC

51-0116113

(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?
55 27	RETAINED BY PLAN SPONSOR	0	Yes ☒ No ☐	Yes ☐ No ☒	0	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
MORGANSTANLEY SMITHBARNEY LLC	55	0

(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.
JOHN HANCOCK RETIREMENT PLAN SVCS 200 BERKELEY STREET BOSTON, MA 02116 45-3008106	30 BASIS POINTS TRAILING COMMISSION

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) 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 2022 This Form is Open to Public Inspection		
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>				
A Name of plan <u>MOTEL HOTEL ASSOCIATES, INC. 401(K) SAVINGS PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;"> B Three-digit plan number (PN) ► </td> <td style="width: 20%; padding: 5px; text-align: center;"> 001 </td> </tr> </table>		B Three-digit plan number (PN) ►	001
B Three-digit plan number (PN) ►	001			
C Plan sponsor's name as shown on line 2a of Form 5500 <u>M.J. EMPLOYMENT SERVICES, INC.</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;"> D Employer Identification Number (EIN) <u>23-2741694</u> </td> </tr> </table>		D Employer Identification Number (EIN) <u>23-2741694</u>	
D Employer Identification Number (EIN) <u>23-2741694</u>				

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....		1a	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....		1b(1)	
(2) Participant contributions.....		1b(2)	
(3) Other.....		1b(3)	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....		1c(1)	
(2) U.S. Government securities		1c(2)	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred		1c(3)(A)	
(B) All other		1c(3)(B)	
(4) Corporate stocks (other than employer securities):			
(A) Preferred		1c(4)(A)	
(B) Common.....		1c(4)(B)	
(5) Partnership/joint venture interests		1c(5)	
(6) Real estate (other than employer real property)		1c(6)	
(7) Loans (other than to participants).....		1c(7)	
(8) Participant loans.....		1c(8)	102537
(9) Value of interest in common/collective trusts.....		1c(9)	
(10) Value of interest in pooled separate accounts		1c(10)	
(11) Value of interest in master trust investment accounts.....		1c(11)	
(12) Value of interest in 103-12 investment entities		1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds).....		1c(13)	9624800
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)	961955
(15) Other		1c(15)	60965

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	10689292	8547482

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	10689292	8547482
---	-----------	----------	---------

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)	51155	
(B) Participants	2a(1)(B)	660298	
(C) Others (including rollovers)	2a(1)(C)	60813	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		772266
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	3775	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3775
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	134504	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		134504
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-2030397
c Other income	2c		19239
d Total income. Add all income amounts in column (b) and enter total	2d		-1100613
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	928913	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		928913
f Corrective distributions (see instructions)	2f		5531
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	20000	
(2) Contract administrator fees	2i(2)	84816	
(3) Investment advisory and management fees	2i(3)	1937	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		106753
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1041197
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-2141810
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **DELPIZZO AND ASSOCIATES**

(2) EIN: **23-2876586**

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 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.

During the plan year:

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.)

	Yes	No	Amount
4a	X		304284

	Yes	No	Amount
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?	X		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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.)	X		
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 ☒ 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 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan MOTEL HOTEL ASSOCIATES, INC. 401(K) SAVINGS PLAN		B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 M.J. EMPLOYMENT SERVICES, INC.		D Employer Identification Number (EIN) 23-2741694
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): 80-0709115		
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		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2022 v. 220413		

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
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18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c) a Enter the percentage of plan assets held as: Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____% b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____
20	PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20. a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box: ☐ Yes. ☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date. ☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date. ☐ No. Other. Provide explanation _____

Motel Hotel Associates, Inc.
401(k) Savings Plan
Financial Statements
December 31, 2022 and 2021

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INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of
the Motel Hotel Associates, Inc. 401(k) Savings Plan

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

We have performed audits of the accompanying financial statements of Motel Hotel Associates, Inc. 401(k) Savings Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statement of changes in net assets available for benefits for the year ended December 31, 2022, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Motel Hotel Associates, Inc. 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, 2022 and 2021, and for the year ended December 31, 2022, stating that the certified investment information, as described in Note H to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the 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 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 Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Motel Hotel Associates, Inc. 401(k) Savings Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 ABC Company Employee Benefit 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 Motel Hotel Associates, Inc. 401(k) Savings 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 Schedules Required by ERISA

The supplemental schedules of Schedule of Assets Held at End of Year and Schedule of Delinquent Participant Contributions for the year ended 2022 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with 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).

DeLuzio & Associates

October 11, 2023

Motel Hotel Associates, Inc. 401(k) Savings Plan
Statements of Net Assets Available for Benefits
December 31, 2022 and 2021

	<u><i>Assets</i></u>	
	<u>2022</u>	<u>2021</u>
Investments at fair value	\$ 7,576,396	\$ 9,624,800
Investments at contract value	910,121	961,955
Receivables:		
Notes receivable from participants	<u>60,965</u>	<u>102,537</u>
Net assets available for benefits	<u><u>\$ 8,547,482</u></u>	<u><u>\$ 10,689,292</u></u>

Motel Hotel Associates, Inc. 401(k) Savings Plan
Statements of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2022 and 2021

	<u>2022</u>	<u>2021</u>
Additions		
Additions to net assets attributed to:		
Investment Income:		
Net appreciation/(depreciation) in fair value of investments	\$ (2,030,397)	\$ 1,262,139
Dividends	134,504	106,517
Interest	19,239	-
	<u>(1,876,654)</u>	<u>1,368,656</u>
Interest on notes receivable from participants	<u>3,775</u>	<u>5,067</u>
Contributions:		
Participants'	660,298	511,536
Employers'	51,155	0
Rollovers	60,813	0
	<u>772,266</u>	<u>511,536</u>
TOTAL ADDITIONS/(REDUCTIONS)	<u>(1,100,613)</u>	<u>1,885,259</u>
Deductions		
Deductions from net assets attributed to:		
Administrative fees	106,753	125,307
Corrective distributions	5,531	13,701
Benefits paid to participants	928,913	2,258,548
	<u>1,041,197</u>	<u>2,397,556</u>
TOTAL DEDUCTIONS	<u>1,041,197</u>	<u>2,397,556</u>
NET DECREASE	(2,141,810)	(512,297)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>10,689,292</u>	<u>11,201,589</u>
End of year	<u>\$ 8,547,482</u>	<u>\$ 10,689,292</u>

Motel Hotel Associates, Inc. 401(k) Savings Plan

Notes to the Financial Statement

For the Years Ended December 31, 2022 and 2021

A. Description of Plan

The following description of the Motel Hotel Associates, Inc. 401(k) Savings Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

1. *General* – The Plan is a defined contribution Plan covering all full-time employees of the Company who have ninety days of service and are age twenty-one or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Board of Trustees oversees governance of the Plan. The Plan's Investment Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Plan's Board of Trustees.
2. *Contributions* – Each year, participants may contribute the following amounts:
 - a. Thirty-five percent of the Participant's Compensation; or
 - b. The amount specified in Section 402(g) of the Internal Revenue Code, as adjusted by the Secretary of the Treasury from time to time; or
 - c. The amount that can be contributed as a result of a Hardship Distribution as defined in the Plan.
 - d. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions.
 - e. Amounts representing distributions from other qualified defined contribution plans.

The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at 2% of eligible compensation and their contributions invested in a designated balanced fund until changed by the participant.

The Company can elect to make discretionary contributions at the option of the Company's board of directors. All contributions under the Plan shall be added to the Fund held by the Trustee under the Trust Agreement, to be managed, invested, reinvested, and distributed in accordance with the Plan. Contributions are subject to certain limitations. The Company discontinued making matching contributions March 28, 2020. Starting April 15, 2022 the Company commenced making a 1% Matching Contribution for the first 4% of each employee's contribution after one year of service.

Motel Hotel Associates, Inc. 401(k) Savings Plan

Notes to the Financial Statement

For the Years Ended December 31, 2022 and 2021

A. Description of Plan - continued

3. *Participant Accounts* – Each participant's account is credited with the participant's contribution and allocations of (a) the Company's matching contribution, (b) Plan earnings or losses, and charged with an allocation of administrative expenses paid by the Plan. Allocations are based on participant earnings 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.
4. *Vesting* – Participants are immediately vested in their contributions and any rollover or transfer account balances plus actual earnings thereon. Vesting in the Company's matching and discretionary contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is 100 percent vested after six years of credited service.
5. *Notes Receivable from Participants* – Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum of \$100,000 or 50% of their vested account balance, whichever is less. The notes are secured by the vested balance in the participant's account and bear interest at rates between 4.25% and 8.00%, which are commensurate with local prevailing prime rates as determined quarterly by the Plan Administrator. Principal and interest is paid ratably through weekly or biweekly payroll deductions.
6. *Payment of Benefits* – On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account or annual installments over a ten year period. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.
7. *Forfeitures* – Forfeitures of non-vested accounts are used to reduce future employer contributions and/or expenses of the plan. During 2022, plan expenses were reduced by \$23,000. As of December 31, 2022 and 2021, unused forfeitures totaled \$25,686 and \$7,657, respectively.

Motel Hotel Associates, Inc. 401(k) Savings Plan

Notes to the Financial Statement

For the Years Ended December 31, 2022 and 2021

B. Summary of Accounting Policies

Notes Receivable from Participants – Notes receivable from participants' are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. As of December 31, 2022 and 2021, no allowance for credit losses has been recorded. If a participant does not make loan repayments and the plan administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan Document.

Date of Management's Review of Subsequent Events – Subsequent events were evaluated through October 11, 2023 which is the date the financial statements were available to be issued.

Use of Estimates – The preparation of financial statements in conformity with general accepted accounting principles accepted in the United States of America ("GAAP") requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results may differ from these estimates.

Basis of Accounting – The financial statements of the Plan are prepared on the accrual basis of accounting.

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because the value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the plan.

Investment Valuation and Income Recognition – Investments are reported at fair value, except for fully benefit-responsive investment contracts, which are reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Investment Committee determines the Plan's valuation policies. See Note C for discussion of fair value measurements.

Motel Hotel Associates, Inc. 401(k) Savings Plan

Notes to the Financial Statement

For the Years Ended December 31, 2022 and 2021

B. Summary of Accounting Policies - continued

Investment Valuation and Income Recognition (continued) - 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 as well as held during the year.

Payments of Benefits - Benefits are recorded when paid.

Operating Expenses - Certain expenses of maintaining the Plan may be paid by the Company or allocated on a pro rata basis to individual accounts, if paid by the company they are excluded from these financial statements. Investment related expenses are included in net appreciation in fair value of investments. Fees for the administration of notes receivable from participants are included in administrative expense and charged directly to the participant's account.

C. Fair Value Measurements

Financial Accounting Standards Board Accounting Standards Codification, "Fair Value Measurements and Disclosures" (FASB ASC 820) establishes a fair value hierarchy that prioritizes inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to Level 1 measurements and the lowest priority to Level 3 measurements. The three levels of the fair value hierarchy under FASB ASC 820 are described below:

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

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

Motel Hotel Associates, Inc. 401(k) Savings Plan

Notes to the Financial Statement

For the Years Ended December 31, 2022 and 2021

C. Fair Value Measurements - continued

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

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used at December 31, 2022 and 2021:

Investment in Registered Investment Companies: The fair value of the money market and mutual funds are valued at the net asset value (NAV) of shares held by the Plan at year-end at the closing price reported on an active market on which the individual securities are traded.

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

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2022 and 2021:

	<u>Fair Value</u>	(Level 1)	(Level 2)
<u>December 31, 2022</u>			
Mutual Funds	\$ <u>0</u>	\$ <u>7,576,396</u>	\$ <u>0</u>

Motel Hotel Associates, Inc. 401(k) Savings Plan

Notes to the Financial Statement

For the Years Ended December 31, 2022 and 2021

C. Fair Value Measurements – continued

	<u>Fair Value</u>	<u>(Level 1)</u>	<u>(Level 2)</u>
<u>December 31, 2021</u>			
Mutual Funds	\$ <u>0</u>	\$ <u>9,624,800</u>	\$ <u>0</u>

Gains and losses included in changes in net assets available for benefits for the years ended December 31, 2022 and 2021, are reported in net appreciation/(depreciation) in fair value of investments.

D. Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated December 31, 2018, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believe that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require the Plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress.

E. Risks and Uncertainties

The Plan invests in various investment types. 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.

Motel Hotel Associates, Inc. 401(k) Savings Plan

Notes to the Financial Statement

For the Years Ended December 31, 2022 and 2021

F. Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

G. Related Party Transactions and Party-In-Interest Transactions

The following companies provide services to the Plan and are considered a party-in-interest: John Hancock Retirement Services, Morgan Stanley SmithBarney, LLC, Envestnet Retirement Solutions, LLC, Del Pizzo & Associates, Baker & Hostetler, LLP, and Motel Hotel Associates, Inc. These transactions are exempt from the prohibited transactions rules of ERISA.

H. Information Certified by the Trustee (Unaudited)

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and supplemental schedule, including investments and notes receivable from participants held at December 31, 2022 and 2021, and net depreciation in fair value of investments, interest and dividends for the year ended December 31, 2022, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by John Hancock Life Insurance Company (the trustee of the Plan).

Statement of net assets available for benefits:

	<u>2022</u>	<u>2021</u>
Investments at net asset value	\$ 0	\$ 0
Mutual Funds	7,576,396	9,624,800
Investments, at contract value	<u>910,121</u>	<u>961,955</u>
Total Investments	<u>\$ 8,486,517</u>	<u>\$10,586,755</u>

Statement of changes in net assets available
for benefits – investment income:

Net appreciation/(depreciation) in fair value of investments	\$ (2,030,397)	\$ 1,262,139
Interest income and other	157,518	111,584

Motel Hotel Associates, Inc. 401(k) Savings Plan

Notes to the Financial Statement

For the Years Ended December 31, 2022 and 2021

I. Investment Contract with Insurance Company

John Hancock maintains contributions to investment contracts in separate accounts. The investments are included in the financial statements at contract value as reported to the Plan by the trustee. The accounts are credited with earnings on the underlying investments and charged for participant's withdrawals and administrative expenses. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The average yields were approximately 3.00% for 2022 and 2021.

J. Reconciliation of Financials Statements to Form 5500

The following is a reconciliation of employees' contributions per the financial statements at December 31, 2022 and 2021 to employee contributions per Schedule H of Form 5500:

	<u>2022</u>	<u>2021</u>
Employees' contributions per the financial statements	\$ 660,298	\$ 511,536
Employees' contribution receivable	<u>0</u>	<u>11,708</u>
Employees' contributions per Schedule H of Form 5500	<u>\$ 660,298</u>	<u>\$ 523,244</u>

K. Late Deposits

As required by ERISA Section 2510.3-102, the plan sponsor is required to segregate employee contributions to the plan from its general assets as soon as practicable but in no event more than 15 business days following the end of the month in which amounts are withheld from wages. However, during 2022 and 2021, the Company failed to timely remit two-hundred thirty sets of participant contributions which totaled \$304,284. In 2023, the Company will pay earnings into the Plan to make the participants whole.

**SUPPLEMENTAL
SCHEDULES**

Motel Hotel Associates, Inc. 401(k) Savings Plan

EIN: 23-2741694

Plan Number 001

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2022

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value	(d) Cost	(e) Current Value
*	DFA Inter Gov Fix Inc	Registered Investment Company		\$ 42,537
	John Hancock Bond Fund	Registered Investment Company		76,028
	American Balanced Fund	Registered Investment Company		12,921
	Vanguard Intermediate Term Bond Index Fund	Registered Investment Company		10,036
	Vanguard Total International Bond Index Fund	Registered Investment Company		2,352
	Vanguard Dividend Appreciation Index Fund	Registered Investment Company		14,890
	Fidelity 500 Index Fund	Registered Investment Company		1,607,782
*	JP Morgan Equity Income	Registered Investment Company		105,769
	Blackrock Mid Cap Growth Equity	Registered Investment Company		312,846
	Fidelity Mid Cap Index Fund	Registered Investment Company		203,010
	Lincoln Stable Value 0	Common/Collective Trust		910,121
	Fidelity Small Cap Index Fund	Registered Investment Company		163,029
	Pimco Income Fund	Registered Investment Company		388,068
*	American Funds New Perspective Fund	Registered Investment Company		3,031
	JP Morgan Large Growth	Registered Investment Company		1,232,596
	American Funds Target Date Retirement 2055	Registered Investment Company		45,342
	American Funds Target Date Retirement 2060	Registered Investment Company		27,235
	American Funds Target Date Retirement 2050	Registered Investment Company		110,748
	American Funds Target Date Retirement 2045	Registered Investment Company		110,484
	American Funds Target Date Retirement 2040	Registered Investment Company		393,040
	Vanguard Explorer Fund Adm	Registered Investment Company		96,717
	Vanguard Mid Cap Value Index Adm	Registered Investment Company		44,697
	American Funds Target Date Retirement 2035	Registered Investment Company		306,196
	American Funds Target Date Retirement 2030	Registered Investment Company		110,014
	Vanguard Small Cap Value Ind	Registered Investment Company		30,564
	Fidelity Emerging Markets	Registered Investment Company		118,126
	Vanguard Developing Markets Index Adm	Registered Investment Company		60,278
	Vanguard International Growth Fund Adm	Registered Investment Company		597,301
*	JP Morgan US Govt Money Market Cap	Registered Investment Company		6,731
	American Funds Target Date Retirement 2025	Registered Investment Company		66,707
	American Funds Target Date Retirement 2020	Registered Investment Company		1,277,321
*	Participant Loans	Various, Interest rate 4.25% - 8.00%		60,965
*	Party in interest			\$ 8,547,482

Motel Hotel Associates, Inc. 401(k) Savings Plan
SCHEDULE H, PART IV, LINE 4(A) - SCHEDULE OF DELINQUENT
PARTICIPANT CONTRIBUTIONS
EMPLOYER IDENTIFICATION NUMBER 23-2741694 - PLAN NUMBER 001
YEAR ENDED DECEMBER 31, 2022

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
900.00	-	900.00	-	-
829.00	-	829.00	-	-
87.00	-	87.00	-	-
429.00	-	429.00	-	-
328.00	-	328.00	-	-
327.00	-	327.00	-	-
393.00	-	393.00	-	-
6,395.00	-	6,395.00	-	-
6,189.00	-	6,189.00	-	-
2,069.00	-	2,069.00	-	-
1,930.00	-	1,930.00	-	-
4,095.00	-	4,095.00	-	-
3,798.00	-	3,798.00	-	-
2,170.00	-	2,170.00	-	-
2,239.00	-	2,239.00	-	-
2,187.00	-	2,187.00	-	-
2,303.00	-	2,303.00	-	-
2,663.00	-	2,663.00	-	-
2,644.00	-	2,644.00	-	-
2,959.00	-	2,959.00	-	-
12,400.00	-	12,400.00	-	-
361.00	-	361.00	-	-
614.00	-	614.00	-	-
952.00	-	952.00	-	-
1,113.00	-	1,113.00	-	-
1,089.00	-	1,089.00	-	-
490.00	-	490.00	-	-
207.00	-	207.00	-	-
1,190.00	-	1,190.00	-	-
1,259.00	-	1,259.00	-	-
1,326.00	-	1,326.00	-	-
52.00	-	52.00	-	-
52.00	-	52.00	-	-
247.00	-	247.00	-	-
654.00	-	654.00	-	-
470.00	-	470.00	-	-
718.00	-	718.00	-	-
721.00	-	721.00	-	-
580.00	-	580.00	-	-
1,127.00	-	1,127.00	-	-
1,193.00	-	1,193.00	-	-
1,250.00	-	1,250.00	-	-
1,154.00	-	1,154.00	-	-
1,206.00	-	1,206.00	-	-
1,244.00	-	1,244.00	-	-
1,162.00	-	1,162.00	-	-
3,955.00	-	3,955.00	-	-
3,633.00	-	3,633.00	-	-
3,944.00	-	3,944.00	-	-
3,067.00	-	3,067.00	-	-
3,803.00	-	3,803.00	-	-
2,164.00	-	2,164.00	-	-
3,005.00	-	3,005.00	-	-
4,468.00	-	4,468.00	-	-
4,726.00	-	4,726.00	-	-
3,065.00	-	3,065.00	-	-
609.00	-	609.00	-	-

Motel Hotel Associates, Inc. 401(k) Savings Plan
SCHEDULE H, PART IV, LINE 4(A) - SCHEDULE OF DELINQUENT
PARTICIPANT CONTRIBUTIONS
EMPLOYER IDENTIFICATION NUMBER 23-2741694 - PLAN NUMBER 001
YEAR ENDED DECEMBER 31, 2022

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
559.00	-	559.00	-	-
586.00	-	586.00	-	-
1,035.00	-	1,035.00	-	-
604.00	-	604.00	-	-
897.00	-	897.00	-	-
1,172.00	-	1,172.00	-	-
1,267.00	-	1,267.00	-	-
1,227.00	-	1,227.00	-	-
1,347.00	-	1,347.00	-	-
1,170.00	-	1,170.00	-	-
1,290.00	-	1,290.00	-	-
1,317.00	-	1,317.00	-	-
8,385.00	-	8,385.00	-	-
8,595.00	-	8,595.00	-	-
9,234.00	-	9,234.00	-	-
8,160.00	-	8,160.00	-	-
6,756.00	-	6,756.00	-	-
8,623.00	-	8,623.00	-	-
7,122.00	-	7,122.00	-	-
5,603.00	-	5,603.00	-	-
617.00	-	617.00	-	-
849.00	-	849.00	-	-
1,235.00	-	1,235.00	-	-
1,239.00	-	1,239.00	-	-
1,231.00	-	1,231.00	-	-
1,576.00	-	1,576.00	-	-
1,140.00	-	1,140.00	-	-
1,370.00	-	1,370.00	-	-
854.00	-	854.00	-	-
1,764.00	-	1,764.00	-	-
1,209.00	-	1,209.00	-	-
1,137.00	-	1,137.00	-	-
1,472.00	-	1,472.00	-	-
1,562.00	-	1,562.00	-	-
2,347.00	-	2,347.00	-	-
268.00	-	268.00	-	-
309.00	-	309.00	-	-
641.00	-	641.00	-	-
568.00	-	568.00	-	-
627.00	-	627.00	-	-
528.00	-	528.00	-	-
387.00	-	387.00	-	-
1,205.00	-	1,205.00	-	-
1,304.00	-	1,304.00	-	-
1,300.00	-	1,300.00	-	-
1,304.00	-	1,304.00	-	-
102.00	-	102.00	-	-
107.00	-	107.00	-	-
3,975.00	-	3,975.00	-	-
4,095.00	-	4,095.00	-	-
715.00	-	715.00	-	-
1,142.00	-	1,142.00	-	-
730.00	-	730.00	-	-
712.00	-	712.00	-	-
783.00	-	783.00	-	-
764.00	-	764.00	-	-
1,838.00	-	1,838.00	-	-

Motel Hotel Associates, Inc. 401(k) Savings Plan
SCHEDULE H, PART IV, LINE 4(A) - SCHEDULE OF DELINQUENT
PARTICIPANT CONTRIBUTIONS
EMPLOYER IDENTIFICATION NUMBER 23-2741694 - PLAN NUMBER 001
YEAR ENDED DECEMBER 31, 2022

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
1,830.00	-	1,830.00	-	-
1,014.00	-	1,014.00	-	-
1,087.00	-	1,087.00	-	-
1,072.00	-	1,072.00	-	-
851.00	-	851.00	-	-
644.00	-	644.00	-	-
661.00	-	661.00	-	-
675.00	-	675.00	-	-
682.00	-	682.00	-	-
682.00	-	682.00	-	-
694.00	-	694.00	-	-
2,097.00	-	2,097.00	-	-
758.00	-	758.00	-	-
1,108.00	-	1,108.00	-	-
2,186.00	-	2,186.00	-	-
710.00	-	710.00	-	-
710.00	-	710.00	-	-
710.00	-	710.00	-	-
398.00	-	398.00	-	-
534.00	-	534.00	-	-
74.00	-	74.00	-	-
61.00	-	61.00	-	-
61.00	-	61.00	-	-
182.00	-	182.00	-	-
224.00	-	224.00	-	-
313.00	-	313.00	-	-
562.00	-	562.00	-	-
564.00	-	564.00	-	-
572.00	-	572.00	-	-
293.00	-	293.00	-	-
187.00	-	187.00	-	-
216.00	-	216.00	-	-
224.00	-	224.00	-	-
2,340.00	-	2,340.00	-	-
2,586.00	-	2,586.00	-	-
2,977.00	-	2,977.00	-	-
2,965.00	-	2,965.00	-	-
3,240.00	-	3,240.00	-	-
3,287.00	-	3,287.00	-	-
3,383.00	-	3,383.00	-	-
3,938.00	-	3,938.00	-	-
3,525.00	-	3,525.00	-	-
525.00	-	525.00	-	-
664.00	-	664.00	-	-
851.00	-	851.00	-	-
769.00	-	769.00	-	-
605.00	-	605.00	-	-
648.00	-	648.00	-	-
592.00	-	592.00	-	-
1,257.00	-	1,257.00	-	-
292.00	-	292.00	-	-
418.00	-	418.00	-	-
747.00	-	747.00	-	-
674.00	-	674.00	-	-
566.00	-	566.00	-	-
731.00	-	731.00	-	-
710.00	-	710.00	-	-

Motel Hotel Associates, Inc. 401(k) Savings Plan
SCHEDULE H, PART IV, LINE 4(A) - SCHEDULE OF DELINQUENT
PARTICIPANT CONTRIBUTIONS

EMPLOYER IDENTIFICATION NUMBER 23-2741694 - PLAN NUMBER 001

YEAR ENDED DECEMBER 31, 2022

[illegible]

304,284.00

304,284.00

<u>Multiple Employer Plan Participating Employer Information</u>			
Motel Hotel Associates, Inc. 401(k) Savings Plan 23-2741694 001			
(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions	(d) Acct Balance
5186 Route 365 Hospitality, LLC	82-3768084	2.34%	\$15,627.31
Hutch Hospitality Management, LLC	45-4734023	1.09%	\$8,278.93
Hybeth Hotel Partners, LLP	26-2979211	2.21%	\$47,007.03
MJ Amelia Owner, LLC	84-3586434	4.80%	\$192,298.60
MJ Employment Services, Inc.	23-2741694	68.59%	\$3,448,789
MJ Pittsburgh DT, LLC	47-4364132	0.32%	\$3,223.38
MJFT Hotels of Flushing, LLC	46-0782806	8.22%	\$552,966.60
South Bethlehem Associates, LP	20-5489172	3.44%	\$265,614.40
South Boston Employment Services, Inc.	83-2136587	2.62%	\$22,754.24
Allentown Asset Management, LLC	83-1251575	1.66%	\$157,659.60
MJHF Employment Services, LLC	88-1589122	4.72%	\$33,928.87

Plan Number 001

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2022

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value	Cost	Current Value
*	DFA Inter Gov Fix Inc	Registered Investment Company		\$ 42,537
	John Hancock Bond Fund	Registered Investment Company		76,028
	American Balanced Fund	Registered Investment Company		12,921
	Vanguard Intermediate Term Bond Index Fund	Registered Investment Company		10,036
	Vanguard Total International Bond Index Fund	Registered Investment Company		2,352
	Vanguard Dividend Appreciation Index Fund	Registered Investment Company		14,890
	Fidelity 500 Index Fund	Registered Investment Company		1,607,782
*	JP Morgan Equity Income	Registered Investment Company		105,769
	Blackrock Mid Cap Growth Equity	Registered Investment Company		312,846
	Fidelity Mid Cap Index Fund	Registered Investment Company		203,010
	Lincoln Stable Value 0	Common/Collective Trust		910,121
	Fidelity Small Cap Index Fund	Registered Investment Company		163,029
	Pimco Income Fund	Registered Investment Company		388,068
*	American Funds New Perspective Fund	Registered Investment Company		3,031
	JP Morgan Large Growth	Registered Investment Company		1,232,596
	American Funds Target Date Retirement 2055	Registered Investment Company		45,342
	American Funds Target Date Retirement 2060	Registered Investment Company		27,235
	American Funds Target Date Retirement 2050	Registered Investment Company		110,748
	American Funds Target Date Retirement 2045	Registered Investment Company		110,484
	American Funds Target Date Retirement 2040	Registered Investment Company		393,040
	Vanguard Explorer Fund Adm	Registered Investment Company		96,717
	Vanguard Mid Cap Value Index Adm	Registered Investment Company		44,697
	American Funds Target Date Retirement 2035	Registered Investment Company		306,196
	American Funds Target Date Retirement 2030	Registered Investment Company		110,014
	Vanguard Small Cap Value Ind	Registered Investment Company		30,564
	Fidelity Emerging Markets	Registered Investment Company		118,126
	Vanguard Developing Markets Index Adm	Registered Investment Company		60,278
*	Vanguard International Growth Fund Adm	Registered Investment Company		597,301
	JP Morgan US Govt Money Market Cap	Registered Investment Company		6,731
	American Funds Target Date Retirement 2025	Registered Investment Company		66,707
	American Funds Target Date Retirement 2020	Registered Investment Company		1,277,321
*	Participant Loans	Various, Interest rate 4.25% - 8.00%		60,965
*	Party in interest		\$	8,547,482