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

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 multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [X] 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
HOLLYWOOD ROOSEVELT HOTEL 401K PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1998

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
ROOSEVELT HOTEL, LLC

7000 HOLLYWOOD BLVD.
HOLLYWOOD, CA 90028

2b Employer Identification Number (EIN) 95-4715049

2c Sponsor's telephone number 818-859-3739

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.	03/21/2011	COLLEEN JIMENEZ
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")

ROOSEVELT HOTEL, LLC

7000 HOLLYWOOD BLVD.
HOLLYWOOD, CA 90028

3b Administrator's EIN
95-4715049

3c Administrator's telephone number
818-859-3739

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

5	Total number of participants at the beginning of the plan year	**5**	450
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**	279
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	279
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	279
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	63
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**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

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

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

b General Schedules

(1)	X	**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 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
HOLLYWOOD ROOSEVELT HOTEL 401K PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
95-4715049

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)		2952
(2) Participant contributions	1b(2)		7150
(3) Other	1b(3)	6989	1195
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)	15130	20796
(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)	693721	1121206
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(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	715840	1153299
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	22645	33169
k	Total liabilities (add all amounts in lines 1g through1j)	1k	22645	33169
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	693195	1120130

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)	83684	
	(B) Participants	2a(1)(B)	225223	
	(C) Others (including rollovers)	2a(1)(C)	3516	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		312423
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)	788	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		788
	(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)	13150	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		13150
	(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

		(a) Amount	(b) Total
2b (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
(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)		211149
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		537510
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	110062	
(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)		110062
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	513	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		513
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		110575
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		426935
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] 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 [X] No

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

(1) Name: RAIMONDO PETTIT GROUP (2) EIN: 33-0532641

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.)	**4a**		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	**4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**	X		
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**	X		

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)

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.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
HOLLYWOOD ROOSEVELT HOTEL 401K PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
95-4715049

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**

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): 43-1825326

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 of 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):

---

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):

Audited Financial Statements

Hollywood Roosevelt Hotel 401(k) Plan

Year Ended December 31, 2009

Hollywood Roosevelt Hotel, LLC
401(k) Plan

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Raimondo Pettit Group
CPAs + Business and Financial Consultants

21515 Hawthorne Blvd.
Suite 1250
Torrance, California 90503
www.rpgcpa.com

T 310.540.5990
F 310.543.3066

Torrance + Irvine

Independent Auditors' Report

To the Plan Administrator of the
Hollywood Roosevelt Hotel 401(k) Plan
Hollywood, California

We have audited the accompanying statements of net assets available for benefits of the Hollywood Roosevelt Hotel 401(k) Plan (the "Plan") as of December 31, 2009 and 2008 and the related statement of changes in net assets available for benefits for the year ended December 31, 2009. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2009 and 2008, and the changes in net assets available for benefits for the year ended December 31, 2009 in conformity with accounting principles generally accepted in the United States of America.

Our audit was conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedule of assets (held at end of year) is presented for the purpose of additional analysis and is not a required part of the basic financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. This supplemental information is the responsibility of the Plan's management. The supplemental information has been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Raimondo Pettit Group

Torrance, California
March 2, 2011

Hollywood Roosevelt Hotel
401(k) Plan

Statements of Net Assets Available for Benefits

December 31,	2009	2008
Assets		
Investments at fair value:		
Mutual funds	$ 1,121,206	$ 693,721
Participant loans	20,796	15,130
Total investments	1,142,002	708,851
Receivables:		
Employer contributions	2,952	-
Employee contributions	7,150	-
Other receivables	1,195	6,989
Total assets	1,153,299	715,840
Liabilities		
Excess contributions to be refunded	33,169	22,645
Total liabilities	33,169	22,645
Net assets available for benefits	$ 1,120,130	$ 693,195

See accompanying notes to financial statements.

Hollywood Roosevelt Hotel
401(k) Plan
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2009

Additions to Net Assets		
Contributions:		
Participants	$	225,223
Employer		83,684
Rollovers		3,516
Total contributions		312,423
Investment income:		
Interest and dividends		13,150
Interest on participant loans		788
Net appreciation in fair value of investments		211,149
Total investment income		225,087
Total additions to net assets		537,510
Deductions from Net Assets		
Benefits paid to participants		110,062
Administrative expenses		513
Total deductions from net assets		110,575
Net increase		426,935
Net assets available for benefits, beginning of year		693,195
Net assets available for benefits, end of year	$	1,120,130

See accompanying notes to financial statements.

1. Description of Plan

General

The following description of the Hollywood Roosevelt Hotel 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

The Plan is a defined contribution plan covering all full-time employees of Hollywood Roosevelt Hotel, LLC, (the "Sponsor" or "Company") as defined in the Plan, who have at least three months of service and twenty-one years of age. The Plan, effective on January 1, 1998, was amended and restated as of part of the change to Frontier Trust Company effective December 1, 2009 (see below) and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). As part of the restatement, the eligibility service was changed to one year. The Plan has also been amended to comply with the provisions of the Pension Protection Act and other legislation including the Worker, Retiree and Employer Recovery Act of 2008.

Plan Administration

The Plan is managed by two members of Company management who are the trustees of the Plan. The Company's Board of Directors has oversight over the Plan's operations. Effective December 1, 2009, the Plan changed its custodian and recordkeeper to Frontier Trust Company and Ascensus Inc., respectively. As a result, the Plan adopted the Ascensus Non-standardized 401(k) profit sharing plan for which an IRS opinion letter dated March 31, 2008 was received. Plan assets did not officially transfer until early January 2010. Prior to that date Scudder Investments ("Scudder") was the Plan's Custodian, ADP Retirement Services was the Plan's record-keeper and Trombino Pension Administrators, Inc. was the Plan's third party administrator.

Contributions

Once eligibility requirements are met, participants may begin contributing at the beginning of the next quarter up to 100% of their eligible annual compensation, not to exceed the maximum allowed by the Internal Revenue Code (the "Code") totaling $16,500 in 2009. Participants may also contribute amounts representing distributions from other qualified plans. The Company matches 50% of eligible compensation not to exceed 6% of a participant's compensation for the year. The Company may also make a discretionary profit sharing allocation as defined in the Plan agreement. No such contribution has been made to date. Effective December 1, 2009, the eligibility service for such employer contribution was one year and the employee must be employed at the end of the year or at least have 500 hours of service during the year to receive any profit sharing contribution.

Catch-Up Contributions

Participants who have attained age fifty prior to the end of a plan year are eligible to make pre-tax catch-up contributions to the Plan not to exceed $5,500 for the 2009 Plan year.

1. Description of Plan (Continued)

Participant Accounts

An account is maintained for each participant and is credited with the participant's contributions, the Company's contributions, and an allocation of earnings and expenses, net of certain investment management fees. The Company's matching contribution is allocated among the funds within each participant account in the same manner as the employee's contribution. Investment income or losses are allocated to the participants' account in relation to the investment performance of each fund and the proportion of each participant's account balance to the total balance in each fund. The benefit to which a participant is entitled equals the participant's accumulated vested account balance.

Investment Options

Investments in the Plan consist primarily of interests in registered investment companies managed by the Plan's Custodian. Upon enrollment in the Plan, participants may direct employer and participant contributions in increments of 1% in any of the investment options offered under the Plan. Participants may change their investment options at any time.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's matching and discretionary contributions is based upon years of credited service. Participants vest 25 percent per year beginning after the second year of service and are fully vested after five years of credited service. As part of the restatement effective December 1, 2009, participants vest 25 percent after one year and each subsequent year with full vesting after 4 years.

Forfeitures

A participant's non-vested balance is forfeited at the time of termination of employment. All forfeitures will be used to pay administrative expenses or offset employer matching contributions. Forfeitures of $4,981 were used during 2009 to offset employer match. At December 31, 2009, forfeited non-vested accounts totaled $2,409 for use in future years.

Participant Loans

Participants are eligible to borrow from their vested account balance, subject to approval by the Plan administrator. Total loans outstanding are limited to the lesser of $50,000 or one-half of the participant's vested account balance and must be a minimum of $500, in accordance with the Plan agreement. Loans bear interest at a rate determined by the Plan administrator and are collateralized by the borrower's assignment of rights to their vested account, as acknowledged by a promissory note. Repayments are made over a maximum repayment term of 5 years. Loans for purchase of a home may extend up to thirty years. All loans become due and payable upon death or termination of employment.

1. Description of Plan (Continued)

Payment of Benefits

Upon termination of employment, a participant may elect to receive a lump-sum cash payment in an amount equal to the vested value of his or her account. Under mandatory cash-out provisions of the Plan, if the vested account balance is less than $5,000 the amount may be paid out without consent of the participant. Participants may also receive disbursements from their account upon retirement or disability. Participant contributions may also be withdrawn for immediate and financial hardships, as defined in the Plan, prior to attainment of age 59½; however, participants will be taxed on amounts withdrawn.

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements are prepared under the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions to and deductions from net assets during the reporting periods. Actual results could differ from those estimates.

Concentration of Credit Risk

The Plan's investments include primarily registered investment company mutual funds that represent obligations by the counterparties to meet the terms of the financial instruments. Should one or more of the counterparties default, the Plan might lose amounts up to the recorded carrying value of the related instruments.

Risks and Uncertainties

The Plan provides for various investment options in mutual funds and other securities. Investment securities are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the accompanying financial statements.

2. Summary of Significant Accounting Policies (Continued)

Valuation of Investments and Income Recognition

Investments in shares of registered investment companies (mutual funds) are valued at quoted market prices, which represent the net asset value of shares held by the Plan at year end. Participant loans are valued at cost, which management believes approximates fair value.

Purchases and sales of investments are reflected on a trade-date basis. Interest income is accrued as earned. Dividend income is accrued as of the ex-dividend date. The Plan presents, in the Statement of Changes in Net Assets Available for Benefits, the net appreciation (depreciation) in the fair value of its investments, which consists of the realized gains or losses and unrealized appreciation (depreciation) on those investments.

Contributions

Participant contributions are recorded by the Plan in the year withheld from participant earnings. Employer contributions are recorded in the year in which they become obligations of the Company.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Administrative expenses of the Plan can be paid out of Plan assets however the Company pays for virtually all of such expenses (see Note 8). Management fees and transaction costs associated with the investment options are included by the custodian in net appreciation (depreciation) in fair value of investments.

Recent Accounting Guidance

On January 1, 2008, the Plan fully adopted authoritative guidance which expanded the disclosure of fair value measurements and its impact on the Plan's financial statements. (See Note 4.) In September 2009, the Financial Accounting Standards Board ("FASB) issued authoritative guidance requiring additional disclosures regarding the inputs and valuation techniques used to measure fair value. The guidance also requires that the Plan disclose debt and equity securities by major category, on a more disaggregated basis. The adoption did not materially impact the Plan's financial statements.

For the year ending December 31, 2009, the Plan adopted the FASB's update to general standards on accounting for disclosures of events that occur after the balance sheet date but before the financial statements are issued or are available to be issued. The guidance is effective for interim and annual reporting periods ending after June 15, 2009. The adoption of the guidance did not materially impact the Plan's financial statements. (See Note 9.)

2. Summary of Significant Accounting Policies (Continued)

Recent Accounting Guidance (continued)

In June 2009, the FASB codified existing accounting standards. The FASB Accounting Standards Codification (the "Codification" of "ASC") became the single official source of authoritative U.S, Generally Accepted Accounting Principles ("GAAP"), (other than guidance issued by the SEC), superseding existing FASB, American Institute of Certified Public Accountants, Emerging Issues Task Force, and related Literature. After that date, only one level of authoritative GAAP will exist. All other literature will be considered non-authoritative. The Codification does not change GAAP; instead it introduces a new structure that is organized in an easily accessible, user-friendly online research system. The Codification, which changes the referencing of financial standards, becomes effective for interim and annual periods ending on or after September 15, 2009. The adoption of this guidance did not have a material impact on the Plan's financial statements except for references made to authoritative accounting literature in footnotes.

3. Investments

The Plan's investments were held primarily by Scudder Investments, the Plan's custodian, during 2009 and 2008. (See Note 1 for discussion of change in custodian.) Individual investments that represented 5% or more of Plan net assets at the end of the respective Plan year were as follows:

December 31,	2009	2008
Investments, at fair value:		
LifeCompass 2015 A	$ **168,685**	$ 101,546
Strategic Value Fund A	**101,970**	63,872
Technology Fund A	**102,528**	49,245
International Fund A	**80,765**	47,146
Global Opportunities A	**93,310**	-
LifeCompass 2020 A	**163,585**	85,093
Dreman Small Cap Value A	**58,915**	38,746
LifeCompass Retirement A	**60,584**	43,989
Cash Investment Trust A	**68,569**	37,911
Mid Cap Growth Fund A	**59,546**	-

4. Fair Value Measurements

Authoritative guidance issued by the FASB provides a definition of fair value, establishes a framework for measuring fair value and expands the disclosure on fair value measurements. It defines fair value as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. The guidance also establishes a fair value hierarchy which requires an entity to maximize the use of observable inputs and minimize the use of

4. Fair Value Measurements (Continued)

unobservable inputs when measuring fair value. The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Under the guidance, the three levels of inputs that may be used to measure fair value are:

Level 1: Quoted prices for identical assets or liabilities in active markets.

Level 2: Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.

Level 3: Unobservable inputs that are supported by little or no market activity and that are financial instruments whose values are determined using pricing models, discounted cash flow methodologies, or similar techniques, as well as instruments for which the determination of fair value requires significant judgment or estimation.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2009 and 2008:

Mutual funds: Valued at the net asset value ("NAV") of shares held by the Plan at year-end.

Participant loans: Valued at amortized cost, which approximates fair value.

The methods described above may 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.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2009 and 2008:

	Assets at Fair Value as of December 31, 2009			
	Level 1	Level 2	Level 3	Total
Mutual funds:				
Stock/equity funds	$ 791,339	$ -	$ -	$791,339
Bond/fixed income funds	329,867			329,867
Participant loans	-	-	20,796	20,796
Total assets at fair value	$1,121,206	$ -	$20,796	$1,142,002

4. Fair Value Measurement (Continued)

	Assets at Fair Value as of December 31, 2008			
	Level 1	Level 2	Level 3	Total
Mutual funds:				
Stock./equity funds	$449,704	$ -	$ -	$449,704
Bond/fixed income funds	244,017			244,017
Participant loans	-	-	15,130	15,130
Total assets at fair value	$693,721	$ -	$15,130	$708,851

Level 3 Gains and Losses

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:

	Participant loans
Balance, beginning of year	$15,130
Realized gains/(losses)	-
Unrealized gains/(losses) relating to instruments still held at the reporting date	-
Purchases, sales, issuances and settlements, net	5,666
	$20,796

5. Tax Status

Effective December 1, 2009, the Plan was amended and restated to adopt the Ascensus Non-standardized Profit Sharing Plan for which a favorable opinion letter was received from the IRS dated March 31, 2008. Prior to that, the Plan had adopted the Trombino Pension Administrators Prototype Non-standardized Profit Sharing Plan which received a favorable opinion letter from the Internal Revenue Service dated September 28, 2001. Amendments to the Plan have been made since that date however the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and is therefore exempt from income taxes.

6. Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan agreement 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 percent vested in their accounts and the net assets of the Plan will be allocated among the participants and their beneficiaries in accordance with the provisions of ERISA.

7. Excess Participant Contributions Payable

The Plan failed its discrimination testing for the years ended December 31, 2009 and 2008. Excess participant contributions amounting to $33,169 and $22,645 were recorded as a liability in the accompanying statements of net assets available for benefits at December 31, 2009 and 2008 and as an increase in benefit payments for the respective Plan years then ended. Excess contributions for the 2009 Plan year were reimbursed late in 2010, resulting in a ten-percent excise tax paid for by the Company.

8. Party-in-Interest Transactions

The Plan allows for transactions with certain parties who may perform services or have fiduciary responsibilities to the Plan. Certain Plan investments are shares of mutual funds managed by the Custodian of the Plan. The Plan issues loans to participants, which are secured by the balances in the participant's accounts. The Company paid certain administrative expenses of the Plan, primarily recordkeeping and audit fees of approximately $28,945 during 2009. These transactions qualify as party in interest transactions for which a statutory exemption exists.

9. Subsequent Events

Effective January 1, 2011, the Plan adopted the Safe Harbor provisions of its existing plan document. There is no material impact expected on Plan assets.

In providing the disclosure contained in this Note, the Plan evaluated events occurring between the end of the plan year under audit and March 2, 2011, the date the accompanying financial statements became available to be issued.

SUPPLEMENTAL SCHEDULE

Hollywood Roosevelt Hotel
401(k) Plan
EIN: 95-4715049 Plan: 001
Year Ended December 31, 2009
Schedule of Assets (Held at End of Year)
Schedule H (Form 5500) Part IV, Line 4i

	(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
		Mutual funds:			
*		DWS	Balanced Fund A	$	21,863
*		DWS	Capital Growth Fund A		36,214
*		DWS	Cash Investment Trust A		68,569
*		DWS	Strategic Value Fund A		101,970
*		DWS	Dreman Small Cap Value A		58,915
*		DWS	Global Opportunities A		93,310
*		DWS	International Fund A		80,765
*		DWS	LifeCompass 2015 Fund A		168,685
*		DWS	LifeCompass 2020 Fund A		163,585
*		DWS	LifeCompass 2030 Fund A		17,821
*		DWS	LifeCompass 2040 Fund A		517
*		DWS	LifeCompass Retirement A		60,584
*		DWS	Mid Cap Growth Fund A		59,546
*		DWS	S&P Index Fund A		38,146
*		DWS	Technology Fund A		102,528
*		DWS	U.S. Government Securities A		31,803
		Lord Abbett	Total Return Fund P		226
		John Hancock	LifeCycle 2010		567
		John Hancock	LifeCycle 2015		1,408
		John Hancock	LifeCycle 2020		1,799
		John Hancock	LifeCycle 2025		2,239
		John Hancock	LifeCylce 2030		3,527
		John Hancock	LifeCylce 2035		1,289
		John Hancock	LifeCylce 2040		2,303
		John Hancock	LifeCylce 2045		3,027
*		Participants	Participant loans (due by 2014, interest ranging from 4.25% - 9.25%)		20,796
				$	1,142,002

* Party-in-Interest to the Plan for which a statutory exemption exists.

See independent auditors' report and accompanying notes to financial statements.

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name HOLLYWOOD ROOSEVELT HOTEL 401K PLAN **EIN:** 95-4715049
Plan Sponsor's Name ROOSEVELT HOTEL, LLC **PN:** 001

(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
*	DWS	DWS BALANCED FUND-A	0	21,863
*	DWS	DWS CAPITAL GROWTH FUND-A	0	36,214
*	DWS	DWS CASH INVESTMENT TRUST-A	0	68,569
*	DWS	DWS DREMAN SMALL CAP VALUE-A	0	58,915
*	DWS	DWS GLOBAL OPPORTUNITIES-A	0	93,310
*	DWS	DWS INTERNATIONAL FUND-A	0	80,765
*	DWS	DWS LIFECOMPASS 2015 FUND - A	0	168,685

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name HOLLYWOOD ROOSEVELT HOTEL 401K PLAN **EIN:** 95-4715049
Plan Sponsor's Name ROOSEVELT HOTEL, LLC **PN:** 001

(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
*	DWS	DWS LIFECOMPASS 2020 FUND-A	0	163,585
*	DWS	DWS LIFECOMPASS 2030 FUND-A	0	17,821
*	DWS	DWS LIFECOMPASS 2040 FUND-A	0	517
*	DWS	DWS LIFECOMPASS RETIREMENT FUND - A	0	60,584
*	DWS	DWS MID CAP GROWTH FUND-A	0	59,546
*	DWS	DWS S&P 500 INDEX FUND-A	0	38,146
*	DWS	DWS STRATEGIC GOVT SECURITIES - A	0	31,803

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name HOLLYWOOD ROOSEVELT HOTEL 401K PLAN **EIN:** 95-4715049
Plan Sponsor's Name ROOSEVELT HOTEL, LLC **PN:** 001

(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
*	DWS	DWS STRATEGIC VALUE FUND-A	0	101,970
*	DWS	DWS TECHNOLOGY FUND-A	0	102,528
	LORD ABBETT	LORD ABBETT TOTAL RETURN FUND-P	0	226
	John Hancock	LifeCycle 2010	0	567
	John Hancock	LifeCycle 2015	0	1,408
	John Hancock	LifeCycle 2020	0	1,799
	John Hancock	LifeCycle 2025	0	2,239

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name HOLLYWOOD ROOSEVELT HOTEL 401K PLAN **EIN:** 95-4715049
Plan Sponsor's Name ROOSEVELT HOTEL, LLC **PN:** 001

(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
	John Hancock	LifeCycle 2030	0	3,527
	John Hancock	LifeCycle 2035	0	1,289
	John Hancock	LifeCycle 2040	0	2,303
	John Hancock	LifeCycle 2045	0	3,027
*	Participant Loans	Various Rates and Maturities	0	20,796