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

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

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;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
CROWNE PLAZA FOSTER CITY 401(K) 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.)
CROWNE PLAZA FOSTER CITY

1221 CHESS DRIVE
FOSTER CITY, CA 94404

2b Employer Identification Number (EIN) 94-3109252

2c Sponsor's telephone number 650-295-6104

2d Business code (see instructions) 721110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2011	MICHELLE TORNAY
	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")
CROWNE PLAZA FOSTER CITY

1221 CHESS DRIVE
FOSTER CITY, CA 94404

3b Administrator's EIN
94-3109252

3c Administrator's telephone number
650-295-6104

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**	217
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**	186
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	35
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	221
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	221
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	93
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:
2F 2G 2K 2J 3D 2E 2T

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)	X	**C** (Service Provider Information)
(5)	X	**D** (DFE/Participating Plan Information)
(6)		**G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2010** **This Form is Open to Public Inspection.**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
CROWNE PLAZA FOSTER CITY 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CROWNE PLAZA FOSTER CITY

D Employer Identification Number (EIN)
94-3109252

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

MERRILL LYNCH,PIERCE,FENNER & SMITH

13-5674085

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

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

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

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

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

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

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

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

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

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

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

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

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

ASCENSUS

11-3665754

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99 15 60 50	RECORD KEEPER	60	Yes [X] No [ ]	Yes [ ] No [X]	91	Yes [X] No [ ]

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ASCENSUS	15 60	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.
MERRILL LYNCH,PIERCE,FENNER & SMITH 13-5674085	SEE THE ATTACHED FORMULA DESCRIPTION REPORT LISTING THE FORMULAS FOR SUB-TA REVENUE BY FUND.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ASCENSUS	15 99	91

(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.
MERRILL LYNCH,PIERCE,FENNER & SMITH 13-5674085	QUALITY SERVICE BONUS

(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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
CROWNE PLAZA FOSTER CITY 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
CROWNE PLAZA FOSTER CITY

D Employer Identification Number (EIN)
94-3109252

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

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
22-6484011-001	C	121882

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
CROWNE PLAZA FOSTER CITY 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CROWNE PLAZA FOSTER CITY

D Employer Identification Number (EIN)
94-3109252

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)	577	852
(2) Participant contributions	1b(2)	3093	3682
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	9	9
(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)		
(9) Value of interest in common/collective trusts	1c(9)	128832	121882
(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)	735331	909933
(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	867842	1036358
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 through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	867842	1036358

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)	19185	
(B) Participants	2a(1)(B)	93253	
(C) Others (including rollovers)	2a(1)(C)	409	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		112847
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)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(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)	6009	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		6009
(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)		1954
(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)		96823
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		217633
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	49048	
(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)		49048
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)	60	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	9	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		69
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		49117
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		168516
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) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: JUNKERMIER, CLARK, CAMPANELLA AND S **(2)** EIN: 81-0348775

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		400000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? 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

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
CROWNE PLAZA FOSTER CITY 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CROWNE PLAZA FOSTER CITY

D Employer Identification Number (EIN)
94-3109252

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): 45-0404698

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):

CROWNE PLAZA FOSTER CITY 401(K) PLAN
FKA FOSTER CITY HOLIDAY INN 401(K) PLAN
PLAN 001

AUDITED FINANCIAL STATEMENTS
With Supplemental Material

December 31, 2010 and 2009

Junkermier · Clark
Campanella · Stevens · P.C.
Certified Public Accountants and Business Advisors

CROWNE PLAZA FOSTER CITY 401(K) PLAN
FKA FOSTER CITY HOLIDAY INN 401(K) PLAN, PLAN 001
CONTENTS

AUDITED FINANCIAL STATEMENTS	**Page**
Independent auditors' report	3
Statements of net assets available for benefits	4
Statement of changes in net assets available for benefits	5
Notes to financial statements	6 - 12
SUPPLEMENTAL MATERIAL	
Schedule of assets held for investment purposes	13

Junkermier • Clark
Campanella • Stevens • P.C.

Certified Public Accountants • Business Advisors

220 West Lamme, Suite 3A
P.O. Box 1965
Bozeman, MT 59771-1965
Ph. (406) 587-1277
Fx. (406) 587-8794
www.jccscpa.com

INDEPENDENT AUDITORS' REPORT

To the Board of Trustees and Advisory Committee of the
Crowne Plaza Foster City 401(K) Plan FKA Foster City Holiday Inn 401(k) Plan, Plan 001
Foster City, California

We were engaged to audit the financial statements of Crowne Plaza Foster City 401(K) Plan FKA Foster City Holiday Inn 401(k) Plan, Plan 001, as of December 31, 2010 and 2009, and for the year ended December 31, 2010 and the supplemental schedule as of and for the year ended December 31, 2010 as listed in the accompanying index. These financial statements and schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Frontier Trust Company for the year ended December 31, 2010 and 2009, the custodians of Plan investments, except for comparing the information and the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the investment custodians hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from the investment custodian as of and for the years ended December 31, 2010 and 2009 that the information provided to the plan administrator by the investment custodians is complete and accurate.

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

Junkermier Clark Campanella Stevens PC

Bozeman, Montana
September 30, 2011

CROWNE PLAZA FOSTER CITY 401(K) PLAN
FKA FOSTER CITY HOLIDAY INN 401(K) PLAN, PLAN 001
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31	
	2010	**2009**
ASSETS		
Investments:		
At fair value:		
Cash	$ 9	$ 9
Investment in common collective trust	121,882	120,119
Mutual funds	909,933	735,331
	1,031,824	855,459
Receivables:		
Participant contributions	3,682	3,093
Employer's contribution	852	577
	4,534	3,670
NET ASSETS AVAILABLE FOR BENEFITS AT FAIR VALUE	1,036,358	859,129
Adjustment from fair value to contract value for fully benefit responsive investment contract	-	8,713
NET ASSETS AVAILABLE FOR BENEFITS	$ 1,036,358	$ 867,842

See the notes to financial statements.

CROWNE PLAZA FOSTER CITY 401(K) PLAN
FKA FOSTER CITY HOLIDAY INN 401(K) PLAN, PLAN 001
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year ended December 31, 2010

ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income:		
Net realized and unrealized gain on investments	$ 98,777	
Interest and dividend income	6,009	
		$ 104,786
Contributions:		
Participant rollover contributions	409	
Participant elective deferrals	93,253	
Employer contributions	19,185	
		112,847
Total additions		217,633
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid directly to participants or beneficiaries	49,048	
Administrative expenses paid to third party administrator	69	
Total deductions		49,117
NET INCREASE		168,516
Net assets available for benefits, beginning of year		867,842
NET ASSETS AVAILABLE FOR BENEFITS, end of year		$ 1,036,358

See the notes to financial statements.

CROWNE PLAZA FOSTER CITY 401(K) PLAN
FKA FOSTER CITY HOLIDAY INN 401(K) PLAN, PLAN 001
NOTES TO FINANCIAL STATEMENTS
December 31, 2010 and 2009

1. DESCRIPTION OF PLAN

The following description of the Crowne Plaza Foster City 401(K) Plan FKA Foster City Holiday Inn 401(k) Plan, Plan 001 provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions. The Plan Sponsor is Crowne Plaza Foster City FKA Foster City Holiday Inn.

General:

The Plan is a voluntary defined contribution plan qualifying under Section 401(K) of the Internal Revenue Code of 1986. It covers substantially all U.S. employees of the company. Employees may enter the Plan upon completion of one year of service and attainment of age 21. Entry dates are the first day of the Plan year, the first day of the fourth month of the Plan year, the first day of the seventh month of the Plan year, and the first day of the tenth month of the Plan year following the date the employee meets the eligibility requirement. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), and has been amended to incorporate regulatory changes required by all defined contribution retirement plans. The Plan is a single employer plan.

Contributions:

Participant contributions are made through payroll deduction. Participants may contribute up to 15% of defined earnings, as limited by §402(g) of the Internal Revenue Code. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Discretionary matching contributions are provided for in the Plan. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers mutual funds and an institutional money market fund.

Participant Accounts:

Each participant's account is credited with the participant and the Company's contributions and an allocation of Plan earnings. Investment income (loss) is allocated to each participant's account according to the number of units held. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting:

Participants are immediately 100% vested in their elective deferrals, plus actual earnings thereon. Vesting in the Company's contribution plus actual earnings thereon is based on years of service. An employee must complete 1,000 hours of service during a plan year to receive credit for a year of service. Employees who die or are disabled are 100% vested. A participant is 100% vested after six years of credited service. The vesting schedule is determined as follows:

Year Of Service	Vesting Percentage
Less than 1 year	0%
1 year	0%
2 years	20%
3 years	40%
4 years	60%
5 years	80%
6 or more years	100%

1. DESCRIPTION OF PLAN (Continued)

Payment of Benefits and Disposition of Forfeitures:

On termination of service due to death, disability or retirement, a participant may elect to receive a lump-sum amount equal to the vested value of the participant's account, may transfer the vested value of their account to another retirement investment vehicle, or may choose to leave vested benefits exceeding $5,000 in the Plan until April 1 of the year succeeding the year in which age 70-1/2 is attained. Premature payments may also be obtained, subject to the limitations imposed by the Internal Revenue Code. Terminated participants with vested account balances less than $1,000 fall under the automatic cash out provisions which allow the plan sponsor to distribute the account balance within a certain period of time. Participants with account balances exceeding $1,000, but less than $5,000 will have their distributions rolled to an IRA in their name absent an election to take a lump sum distribution or roll to another plan or IRA.

Account balances forfeited under the vesting schedule are used to pay plan expenses and reduce the employer contribution in the subsequent Plan year. At December 31, 2010 and 2009, forfeited non-vested accounts totaled $1,692 and $1,515, respectively.

Investment Options:

Upon enrollment in the Plan, a participant may direct both their employee and employer contributions, in any of the investment options selected by the plan. Participants may change their investment options at any time.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting:

The accompanying financial statements have been prepared on an accrual basis and present the net assets available for benefits and changes in those assets.

Estimates:

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

Investment Valuation and Income Recognition:

The Plan's investments are stated at fair value. Shares of mutual funds are valued at quoted market prices, which represent the net asset value of shares held in individual separate accounts. Purchases and sales of securities are recorded on a trade date basis. Dividends are recorded on the ex-dividend date.

All of the Plan's investments were held by Frontier Trust Company as of December 31, 2010 and 2009. The investments are self-directed by plan participants. As of December 31, 2010 and 2009, the participants had a choice of mutual fund investment options as well as investment in a common collective trust fund. The common collective trust fund is a fully benefit responsive stable value fund which is reported at fair value for 2010 and contract value for 2009 and, as noted in the audited financial statements for this fund, is under liquidation. Yield information as well as other fund detail is available in the published audited financial statements of the common collective trust fund.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Income Tax Status:

The Plan may rely on the opinion letter issued by the Internal Revenue Service to the prototype sponsor by a letter dated March 31, 2008, 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 the Plan is designed and is currently being operated in compliance with applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

The Plan evaluates all significant tax positions as required by generally accepted accounting principles in the United States. As of December 31, 2010, the Plan does not believe that it has taken any tax positions that would require the recording of any additional tax liability nor does it believe that there are any unrealized tax benefits that would either increase or decrease within the next twelve months. The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to tax examination prior to 2007.

Payments of Benefits:

Benefits are recorded when paid.

3. INFORMATION CERTIFIED BY THE TRUSTEE

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. All investment information disclosed in the accompanying financial statements and schedule including investments held at December 31, 2010 and 2009, and net appreciation in fair value of investments, interest, dividends, gain on sales of assets, investment expenses and administrative fees for the years ended December 31, 2010 and 2009 were obtained or derived from information supplied to the plan administrator and certified as complete and accurate by the Trustee.

Accordingly, as permitted under such election, the following information was not subjected to any auditing procedures performed by the independent public accountants, except for comparing such information certified by the Trustee to information included in the Plan's financial statements and supplemental schedule:

	2010	2009
Market value of investment assets	$ 1,031,824	$ 855,459
Plan investment income	$ 104,786	$ 180,023

4. FAIR VALUE MEASUREMENTS

The Financial Accounting Standards Board (FASB) developed the Accounting Standard Codification (ASC) 820, "Fair Value Measurements," to establish a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurement) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under the "Fair Value Measurements" guidance are described as follows:

Level 1 - observable inputs that are based upon quoted market prices for identical assets or liabilities within active markets.

Level 2 - observable inputs other than Level 1 that are based upon quoted market prices for similar assets or liabilities, based upon quoted prices within inactive markets, or inputs other than quoted market prices that are observable through market data for substantially the full term of the asset or liability.

Level 3 - inputs that are unobservable for the particular asset or liability due to little or no market activity and are significant to the fair value of the asset or liability. These inputs reflect assumptions that market participants would use when valuing the particular asset or liability.

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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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, 2010.

Mutual Funds: Valued at the net asset value of shares held by the Plan at year end.

Stable Value Fund: Represents a fully benefit-responsive investment contract in which contract value equates fair value for 2010. Contract value was the relevant measure for 2009. Refer to valuation summarized in Note 2.

Assets and liabilities itemized below were measured at fair value during the year ended using the market approach for Level 1 and Level 2. There have been no changes in the methodologies used at December 31, 2010.

4. FAIR VALUE MEASUREMENTS (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value and security type as of December 31, 2010 and 2009:

December 31, 2010	**Level 1**	**Level 2**	**Level 3**	**Total**
Investment in common collective trust	$ -	$ 121,882	$ -	$ 121,882
Cash	9	-	-	9
Mutual funds				
Value	235,282	-	-	235,282
Growth & Income	119,871	-	-	119,871
Growth	346,526	-	-	346,526
Income	2,524	-	-	2,524
Bond Fund	4,661	-	-	4,661
Asset Allocation	66,385	-	-	66,385
Mid Cap Equity	43,669	-	-	43,669
Specialty	84,921	-	-	84,921
Small Cap Equity	6,094	-	-	6,094
Total investments at fair value	$ 909,942	$ 121,882	$ -	$ 1,031,824
December 31, 2009				
Investment in common collective trust	$ -	$ 120,119	$ -	$ 120,119
Cash	9	-	-	9
Mutual funds				
Value	153,599	-	-	153,599
Growth & Income	82,284	-	-	82,284
Growth	277,963	-	-	277,963
Income	1,817	-	-	1,817
Bond Fund	5,569	-	-	5,569
Asset Allocation	99,062	-	-	99,062
Mid Cap Equity	30,858	-	-	30,858
Specialty	77,633	-	-	77,633
Small Cap Equity	6,546	-	-	6,546
Total investments at fair value	$ 735,340	$ 120,119	$ -	$ 855,459

5. INVESTMENTS

The Plan's investments are held by the Plan trustees in a trust account in the name of and on behalf of the Plan and Trust. The following table presents the fair value of investments as determined by quoted market prices at December 31, 2010 and 2009 that represent 5% or more of the Plan's net assets.

Description	2010	Description	2009
BlackRock Pacific Fund	$ 80,966	BlackRock Pacific Fund	$ 60,765
BlackRock Basic Value Fund	174,702	BlackRock Basic Value Fund	111,497
BlackRock Science & Technology	65,250	BlackRock Science & Technology	52,229
BlackRock Global Allocation Fund	66,175	BlackRock Global Allocation Fund	99,062
BlackRock Fundamental Growth Fund	-	BlackRock Fundamental Growth Fund	192,186
ML Retirement Preservation	121,882	ML Retirement Preservation	120,119
BlackRock Capital Appreciation	225,354		
BlackRock International Fund A	77,721		
Total funds listed above	812,050	Total funds listed above	635,858
Other investments	219,774	Other investments	219,601
Total investments	$ 1,031,824	Total investments	$ 855,459

6. PLAN TERMINATION

Although it has not expressed any intent to do so, the Plan sponsor has the right under the Plan to terminate the Plan subject to the provisions of ERISA. If the Plan is terminated, partially terminated, or if there is a complete discontinuance of contributions by the employer, all amounts credited to the accounts of participants shall vest and become non-forfeitable.

7. ADMINISTRATIVE EXPENSES

The Plan sponsor pays for some of the administrative expenses for operating the Plan. Generally, those expenses include the cost of audit and administration fees. The Plan permits the payment of plan-related expenses to be made from plan assets. These expenses will be allocated proportionately based on the value of the account balances or as an equal dollar amount based on the number of plan participants. The Plan permits the payment of expenses which are incurred by or attributable to a particular individual based on the use of a particular plan feature to be assessed against an individual participant's account. Examples of these are loan fees, expenses related to qualified domestic relations orders (QDROs) and hardship distributions.

8. INVESTMENT RISK

The Plan invests in various investment securities that are exposed to various risks such as interest rate, credit and overall market volatility. 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 participant's account balance and the amounts reported in the statement of net assets available for benefits.

9. PARTY IN INTEREST TRANSACTIONS

Ascensus is the third party administrator. Ascensus receives payment from the plan for these services and therefore these transactions qualify as party in interest transactions. Fees paid by the plan for the year ended December 31, 2010 and 2009 respectively total $151 and $5,947 to Ascensus.

10. SUBSEQUENT EVENTS

In February, 2011, the Plan changed third party administrators to Hartford Life Insurance Company. At this time the Plan also changed its investments to incorporate a new mutual fund offering which includes various investment strategy categories.

Date of Management Evaluation

Management has evaluated subsequent events through September 30, 2011, the date on which the financial statements were available to be issued.

CROWNE PLAZA FOSTER CITY 401(K) PLAN
FKA FOSTER CITY HOLIDAY INN 401(K) PLAN, PLAN 001
Employer Identification Number: 94-3109252
FORM 5500
SCHEDULE H LINE 4(i)
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
December 31, 2010

(a)	(b) + (c)		(d)	(e)
Identity of Issue and Description		**(shares)**	**Cost 2010**	**Fair Value 2010**
Cash Equivalents:				
Contribution Account		9.380	$ 9	$ 9
ML Retirement Preservation Trust		121,881.870	121,882	121,882
Total cash equivalents			121,891	121,891
Mutual Fund:				
BlackRock Eurofund		2,629.135	37,120	33,206
BlackRock Mid Cap Value Equity		915.800	9,144	10,477
BlackRock High Income Fund		526.979	2,283	2,524
Van Kampen Comstock Fund B		3,185.209	45,879	50,103
BlackRock International Fund		5,928.359	71,841	77,721
BlackRock Pacific Fund Inc.		4,139.380	89,128	80,966
BlackRock Total Return Fund B		419.106	4,466	4,661
BlackRock Science &Technology Fund		6,768.658	49,197	65,250
John Hancock Small Cap Equity B		246.927	4,312	6,094
BlackRock Basic Value Fund		6,826.977	172,559	174,702
BlackRock Capital Appreciation Fund A		9,802.278	201,646	225,354
Seligman Commun & Info Fund Class B		439.972	15,229	19,671
BlackRock Balanced Capital Fund		1,824.813	39,116	38,905
BlackRock Global Allocation Fund		3,407.556	63,415	66,175
Oppenheimer Global Allocation Fund A		13.547	191	210
Oppenheimer Capital Appreciation Fund A		235.086	9,695	10,245
BlackRock Value Opportunities Fund		2,287.518	38,471	43,669
Total Mutual Fund			853,692	909,933
GRAND TOTAL			$ 975,583	$ 1,031,824

See the independent auditors' report.

Schedule C, Part I, line 2(h) Formula Description and Schedule C, Part I, line 3(e) Formula Description

Plan Name: CROWNE PLAZA FOSTER CITY 401(K) PLAN

Plan Number: 251541

Broker Dealer: Merrill Lynch

Ticker Symbol	Investment Name	Formula used to determine Sub-TA Compensation paid to Ascensus
MDLOX	BlackRock Global Allocation Fund Inc.	12 dollars per fund position
MLGIX80	ML Retirement Preservation Trust	N/A
ACSTX	Invesco Van Kampen Comstock Fund A	12 dollars per fund position
MDBAX	BlackRock Basic Value Fund Inc.	12 dollars per fund position
MDCPX	BlackRock Balanced Capital Fund Inc.	12 dollars per fund position
MDEFX	BlackRock Eurofund	12 dollars per fund position
MDFGX	BlackRock Capital Appreciation Fund A	12 dollars per fund position
MDHIX	BlackRock High Income Fund	12 dollars per fund position
MLGIX98	ML Retirement Preservation Trust	N/A
MDILX	BlackRock International Fund A	12 dollars per fund position
BMCAX	BlackRock Mid-Cap Value Equity Port A	12 dollars per fund position
MDPCX	BlackRock Pacific Fund Inc.	12 dollars per fund position
MDSPX	BlackRock Value Opport Fund Inc. A	12 dollars per fund position
OPTFX	Oppenheimer Capital Appreciation A	12 dollars per fund position
QVGIX	Oppenheimer Global Allocation Fund A	12 dollars per fund position
SLMCX	Columbia Seligman Comm and Infor A	12 dollars per fund position
SPVAX	John Hancock Small-Cap Equity Fund A	12 dollars per fund position
SSRAX	BlackRock Aurora Portfolio	N/A
BGSAX	BlackRock Science & Technology Opp A	12 dollars per fund position
MDHQX	BlackRock Total Return Fund	12 dollars per fund position

CROWNE PLAZA FOSTER CITY 401(K) PLAN
FKA FOSTER CITY HOLIDAY INN 401(K) PLAN
PLAN 001

AUDITED FINANCIAL STATEMENTS
With Supplemental Material

December 31, 2010 and 2009

Junkermier · Clark
Campanella · Stevens · P.C.
Certified Public Accountants and Business Advisors

CROWNE PLAZA FOSTER CITY 401(K) PLAN
FKA FOSTER CITY HOLIDAY INN 401(K) PLAN, PLAN 001
CONTENTS

AUDITED FINANCIAL STATEMENTS	**Page**
Independent auditors' report	3
Statements of net assets available for benefits	4
Statement of changes in net assets available for benefits	5
Notes to financial statements	6 - 12
SUPPLEMENTAL MATERIAL	
Schedule of assets held for investment purposes	13

Junkermier • Clark
Campanella • Stevens • P.C.

Certified Public Accountants • Business Advisors

220 West Lamme, Suite 3A
P.O. Box 1965
Bozeman, MT 59771-1965
Ph. (406) 587-1277
Fx. (406) 587-8794
www.jccscpa.com

INDEPENDENT AUDITORS' REPORT

To the Board of Trustees and Advisory Committee of the
Crowne Plaza Foster City 401(K) Plan FKA Foster City Holiday Inn 401(k) Plan, Plan 001
Foster City, California

We were engaged to audit the financial statements of Crowne Plaza Foster City 401(K) Plan FKA Foster City Holiday Inn 401(k) Plan, Plan 001, as of December 31, 2010 and 2009, and for the year ended December 31, 2010 and the supplemental schedule as of and for the year ended December 31, 2010 as listed in the accompanying index. These financial statements and schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Frontier Trust Company for the year ended December 31, 2010 and 2009, the custodians of Plan investments, except for comparing the information and the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the investment custodians hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from the investment custodian as of and for the years ended December 31, 2010 and 2009 that the information provided to the plan administrator by the investment custodians is complete and accurate.

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

Junkermier Clark Campanella Stevens PC

Bozeman, Montana
September 30, 2011

CROWNE PLAZA FOSTER CITY 401(K) PLAN
FKA FOSTER CITY HOLIDAY INN 401(K) PLAN, PLAN 001
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31	
	2010	**2009**
ASSETS		
Investments:		
At fair value:		
Cash	$ 9	$ 9
Investment in common collective trust	121,882	120,119
Mutual funds	909,933	735,331
	1,031,824	855,459
Receivables:		
Participant contributions	3,682	3,093
Employer's contribution	852	577
	4,534	3,670
NET ASSETS AVAILABLE FOR BENEFITS AT FAIR VALUE	1,036,358	859,129
Adjustment from fair value to contract value for fully benefit responsive investment contract	-	8,713
NET ASSETS AVAILABLE FOR BENEFITS	$ 1,036,358	$ 867,842

See the notes to financial statements.

CROWNE PLAZA FOSTER CITY 401(K) PLAN
FKA FOSTER CITY HOLIDAY INN 401(K) PLAN, PLAN 001
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year ended December 31, 2010

ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income:		
Net realized and unrealized gain on investments	$ 98,777	
Interest and dividend income	6,009	
		$ 104,786
Contributions:		
Participant rollover contributions	409	
Participant elective deferrals	93,253	
Employer contributions	19,185	
		112,847
Total additions		217,633
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid directly to participants or beneficiaries	49,048	
Administrative expenses paid to third party administrator	69	
Total deductions		49,117
NET INCREASE		168,516
Net assets available for benefits, beginning of year		867,842
NET ASSETS AVAILABLE FOR BENEFITS, end of year		$ 1,036,358

See the notes to financial statements.

CROWNE PLAZA FOSTER CITY 401(K) PLAN
FKA FOSTER CITY HOLIDAY INN 401(K) PLAN, PLAN 001
NOTES TO FINANCIAL STATEMENTS
December 31, 2010 and 2009

1. DESCRIPTION OF PLAN

The following description of the Crowne Plaza Foster City 401(K) Plan FKA Foster City Holiday Inn 401(k) Plan, Plan 001 provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions. The Plan Sponsor is Crowne Plaza Foster City FKA Foster City Holiday Inn.

General:

The Plan is a voluntary defined contribution plan qualifying under Section 401(K) of the Internal Revenue Code of 1986. It covers substantially all U.S. employees of the company. Employees may enter the Plan upon completion of one year of service and attainment of age 21. Entry dates are the first day of the Plan year, the first day of the fourth month of the Plan year, the first day of the seventh month of the Plan year, and the first day of the tenth month of the Plan year following the date the employee meets the eligibility requirement. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), and has been amended to incorporate regulatory changes required by all defined contribution retirement plans. The Plan is a single employer plan.

Contributions:

Participant contributions are made through payroll deduction. Participants may contribute up to 15% of defined earnings, as limited by §402(g) of the Internal Revenue Code. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Discretionary matching contributions are provided for in the Plan. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers mutual funds and an institutional money market fund.

Participant Accounts:

Each participant's account is credited with the participant and the Company's contributions and an allocation of Plan earnings. Investment income (loss) is allocated to each participant's account according to the number of units held. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting:

Participants are immediately 100% vested in their elective deferrals, plus actual earnings thereon. Vesting in the Company's contribution plus actual earnings thereon is based on years of service. An employee must complete 1,000 hours of service during a plan year to receive credit for a year of service. Employees who die or are disabled are 100% vested. A participant is 100% vested after six years of credited service. The vesting schedule is determined as follows:

Year Of Service	Vesting Percentage
Less than 1 year	0%
1 year	0%
2 years	20%
3 years	40%
4 years	60%
5 years	80%
6 or more years	100%

1. DESCRIPTION OF PLAN (Continued)

Payment of Benefits and Disposition of Forfeitures:

On termination of service due to death, disability or retirement, a participant may elect to receive a lump-sum amount equal to the vested value of the participant's account, may transfer the vested value of their account to another retirement investment vehicle, or may choose to leave vested benefits exceeding $5,000 in the Plan until April 1 of the year succeeding the year in which age 70-1/2 is attained. Premature payments may also be obtained, subject to the limitations imposed by the Internal Revenue Code. Terminated participants with vested account balances less than $1,000 fall under the automatic cash out provisions which allow the plan sponsor to distribute the account balance within a certain period of time. Participants with account balances exceeding $1,000, but less than $5,000 will have their distributions rolled to an IRA in their name absent an election to take a lump sum distribution or roll to another plan or IRA.

Account balances forfeited under the vesting schedule are used to pay plan expenses and reduce the employer contribution in the subsequent Plan year. At December 31, 2010 and 2009, forfeited non-vested accounts totaled $1,692 and $1,515, respectively.

Investment Options:

Upon enrollment in the Plan, a participant may direct both their employee and employer contributions, in any of the investment options selected by the plan. Participants may change their investment options at any time.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting:

The accompanying financial statements have been prepared on an accrual basis and present the net assets available for benefits and changes in those assets.

Estimates:

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

Investment Valuation and Income Recognition:

The Plan's investments are stated at fair value. Shares of mutual funds are valued at quoted market prices, which represent the net asset value of shares held in individual separate accounts. Purchases and sales of securities are recorded on a trade date basis. Dividends are recorded on the ex-dividend date.

All of the Plan's investments were held by Frontier Trust Company as of December 31, 2010 and 2009. The investments are self-directed by plan participants. As of December 31, 2010 and 2009, the participants had a choice of mutual fund investment options as well as investment in a common collective trust fund. The common collective trust fund is a fully benefit responsive stable value fund which is reported at fair value for 2010 and contract value for 2009 and, as noted in the audited financial statements for this fund, is under liquidation. Yield information as well as other fund detail is available in the published audited financial statements of the common collective trust fund.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Income Tax Status:

The Plan may rely on the opinion letter issued by the Internal Revenue Service to the prototype sponsor by a letter dated March 31, 2008, 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 the Plan is designed and is currently being operated in compliance with applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

The Plan evaluates all significant tax positions as required by generally accepted accounting principles in the United States. As of December 31, 2010, the Plan does not believe that it has taken any tax positions that would require the recording of any additional tax liability nor does it believe that there are any unrealized tax benefits that would either increase or decrease within the next twelve months. The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to tax examination prior to 2007.

Payments of Benefits:

Benefits are recorded when paid.

3. INFORMATION CERTIFIED BY THE TRUSTEE

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. All investment information disclosed in the accompanying financial statements and schedule including investments held at December 31, 2010 and 2009, and net appreciation in fair value of investments, interest, dividends, gain on sales of assets, investment expenses and administrative fees for the years ended December 31, 2010 and 2009 were obtained or derived from information supplied to the plan administrator and certified as complete and accurate by the Trustee.

Accordingly, as permitted under such election, the following information was not subjected to any auditing procedures performed by the independent public accountants, except for comparing such information certified by the Trustee to information included in the Plan's financial statements and supplemental schedule:

	2010	2009
Market value of investment assets	$ 1,031,824	$ 855,459
Plan investment income	$ 104,786	$ 180,023

4. FAIR VALUE MEASUREMENTS

The Financial Accounting Standards Board (FASB) developed the Accounting Standard Codification (ASC) 820, "Fair Value Measurements," to establish a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurement) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under the "Fair Value Measurements" guidance are described as follows:

Level 1 - observable inputs that are based upon quoted market prices for identical assets or liabilities within active markets.

Level 2 - observable inputs other than Level 1 that are based upon quoted market prices for similar assets or liabilities, based upon quoted prices within inactive markets, or inputs other than quoted market prices that are observable through market data for substantially the full term of the asset or liability.

Level 3 - inputs that are unobservable for the particular asset or liability due to little or no market activity and are significant to the fair value of the asset or liability. These inputs reflect assumptions that market participants would use when valuing the particular asset or liability.

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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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, 2010.

Mutual Funds: Valued at the net asset value of shares held by the Plan at year end.

Stable Value Fund: Represents a fully benefit-responsive investment contract in which contract value equates fair value for 2010. Contract value was the relevant measure for 2009. Refer to valuation summarized in Note 2.

Assets and liabilities itemized below were measured at fair value during the year ended using the market approach for Level 1 and Level 2. There have been no changes in the methodologies used at December 31, 2010.

4. FAIR VALUE MEASUREMENTS (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value and security type as of December 31, 2010 and 2009:

December 31, 2010	**Level 1**	**Level 2**	**Level 3**	**Total**
Investment in common collective trust	$ -	$ 121,882	$ -	$ 121,882
Cash	9	-	-	9
Mutual funds				
Value	235,282	-	-	235,282
Growth & Income	119,871	-	-	119,871
Growth	346,526	-	-	346,526
Income	2,524	-	-	2,524
Bond Fund	4,661	-	-	4,661
Asset Allocation	66,385	-	-	66,385
Mid Cap Equity	43,669	-	-	43,669
Specialty	84,921	-	-	84,921
Small Cap Equity	6,094	-	-	6,094
Total investments at fair value	$ 909,942	$ 121,882	$ -	$ 1,031,824
December 31, 2009				
Investment in common collective trust	$ -	$ 120,119	$ -	$ 120,119
Cash	9	-	-	9
Mutual funds				
Value	153,599	-	-	153,599
Growth & Income	82,284	-	-	82,284
Growth	277,963	-	-	277,963
Income	1,817	-	-	1,817
Bond Fund	5,569	-	-	5,569
Asset Allocation	99,062	-	-	99,062
Mid Cap Equity	30,858	-	-	30,858
Specialty	77,633	-	-	77,633
Small Cap Equity	6,546	-	-	6,546
Total investments at fair value	$ 735,340	$ 120,119	$ -	$ 855,459

5. INVESTMENTS

The Plan's investments are held by the Plan trustees in a trust account in the name of and on behalf of the Plan and Trust. The following table presents the fair value of investments as determined by quoted market prices at December 31, 2010 and 2009 that represent 5% or more of the Plan's net assets.

Description	2010	Description	2009
BlackRock Pacific Fund	$ 80,966	BlackRock Pacific Fund	$ 60,765
BlackRock Basic Value Fund	174,702	BlackRock Basic Value Fund	111,497
BlackRock Science & Technology	65,250	BlackRock Science & Technology	52,229
BlackRock Global Allocation Fund	66,175	BlackRock Global Allocation Fund	99,062
BlackRock Fundamental Growth Fund	-	BlackRock Fundamental Growth Fund	192,186
ML Retirement Preservation	121,882	ML Retirement Preservation	120,119
BlackRock Capital Appreciation	225,354		
BlackRock International Fund A	77,721		
Total funds listed above	812,050	Total funds listed above	635,858
Other investments	219,774	Other investments	219,601
Total investments	$ 1,031,824	Total investments	$ 855,459

6. PLAN TERMINATION

Although it has not expressed any intent to do so, the Plan sponsor has the right under the Plan to terminate the Plan subject to the provisions of ERISA. If the Plan is terminated, partially terminated, or if there is a complete discontinuance of contributions by the employer, all amounts credited to the accounts of participants shall vest and become non-forfeitable.

7. ADMINISTRATIVE EXPENSES

The Plan sponsor pays for some of the administrative expenses for operating the Plan. Generally, those expenses include the cost of audit and administration fees. The Plan permits the payment of plan-related expenses to be made from plan assets. These expenses will be allocated proportionately based on the value of the account balances or as an equal dollar amount based on the number of plan participants. The Plan permits the payment of expenses which are incurred by or attributable to a particular individual based on the use of a particular plan feature to be assessed against an individual participant's account. Examples of these are loan fees, expenses related to qualified domestic relations orders (QDROs) and hardship distributions.

8. INVESTMENT RISK

The Plan invests in various investment securities that are exposed to various risks such as interest rate, credit and overall market volatility. 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 participant's account balance and the amounts reported in the statement of net assets available for benefits.

9. PARTY IN INTEREST TRANSACTIONS

Ascensus is the third party administrator. Ascensus receives payment from the plan for these services and therefore these transactions qualify as party in interest transactions. Fees paid by the plan for the year ended December 31, 2010 and 2009 respectively total $151 and $5,947 to Ascensus.

10. SUBSEQUENT EVENTS

In February, 2011, the Plan changed third party administrators to Hartford Life Insurance Company. At this time the Plan also changed its investments to incorporate a new mutual fund offering which includes various investment strategy categories.

Date of Management Evaluation

Management has evaluated subsequent events through September 30, 2011, the date on which the financial statements were available to be issued.

CROWNE PLAZA FOSTER CITY 401(K) PLAN
FKA FOSTER CITY HOLIDAY INN 401(K) PLAN, PLAN 001
Employer Identification Number: 94-3109252
FORM 5500
SCHEDULE H LINE 4(i)
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
December 31, 2010

(a)	(b) + (c)		(d)	(e)
Identity of Issue and Description		**(shares)**	**Cost 2010**	**Fair Value 2010**
Cash Equivalents:				
Contribution Account		9.380	$ 9	$ 9
ML Retirement Preservation Trust		121,881.870	121,882	121,882
Total cash equivalents			121,891	121,891
Mutual Fund:				
BlackRock Eurofund		2,629.135	37,120	33,206
BlackRock Mid Cap Value Equity		915.800	9,144	10,477
BlackRock High Income Fund		526.979	2,283	2,524
Van Kampen Comstock Fund B		3,185.209	45,879	50,103
BlackRock International Fund		5,928.359	71,841	77,721
BlackRock Pacific Fund Inc.		4,139.380	89,128	80,966
BlackRock Total Return Fund B		419.106	4,466	4,661
BlackRock Science &Technology Fund		6,768.658	49,197	65,250
John Hancock Small Cap Equity B		246.927	4,312	6,094
BlackRock Basic Value Fund		6,826.977	172,559	174,702
BlackRock Capital Appreciation Fund A		9,802.278	201,646	225,354
Seligman Commun & Info Fund Class B		439.972	15,229	19,671
BlackRock Balanced Capital Fund		1,824.813	39,116	38,905
BlackRock Global Allocation Fund		3,407.556	63,415	66,175
Oppenheimer Global Allocation Fund A		13.547	191	210
Oppenheimer Capital Appreciation Fund A		235.086	9,695	10,245
BlackRock Value Opportunities Fund		2,287.518	38,471	43,669
Total Mutual Fund			853,692	909,933
GRAND TOTAL			$ 975,583	$ 1,031,824

See the independent auditors' report.

Attachment to 2010 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name CROWNE PLAZA FOSTER CITY 401(K) PLAN **EIN:** 94-3109252
Plan Sponsor's Name CROWNE PLAZA FOSTER CITY **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
	Merrill Lynch	ML Retirement Preservation Trust Trust	0	121,882
	Invesco	Invesco Van Kampen Comstock Fund A Fund A	0	50,103
	BlackRock	BlackRock Basic Value Fund Inc. Fund Inc.	0	174,702
	BlackRock	BlackRock Balanced Capital Fund Inc. Capital Fund Inc.	0	38,905
	BlackRock	BlackRock Eurofund	0	33,206
	BlackRock	BlackRock Capital Appreciation Fund A Growth Fund Inc.	0	225,354
	BlackRock	BlackRock High Income Fund Fund	0	2,524

Attachment to 2010 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name CROWNE PLAZA FOSTER CITY 401(K) PLAN **EIN:** 94-3109252
Plan Sponsor's Name CROWNE PLAZA FOSTER CITY **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
	BlackRock	BlackRock Total Return Fund	0	4,661
	BlackRock	BlackRock International Fund A	0	77,721
	BlackRock	BlackRock Global Allocation Fund Inc.	0	66,175
	BlackRock	BlackRock Pacific Fund Inc.	0	80,966
	BlackRock	BlackRock Value Opport Fund Inc. A	0	43,669
	Oppenheimer	Oppenheimer Capital Appreciation A	0	10,245
	Oppenheimer	Oppenheimer Global Allocation Fund A	0	210

Attachment to 2010 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name CROWNE PLAZA FOSTER CITY 401(K) PLAN **EIN:** 94-3109252
Plan Sponsor's Name CROWNE PLAZA FOSTER CITY **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
	Columbia	Columbia Seligman Comm and Infor A	0	19,671
	John Hancock	John Hancock Small-Cap Equity Fund A	0	6,094
	BlackRock	BlackRock Science & Technology Opp A	0	65,250
	BlackRock	BlackRock Mid-Cap Value Equity Port A	0	10,477
	Frontier Trust Company	Contributions Account	0	9