

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), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089
		2011
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>WESTMONT HOSPITALITY GROUP EMPLOYEES' RETIREMENT & SAVINGS PLAN</u>	1b Three-digit plan number (PN) ► <u>001</u> 1c Effective date of plan <u>12/01/1997</u>
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>WESTMONT HOSPITALITY GROUP, INC.</u> <u>5847 SAN FELIPE, STE 4650</u> <u>HOUSTON, TX 77057</u>	2b Employer Identification Number (EIN) <u>76-0268373</u> 2c Sponsor's telephone number <u>713-782-9100</u> 2d Business code (see instructions) <u>721110</u>

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/11/2012</u>	<u>JERRY BURRELL</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2011)
v.012611

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") WESTMONT HOSPITALITY GROUP, INC. 5847 SAN FELIPE, STE 4650 HOUSTON, TX 77057	3b Administrator's EIN 76-0268373 3c Administrator's telephone number 713-782-9100
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	2787
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	1844
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	392
d Subtotal. Add lines 6a , 6b , and 6c	6d	2236
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	4
f Total. Add lines 6d and 6e	6f	2240
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	975
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	4

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

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

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

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 <hr/> 2011 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning **01/01/2011** and ending **12/31/2011**

A Name of plan WESTMONT HOSPITALITY GROUP EMPLOYEES' RETIREMENT & SAVINGS PLAN	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 WESTMONT HOSPITALITY GROUP, INC.	D Employer Identification Number (EIN) 76-0268373	

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

(a) Name of insurance carrier
HARTFORD LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0974148	88072	GA-027677	974	01/01/2011	12/31/2011

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
52417	5927

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

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

NORTHWESTERN MUT INV SVC
720 E WISCONSIN AVE
MILWAUKEE, WI 53202

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
52417			3

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

LOREN D. STARK COMPANY, INC.
10750 ROCKLEY ROAD
HOUSTON, TX 77099

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	5927	ADMINISTRATION	5

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	0
5 Current value of plan's interest under this contract in separate accounts at year end	5	11879567

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

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

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

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

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

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)	7c(5)	
▶		
(6) Total additions	7c(6)	0
d Total of balance and additions (add b and c(6))	7d	0
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)	7e(4)	
▶		
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract e(5) from d)	7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2011
		This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011		
A Name of plan WESTMONT HOSPITALITY GROUP EMPLOYEES' RETIREMENT & SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 WESTMONT HOSPITALITY GROUP, INC.	D Employer Identification Number (EIN) 76-0268373	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

06-0974148

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

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

HARTFORD LIFE

06-0974148

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 23 37 38 50 54 56 59 60 62 63 64 65 66 99	0	5948	Yes ☒ No ☐	Yes ☒ No ☐	0	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 ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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 <hr/> 2011 <hr/> This Form is Open to Public Inspection.
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>WESTMONT HOSPITALITY GROUP EMPLOYEES' RETIREMENT & SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>WESTMONT HOSPITALITY GROUP, INC.</u>	D Employer Identification Number (EIN) <u>76-0268373</u>	

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: HARTFORD ADVANTAGE TK2

b Name of sponsor of entity listed in (a): HARTFORD LIFE INSURANCE COMPANY

c EIN-PN <u>06-0974148-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>10470142</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT K2

b Name of sponsor of entity listed in (a): HARTFORD LIFE INSURANCE COMPANY

c EIN-PN <u>06-0974148-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1409425</u>
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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)
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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)
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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)
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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)
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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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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
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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
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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

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
		2011
		This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011		
A Name of plan WESTMONT HOSPITALITY GROUP EMPLOYEES' RETIREMENT & SAVINGS PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 WESTMONT HOSPITALITY GROUP, INC.	D Employer Identification Number (EIN) 76-0268373	

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	41890	34104
(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)	317776	293688
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)	11771378	11879567
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	12131044	12207359

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	12131044	12207359
---	-----------	----------	----------

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)	40200	
(B) Participants	2a(1)(B)	1323230	
(C) Others (including rollovers)	2a(1)(C)	69018	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1432448
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)	13679	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		13679
(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)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-292394
(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)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1153733

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1071470	
(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)		1071470
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)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	5948	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		5948
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1077418

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		76315
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) ☒ Disclaimer (4) ☐ Adverse

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

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

(1) Name: LAPORTE, APAC

(2) EIN: 72-1088864

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.).....		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.).....		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.)		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.).....		X	
e Was this plan covered by a fidelity bond?.....	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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?		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?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
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.).....		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?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		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
		2011
		This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>WESTMONT HOSPITALITY GROUP EMPLOYEES' RETIREMENT & SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>WESTMONT HOSPITALITY GROUP, INC.</u>	D Employer Identification Number (EIN) <u>76-0268373</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>06-0974148</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
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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.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

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

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

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

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

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

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

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

- 19** If the total number of participants is 1,000 or more, complete items (a) through (c)

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

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

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

**WESTMONT HOSPITALITY GROUP
EMPLOYEES' RETIREMENT AND SAVINGS PLAN**

Audits of Financial Statements

December 31, 2011 and 2010



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Supplementary Information

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1770 St. James Place | Suite 250
Houston, Texas 77056
713.963.8008 | Fax 713.963.9052
LaPorte.com

Independent Auditor's Report

To the Participants and the Trustees of
Westmont Hospitality Group
Employees' Retirement and Savings Plan

We were engaged to audit the accompanying statements of net assets available for benefits (modified cash basis) of Westmont Hospitality Group Employees' Retirement and Savings Plan (the Plan) as of December 31, 2011 and 2010, and the related statement of changes in net assets available for benefits (modified cash basis) for the year ended December 31, 2011, and the supplemental schedule of assets (held at end of year) as of December 31, 2011. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the 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 Hartford Life Insurance Company, the custodian of the Plan, except for comparing this information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan Administrator that the custodian holds the Plan's assets and executes transactions. The Plan Administrator has obtained certifications from the custodian regarding the completeness and accuracy of the information summarized in Note 3 that was provided to the Plan Administrator by the custodian as of and for the year ended December 31, 2011 and 2010.

As described in Note 2, these financial statements and supplemental schedule were prepared on the modified cash basis of accounting, which is a comprehensive basis of accounting other than the accounting principles generally accepted in the United States of America.

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 supplemental schedule is presented for the purposes of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. 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 custodian, 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.

A handwritten signature in cursive script that reads "LaPorte".

A Professional Accounting Corporation

October 6, 2012

NEW ORLEANS HOUSTON BATON ROUGE COVINGTON

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The McGladrey Alliance is a premier affiliation of independent accounting and consulting firms. The McGladrey Alliance member firms maintain their name, autonomy and independence and are responsible for their own client fee arrangements, delivery of services and maintenance of client relationships.

WESTMONT HOSPITALITY GROUP
EMPLOYEES' RETIREMENT AND SAVINGS PLAN
Statements of Net Assets Available for Benefits (Modified Cash Basis)
December 31, 2011 and 2010

	2011	2010
Assets		
Investments, at Fair Value		
Pooled Separate Account	\$ 11,879,567	\$ 11,771,378
Common Stock (Unallocated)	34,104	41,890
Total Investments, at Fair Value	11,913,671	11,813,268
Receivables		
Notes Receivable from Participants	293,688	321,699
Total Receivables	12,207,359	12,134,967
Net Assets Available for Benefits	\$ 12,207,359	\$ 12,134,967

The accompanying notes are an integral part of these financial statements.

WESTMONT HOSPITALITY GROUP
EMPLOYEES' RETIREMENT AND SAVINGS PLAN
Statement of Changes in Net Assets Available for Benefits (Modified Cash Basis)
For the Year Ended December 31, 2011

Additions to Net Assets Attributed to:	
Investment Income (Loss)	
Net Depreciation in Fair Value of Investments	\$ (288,531)
Unrealized Loss on Common Stock	(7,786)
Interest	<u>13,679</u>
Total Investment Loss	<u>(282,638)</u>
Contributions	
Employee Deferral Contributions	1,323,230
Employer Matching Contributions	40,200
Rollover Contributions	<u>69,018</u>
Total Contributions	<u>1,432,448</u>
Total Additions	<u>1,149,810</u>
Deductions from Net Assets Attributed to:	
Benefits Paid to Participants	1,071,470
Administrative Expenses	<u>5,948</u>
Total Deductions	<u>1,077,418</u>
Net Increase	72,392
Net Assets Available for Benefits:	
Beginning of Year	<u>12,134,967</u>
End of Year	<u><u>\$ 12,207,359</u></u>

The accompanying notes are an integral part of these financial statements.

**WESTMONT HOSPITALITY GROUP
EMPLOYEES' RETIREMENT AND SAVINGS PLAN**

Notes to Financial Statements

Note 1. Description of Plan

General

The Westmont Hospitality Group Employees' Retirement and Savings Plan (the Plan) is a defined contribution plan covering all eligible employees of Westmont Hospitality Group, Inc. (the Company). The Plan, adopted effective December 1, 1997, restated January 1, 2008 and amended thereafter, is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Significant provisions of the Plan are indicated below; however, participants should refer to the Plan document for a more complete description of the Plan's provisions.

Eligibility

Eligible employees, as defined in the Plan, may participate for elective contributions after six months of service. Eligible employees may commence participation on the first of each January and July. Participants, except key employees and highly compensated employees, are eligible for employer matching contributions beginning on the first of January or July after meeting the one year anniversary of employment.

Contributions

Participants may contribute a percentage or a set amount of their annual salary on a tax-deferred basis, subject to certain limitations. Qualified rollover contributions and plan-to-plan transfers are also accepted by the Plan. Service requirements are waived for any eligible employee making a rollover contribution. The Company may, at its sole discretion, elect to match a percentage of corporate participant contributions not to exceed 6% of a participant's annual compensation.

Administration

The Plan administrator has contracted Hartford Life Insurance Company (Hartford) to manage the Plan and perform all record-keeping functions. Hartford is also the custodian of the Plan's assets. The participants pay investment manager fees and fees associated with individual transactions. The Company pays all remaining administrative expenses. In the event the Company chooses not to pay these expenses, they would be paid by the Plan and allocated to the participants' accounts.

Participant Accounts

Each participant's account is credited with the participant's contributions and matching contributions made by the Company, if made, and an allocation of investment income and expenses.

Vesting

Participants are immediately vested in their voluntary contributions plus earnings thereon. Participants are 100% vested in Company matching contributions.

**WESTMONT HOSPITALITY GROUP
EMPLOYEES' RETIREMENT AND SAVINGS PLAN**

Notes to Financial Statements

Note 1. Description of Plan (Continued)

Payment of Benefits

Participants may make withdrawals from the tax-deferred portion of their accounts, including the vested portion of any Company contributions, upon (a) termination of employment, (b) total and permanent disability or death, (c) attainment of age 59½, (d) termination of the Plan without establishment of a successor plan or (e) proven financial hardship of the participant, subject to approval by the Plan administrator.

Required distributions are to begin upon the later of age 70½ or retirement.

All distributions will be made in one lump sum payment in cash or in property. For distributions that exceed \$1,000 but are less than \$5,000, they can be rolled over to an individual retirement plan designated by the Plan administrator if the participant does not make an election to choose the form of distribution.

Notes Receivable from Participants

Participants may borrow against their account balances, subject to certain limitations. These loans are secured by the participant's vested interest in his or her elective contribution and rollover account balances. Interest rates and repayment terms are established by the Plan administrator. At December 31, 2011 and 2010, the total amount of the outstanding balances of all outstanding loans was \$293,688 and \$321,699, respectively.

Note 2. Summary of Significant Accounting Policies

Basis of Accounting

The Plan's financial statements have been prepared on the modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America. As such, contributions are recorded as received, and benefits and expenses are recorded as paid.

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurements.

Interest income is recorded as received. Dividend income from mutual funds is reinvested when received and included as net investment gains (losses).

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent loans are treated as distributions based upon the terms of the Plan document.

**WESTMONT HOSPITALITY GROUP
EMPLOYEES' RETIREMENT AND SAVINGS PLAN**

Notes to Financial Statements

Note 2. Summary of Significant Accounting Policies (Continued)

Risks and Uncertainties

The Plan provides for investments in various mutual funds. Investment securities, in general, are exposed to various risks, such as interest rate, credit and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect the amounts reported in the statements of net assets available for benefits.

Use of Estimates

The preparation of the Plan's financial statements on a modified cash basis of requires the Plan administrator to make estimates and assumptions that affect certain reported amounts of Plan assets available for benefits. Actual results could differ from these estimates.

Tax Status

The Plan adopted a prototype plan sponsored by Sungard Corbel, LLC. The prototype plan has received an opinion letter from the Internal Revenue Service as to the prototype plan's qualified status. The prototype plan opinion letter has been relied upon by the Plan. The Plan has since been amended, but the Plan Administrator believes that the Plan is designed and being operated in compliance with the applicable requirements of the Internal Revenue Code

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan. Management evaluated the Plan's tax positions and concluded that the Plan had maintained its tax exempt status and had taken no uncertain tax positions that require recognition or disclosure in the financial statements. Therefore, no provision or liability for income taxes had been included in the financial statements. With few exceptions, the Plan is no longer subject to income tax examinations by the U.S. federal, state, or local tax authorities for years before 2008.

Note 3. Information Certified by the Plan's Custodian (Unaudited)

The following is a summary of the Plan's asset information as of December 31, 2011 and 2010, and for the years then ended, included throughout the Plan's financial statements and supplemental schedule, that was prepared from information provided by Hartford Life Insurance Company, the custodian, and furnished to the Plan Administrator.

The Plan administrator has obtained certifications from the custodian that the information provided to the Plan administrator by the custodian related to the following assets is complete and accurate.

**WESTMONT HOSPITALITY GROUP
EMPLOYEES' RETIREMENT AND SAVINGS PLAN**

Notes to Financial Statements

Note 3. Information Certified by the Plan's Custodian (Unaudited) (Continued)

Accordingly, as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting Disclosure under ERISA, the Plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information which appears throughout the financial statements and supplemental schedule related to the following assets:

	2011	2010
Investments, at Fair Value		
Pooled Separate Accounts	\$ 11,879,567	\$ 11,771,378
Notes Receivable from Participants	\$ 293,688	\$ 321,699

Investments in the pooled separate account are participant-directed but are limited to the mutual funds offered by the Plan. The following table presents the fair values of the pooled separate account at December 31, 2011 and 2010, respectively. Investments that represent 5 percent or more of the Plan's net assets are separately identified.

	2011	2010
Pooled Separate Account:		
Davis New York Venture Fund	\$ 1,056,468	\$ 1,163,633
Eaton Vance Dividend Builder	627,762	594,824 *
American Funds Growth Fund	1,027,098	1,064,864
American Funds Capital World Growth and Income	974,924	1,103,338
Hartford Money Market HLS	1,297,460	1,389,718
Oppenheimer International Bond	936,347	922,153
Pru Jennison Mid Cap Growth	794,384	728,954
Others	5,165,124	4,803,894
Total Pooled Separate Account	\$ 11,879,567	\$ 11,771,378

*Investment does not represent 5% or more of Plan assets of the indicated year and is separately presented for comparative purpose only.

**WESTMONT HOSPITALITY GROUP
EMPLOYEES' RETIREMENT AND SAVINGS PLAN**

Notes to Financial Statements

Note 3. Information Certified by the Plan's Custodian (Unaudited) (Continued)

During the year ended December 31, 2011, the Plan's investments (including investments bought, sold, as well as held during the year) depreciated in value as follows as certified by the custodian:

	2011
Pooled Separate Account:	
Davis New York Venture Fund	\$ (54,829)
Eaton Vance Dividend Builder	4,853
American Funds Growth Fund	(59,811)
American Funds Capital World Growth and Income	(82,910)
Hartford Money Market HLS	(3,347)
Oppenheimer International Bond	(5,346)
Pru Jennison Mid Cap Growth	13,170
Others	(100,311)
Total Pooled Separate Account	\$ (288,531)

The custodian also certified to the completeness and accuracy of interest income of \$13,679 in 2011.

Note 4. Investments in Common Stock

In 1999, pursuant to Standard Insurance Company's demutualization, the Plan received at no cost 928 shares of common stock of StanCorp Financial Group, Inc., the holding company of Standard Insurance Company. At December 31, 2011 the market value of the stock was \$34,104. Unrealized (loss) gain from the stock was (\$7,786) for 2011. Upon the sale of the stock, the proceeds will be used for the benefit of the participants. As of December 31, 2011 the value of the stock has not been allocated to the participants' accounts.

Note 5. Fair Value Measurements of Investment Assets

FASB ASC 820 (formerly referenced as Statement of Financial Accounting Standards No. 157), *Fair Value Measurements*, established a framework for measuring fair value of investment assets. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

**WESTMONT HOSPITALITY GROUP
EMPLOYEES' RETIREMENT AND SAVINGS PLAN**

Notes to Financial Statements

Note 5. Fair Value Measurements of Investment Assets (Continued)

The three levels of the fair value hierarchy under ASC 820 are described as follows:

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

Level 2 - Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability (for example interest rates and yield curves that are observable at commonly quoted levels);
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques 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, 2011 and 2010.

Pooled Separate Accounts: Pooled Separate Accounts are valued at the accumulation unit value of units held by the Plan at year-end. The accumulation unit value represents the net asset value (NAV) of each underlying fund adjusted by daily mortality and expense risk and administrative charges as determined by Hartford.

Common Stock: Valued at quoted prices in active markets.

There are no redemption restrictions on the Plan's investments in the pooled separate account investments.

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

**WESTMONT HOSPITALITY GROUP
EMPLOYEES' RETIREMENT AND SAVINGS PLAN**

Notes to Financial Statements

Note 5. Fair Value Measurements of Investment Assets (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's investment assets at fair value as of December 31, 2011 and 2010:

December 31, 2011	Total	Level 1	Level 2	Level 3
Pooled Separate Account:				
Asset Allocation				
Moderate	\$ 902,348	\$ -	\$ 902,348	\$ -
Conservative	402,941	-	402,941	-
Bonds				
Intermediate - Term Bond	575,915	-	575,915	-
Inflation - Protected Bond	148,665	-	148,665	-
Intermediate - Government	211,895	-	211,895	-
US Stocks				
Large Blend	1,751,816	-	1,751,816	-
Large Growth	1,102,273	-	1,102,573	-
Large Value	45,773	-	45,773	-
Mid Cap	1,075,315	-	1,075,315	-
Small Blend	151,179	-	151,179	-
Small Growth	521,992	-	521,992	-
Small Value	525,562	-	525,562	-
Money Market	1,297,460	-	1,297,460	-
Real Estate	566,912	-	566,912	-
Target Date	109,501	-	109,501	-
Retirement Income	14,412	-	14,412	-
International				
Foreign Large Blend	359,806	-	359,806	-
Foreign Large Growth	204,531	-	204,531	-
World Stock	974,924	-	974,924	-
World Bond	936,347	-	936,347	-
Total Pooled Separate Account	11,879,567	-	11,879,867	-
Common Stock (Unallocated)	34,104	34,104	-	-
Total Investments, at Fair Value	\$ 11,913,671	\$ 34,104	\$ 11,879,867	\$ -

**WESTMONT HOSPITALITY GROUP
EMPLOYEES' RETIREMENT AND SAVINGS PLAN**

Notes to Financial Statements

Note 5. Fair Value Measurements of Investment Assets (Continued)

December 31, 2010	Total	Level 1	Level 2	Level 3
Pooled Separate Account:				
Asset Allocation				
Moderate	\$ 859,537	\$ -	\$ 859,537	\$ -
Conservative	396,855	-	396,855	-
Bonds				
Intermediate - Term Bond	557,903	-	557,903	-
Inflation - Protected Bond	158,538	-	158,538	-
Intermediate - Government	158,285	-	158,285	-
US Stocks				
Large Blend	1,816,285	-	1,816,285	-
Large Growth	1,142,071	-	1,142,071	-
Large Value	72,745	-	72,745	-
Mid Cap	918,381	-	918,381	-
Small Blend	60,019	-	60,019	-
Small Growth	422,595	-	422,595	-
Small Value	472,505	-	472,505	-
Money Market	1,389,718	-	1,389,718	-
Real Estate	506,637	-	506,637	-
Target Date	77,413	-	77,413	-
Retirement Income	6,948	-	6,948	-
International				
Foreign Large Blend	361,821	-	361,821	-
Foreign Large Growth	367,631	-	367,631	-
World Stock	1,103,338	-	1,103,338	-
World Bond	922,153	-	922,153	-
Total Pooled Separate Account	11,771,378	-	11,771,378	-
Common Stock (Unallocated)	41,890	41,890	-	-
Total Assets at Fair Value	\$ 11,813,268	\$ 41,890	\$ 11,771,378	\$ -

**WESTMONT HOSPITALITY GROUP
EMPLOYEES' RETIREMENT AND SAVINGS PLAN**

Notes to Financial Statements

Note 5. Fair Value Measurements of Investment Assets (Continued)

The following tables sets forth additional disclosure of the Plan's investments whose fair value is estimated using net asset value per share (or its equivalent) as of December 31, 2011 and 2010:

2011				
Investment	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Pooled Separate Account:				
Asset Allocation (a)	\$ 1,305,289	\$ -	Daily	None
Bonds (b)	936,475	-	Daily	None
U.S. Stocks (c)	7,162,195	-	Daily	None
International (d)	2,475,608	-	Daily	None
Total Pooled Separate Account	\$11,879,567	\$ -		
2010				
Investment	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Pooled Separate Account:				
Asset Allocation (a)	\$ 1,256,392	\$ -	Daily	None
Bonds (b)	874,726	-	Daily	None
U.S. Stocks (c)	6,885,317	-	Daily	None
International (d)	2,754,943	-	Daily	None
Total Pooled Separate Account	\$11,771,378	\$ -		

- (a) Asset Allocation comprises moderate and conservative investments.
- (b) Bonds include intermediate term bonds, inflation protected bonds and intermediate government bonds.
- (c) U.S. Stocks comprise large blend, large growth, mutual funds and various other U.S. equity investments.
- (d) International includes world stock, world bond, foreign large blend and foreign large growth equity investments.

**WESTMONT HOSPITALITY GROUP
EMPLOYEES' RETIREMENT AND SAVINGS PLAN**

Notes to Financial Statements

Note 6. Parties-in-Interest Transactions

Hartford is the custodian for the Plan's assets, therefore, transactions that involved mutual funds managed by Hartford are considered as parties-in-interest transactions.

The Plan sponsor (the Company) pays certain administrative expenses on behalf of the Plan and these are considered parties-in-interest transactions.

Note 7. Excess Contributions

For the years ended December 31, 2011 and 2010, the Plan failed to satisfy the relevant non-discrimination provisions of the Plan. In order to be in compliance, the Plan returned certain excess contributions in the subsequent year. For the years ended December 31, 2011 and 2010, respectively, the amount of contributions includes \$37,355 and \$48,977, in excess of amounts allowable by non-discrimination provisions. These excess amounts were returned subsequent to year end and treated as additional distributions.

Note 8. Plan Termination

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

Note 9. Reconciliation to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500.

	2011	2010
Net Assets Available for Benefits per the Financial Statements	\$ 12,207,359	\$ 12,134,967
Participant Loans Deemed Distributions	-	(3,923)
Difference in:		
Investments	293,688	321,699
Notes Receivable from Participant	(293,688)	(321,699)
Net Assets Available for Benefits per the Form 5500	\$ 12,207,359	\$ 12,131,044

**WESTMONT HOSPITALITY GROUP
EMPLOYEES' RETIREMENT AND SAVINGS PLAN**

Notes to Financial Statements

Note 9. Reconciliation to Form 5500 (Continued)

The following is a reconciliation of increase in net assets per the financial statements to net income on the Form 5500.

	2011
Increase in Net Assets per the Financial Statements	\$ 72,392
Participant Loans Deemed Distributions	<u>3,923</u>
Increase in Net Assets Available for Benefits per the Form 5500	<u>\$ 76,315</u>

Note 10. Subsequent Events

The Plan Administrator has evaluated subsequent events through the date that the financial statements were available to be issued, October 6, 2012, and determined that no events occurred that require disclosure. No subsequent events occurring after this date have been evaluated for inclusion in these financial statements.

WESTMONT HOSPITALITY GROUP
EMPLOYEES' RETIREMENT AND SAVINGS PLAN
Supplemental Schedule-EIN 76-0268373 - Plan #001
Form 5500, Schedule H, Line 4i-Schedule of Assets Held at End of Year
(Modified Cash Basis)
December 31, 2011

Schedule I

(a)	(b)	(c)	(d)	(e)
Party in Interest	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
<u>Pooled Separate Accounts</u>				
	Hartford Life Insurance Company	Davis New York Venture	**	1,056,468
	Hartford Life Insurance Company	Eaton Vance Dividend Builder	**	627,762
	Hartford Life Insurance Company	American Funds Growth Fund	**	1,027,098
	Hartford Life Insurance Company	PIMCO Total Return	**	575,915
	Hartford Life Insurance Company	American Funds Capital World Growth and Income	**	974,924
*	Hartford Life Insurance Company	Hartford Money Market HLS	**	1,297,460
	Hartford Life Insurance Company	Pru Jennison Mid Cap Growth	**	794,384
	Hartford Life Insurance Company	American Funds Income Fund	**	551,150
	Hartford Life Insurance Company	Invesco Real Estate	**	566,912
	Hartford Life Insurance Company	Allianz NFJ Small Cap Value	**	525,562
	Hartford Life Insurance Company	Oppenheimer International Bond	**	936,347
	Hartford Life Insurance Company	PIMCO Real Return	**	148,665
	Hartford Life Insurance Company	Franklin Templeton Conservative Target	**	402,941
*	Hartford Life Insurance Company	Hartford Small Company HLS	**	111,965
	Hartford Life Insurance Company	Goldman Sachs Government Income	**	156,261
	Hartford Life Insurance Company	Franklin Templeton Growth Target	**	351,198
	Hartford Life Insurance Company	Franklin Growth	**	75,175
	Hartford Life Insurance Company	Blackrock LifePath 2030	**	33,153
	Hartford Life Insurance Company	Thornburg International Value	**	359,806
	Hartford Life Insurance Company	American Funds Fundamental Investors	**	67,586
	Hartford Life Insurance Company	BlackRock Small Cap Growth II	**	410,027
	Hartford Life Insurance Company	Janus Overseas	**	204,531
	Hartford Life Insurance Company	Janus Enterprise	**	152,692
	Hartford Life Insurance Company	Blackrock LifePath 2040	**	54,383
	Hartford Life Insurance Company	Blackrock Life Path Retirement	**	14,412
	Hartford Life Insurance Company	Columbia Mid Cap Value	**	128,239
	Hartford Life Insurance Company	American Century Equity Inc	**	45,773
	Hartford Life Insurance Company	Blackrock LifePath 2020	**	21,965
	Hartford Life Insurance Company	Invesco Small Cap Equity	**	151,179
	Hartford Life Insurance Company	MFS Government Securities	**	55,634
				11,879,567
<u>Common Stock ***</u>				
	The Bank of New York Mellon	Stancorp Financial Group, Inc		34,104
<u>Notes Receivable from Participants</u>				
*	Notes Receivable from Participants	Interest Rates ranging from 4.25% - 10.25%		293,688
				<u>\$12,207,359</u>

* Represents a party-in-interest as defined by ERISA.

** Cost omitted for participant directed investments.

*** Nonparticipant-directed.

CLIENT #3994
WESTMONT HOSPITALITY GROUP
PLAN # 001
EIN# 76-0268378

Schedule H, line 4i - Schedule of Assets (Held at End of Year)
FOR THE PLAN YEAR ENDING DECEMBER 31, 2011

(a) Party in Interest?	(b) Identity of issue, borrower, leaser, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value		(d) Cost	(e) Current Value
*	Hartford Life Ins.	INV REAL ESTATE	Pooled Separate Accounts	\$506,636.74	\$566,911.72
*	Hartford Life Ins.	INV SMALL CAP EQUITY	Pooled Separate Accounts	\$60,018.75	\$151,179.11
*	Hartford Life Ins.	ALLIANZ NFJ SMALL-CAP VALUE	Pooled Separate Accounts	\$472,505.42	\$525,561.84
*	Hartford Life Ins.	AMERICAN CENTURY EQTY INC	Pooled Separate Accounts	\$72,744.72	\$45,773.30
*	Hartford Life Ins.	AMERICAN FUNDS CAPWLD G&I	Pooled Separate Accounts	\$1,103,338.30	\$974,923.92
*	Hartford Life Ins.	AMERICAN FUNDS FDMNTL INVST	Pooled Separate Accounts	\$57,828.34	\$67,586.16
*	Hartford Life Ins.	AMERICAN FUNDS GROWTH	Pooled Separate Accounts	\$1,064,863.74	\$1,027,097.87
*	Hartford Life Ins.	AMERICAN FUNDS INCOME	Pooled Separate Accounts	\$520,348.52	\$551,150.24
*	Hartford Life Ins.	BLACK ROCK SMALL CAP GRWTH II	Pooled Separate Accounts	\$371,467.17	\$410,026.97
*	Hartford Life Ins.	COLUMBIA MID CAP VALUE	Pooled Separate Accounts	\$114,183.96	\$128,239.22
*	Hartford Life Ins.	DAVIS NEW YORK VENTURE	Pooled Separate Accounts	\$1,163,632.77	\$1,056,468.06
*	Hartford Life Ins.	EATON VANCE DIVIDEND BUILDER	Pooled Separate Accounts	\$594,823.87	\$627,761.86
*	Hartford Life Ins.	FRANKLIN GROWTH	Pooled Separate Accounts	\$77,206.99	\$75,175.26
*	Hartford Life Ins.	FRANKLIN TEMPLETON CONS TARGET	Pooled Separate Accounts	\$396,854.85	\$402,941.18
*	Hartford Life Ins.	FRANKLIN TEMPLETON GR TARGET	Pooled Separate Accounts	\$339,188.71	\$351,197.99
*	Hartford Life Ins.	GOLDMAN SACHS GOVERNMENT INC	Pooled Separate Accounts	\$111,261.62	\$156,260.59
*	Hartford Life Ins.	HARTFORD SMALL COMPANY HLS	Pooled Separate Accounts	\$51,127.75	\$111,964.98
*	Hartford Life Ins.	HLS MONEY MARKET	Pooled Separate Accounts	\$1,389,718.54	\$1,297,459.73
*	Hartford Life Ins.	JANUS ENTERPRISE	Pooled Separate Accounts	\$75,243.20	\$152,692.34
*	Hartford Life Ins.	JANUS OVERSEAS	Pooled Separate Accounts	\$367,630.89	\$204,530.54
*	Hartford Life Ins.	BLACKROCK	Pooled Separate Accounts	\$17,616.60	\$21,964.17
*	Hartford Life Ins.	BLACKROCK	Pooled Separate Accounts	\$26,362.25	\$33,153.22
*	Hartford Life Ins.	BLACKROCK	Pooled Separate Accounts	\$33,434.10	\$54,383.04
*	Hartford Life Ins.	LIFEPATH RETIREMENT	Pooled Separate Accounts	\$6,947.86	\$14,411.55
*	Hartford Life Ins.	MFS GOVERNMENT SECURITIES	Pooled Separate Accounts	\$47,023.49	\$55,634.28
*	Hartford Life Ins.	OPPENHEIMBER INTERNATIONAL BOND	Pooled Separate Accounts	\$922,153.23	\$936,347.41
*	Hartford Life Ins.	PIMCO REAL RETURN	Pooled Separate Accounts	\$158,538.03	\$148,664.74
*	Hartford Life Ins.	PIMCO TOTAL RETURN	Pooled Separate Accounts	\$557,902.96	\$575,915.30
*	Hartford Life Ins.	PRU JEN MC	Pooled Separate Accounts	\$728,954.03	\$794,383.93
*	Hartford Life Ins.	THORNBURG INTERNATIONAL VALUE	Pooled Separate Accounts	\$361,820.90	\$359,806.19
*	Hartford Life Ins.	LOAN FUND	Pooled Separate Accounts	\$317,776.21	\$293,687.62
*	Stancorp Financial Group	COMMON STOCK	Common Stock	\$41,889.92	\$34,104.00
TOTAL				\$12,131,044.43	\$12,207,358.33

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), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2011 This Form is Open to Public Inspection
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Part I Annual Report Identification Information			
For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011			
A This return/report is for:	☐ a multiemployer plan;	☐ a multiple-employer plan; or	
	☒ a single-employer plan;	☐ a DFE (specify) _____	
B This return/report is:	☐ the first return/report;	☐ the final return/report;	
	☐ an amended return/report;	☐ a short plan year return/report (less than 12 months).	
C If the plan is a collectively-bargained plan, check here.	☐		
D Check box if filing under:	☒ Form 5558;	☐ automatic extension;	☐ the DFVC program;
	☐ special extension (enter description) _____		

Part II Basic Plan Information—enter all requested information			
1a Name of plan Westmont Hospitality Group Employees' Retirement & Savings Plan	1b	Three-digit plan number (PN) ▶	001
			12/01/1997
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) Westmont Hospitality Group, Inc. 5847 San Felipe, Ste 4650 Houston TX 77057	2b	Employer Identification Number (EIN)	76-0268373
	2c	Sponsor's telephone number	(713) 782-9100
	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	By <i>Jerry Burrell</i> , PLAN ADMINISTRATOR	10-9-12	Jerry Burrell
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	By <i>Jerry Burrell</i> , CFO	10-9-12	
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. Form 5500 (2011)
v.012611

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") SAME		3b Administrator's EIN 3c Administrator's telephone number
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	2,787
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	1,844
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits	6c	392
d Subtotal. Add lines 6a, 6b, and 6c.	6d	2,236
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	4
f Total. Add lines 6d and 6e.....	6f	2,240
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	975
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	4
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information - Small Plan) (3) ☒ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)