

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
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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>COLUMBUS HOSPITALITY, LLC 401(K) PLAN</u>	1b Three-digit plan number (PN) ▶	<u>001</u>	
	1c Effective date of plan	<u>01/01/1999</u>	
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>COLUMBUS HOSPITALITY, LLC</u> <u>33 E. NATIONWIDE BLVD.</u> <u>COLUMBUS, OH 43215</u>	2b Employer Identification Number (EIN) <u>31-1751326</u>	2c Sponsor's telephone number <u>614-461-2617</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>01/11/2013</u>	<u>ROBERT KOT</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>01/11/2013</u>	<u>ROBERT KOT</u>
	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") COLUMBUS HOSPITALITY, LLC 33 E. NATIONWIDE BLVD. COLUMBUS, OH 43215	3b Administrator's EIN 31-1751326 3c Administrator's telephone number 614-461-2617
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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	773
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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	941
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	18
d Subtotal. Add lines 6a , 6b , and 6c	6d	959
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	959
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	100
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	2

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) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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>COLUMBUS HOSPITALITY, LLC 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>COLUMBUS HOSPITALITY, LLC</u>	D Employer Identification Number (EIN) <u>31-1751326</u>

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)..... ☒ 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
FID.INV.INST.OPS.CO.

04-2647786

(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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
64 37 65 60	RECORDKEEPER	6370	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

COMMONWEALTH FINANCIAL NETWORK

04-2675571

(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?
61	ADVISOR	0	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 ☐

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation JPM EQUITY IDX A - BOSTON FINANCIAL 04-2526037		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. 0.05%		
(a) Enter service provider name as it appears on line 2 FIDELITY INVESTMENTS INSTITUTIONAL		
(b) Service Codes (see instructions) 60		
(c) Enter amount of indirect compensation 0		
(d) Enter name and EIN (address) of source of indirect compensation OPPENHEIMER GLOBAL A - OPPENHEIMERF 13-2527171		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. 0.25%		
(a) Enter service provider name as it appears on line 2 FIDELITY INVESTMENTS INSTITUTIONAL		
(b) Service Codes (see instructions) 60		
(c) Enter amount of indirect compensation 0		
(d) Enter name and EIN (address) of source of indirect compensation RS PARTNERS A - BOSTON FINANCIAL DA 04-2526037		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. 0.25%		

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
COMMONWEALTH FINANCIAL NETWORK	61	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.	
OPPENHEIMER GLOBAL A - OPPENHEIMERF 13-2953455	\$5M+=0.25%	
(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

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
		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>COLUMBUS HOSPITALITY, LLC 401(K) 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>COLUMBUS HOSPITALITY, LLC</u>	D Employer Identification Number (EIN) <u>31-1751326</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: FA STABLE VALUE

b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY

c EIN-PN <u>04-3022712-026</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>318372</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):

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)**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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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
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For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>		
A Name of plan <u>COLUMBUS HOSPITALITY, LLC 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>COLUMBUS HOSPITALITY, LLC</u>	D Employer Identification Number (EIN) <u>31-1751326</u>	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
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)	1742	1743
(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)	41044	23399
(9) Value of interest in common/collective trusts.....	1c(9)	280411	318372
(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)	1206744	1295048
(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	1529941	1638562

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	1529941	1638562
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	62374	
(B) Participants	2a(1)(B)	113419	
(C) Others (including rollovers)	2a(1)(C)	28797	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		204590
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)	2442	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2442
(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)	36924	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		36924
(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)		

		(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)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		8176
(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)		-79265
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		172867

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	57876	
(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)		57876
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)	6370	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		6370
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		64246

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		108621
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: **BALESTRA, HARR & SCHERER, CPAS, INC**

(2) EIN: **31-1413363**

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		150000
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.		X	

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

If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ Yes ☒ No Amount:

- 5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)

5b(2) EIN(s)	5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2011 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>COLUMBUS HOSPITALITY, LLC 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>COLUMBUS HOSPITALITY, LLC</u>	D Employer Identification Number (EIN) <u>31-1751326</u>

Part I	Distributions
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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>04-6568107</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)
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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
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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): _____

COLUMBUS HOSPITALITY, LLC
401(K) PLAN

FINANCIAL STATEMENTS

December 31, 2011 and 2010

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To the Trustees of
Columbus Hospitality, LLC 401(k) Plan
Columbus, Ohio

INDEPENDENT AUDITOR'S REPORT

We were engaged to audit the financial statements of Columbus Hospitality, LLC 401(k) Plan as of December 31, 2011 and 2010 and for the year then ended and the supplemental schedules as of December 31, 2011 and 2010 as listed in the accompanying table of contents. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29CFR 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 cash, investments, investment transactions and related income, which were certified by Fidelity Management Trust Company (FMTc), the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that FMTc holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from FMTc as of and for the year ended December 31, 2011 and 2010 that the information provided to the Plan Administrator by the custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by FMTc has been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, is 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.

Circleville, Ohio
November 19, 2012

Balestra, Harr & Scherer, CPAs

COLUMBUS HOSPITALITY, LLC 401(K) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2011 and 2010

	<u>2011</u>	<u>2010</u>
ASSETS		
Investments (at fair value):		
Money market mutual funds	\$ 1,743	\$ 1,742
Bond mutual funds	25,668	15,535
Equity mutual funds	260,691	185,021
Asset allocation (target date) mutual funds	1,008,689	1,006,189
Collective funds	<u>318,372</u>	<u>280,411</u>
Total investments	1,615,163	1,488,898
Receivables		
Employee contributions	4,653	-
Employer contributions	2,252	-
Notes receivable from participants	<u>23,399</u>	<u>41,044</u>
NET ASSETS AVAILABLE FOR BENEFITS AT FAIR VALUE	1,645,467	1,529,942
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	<u>(10,164)</u>	<u>(5,244)</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 1,635,303</u>	<u>\$ 1,524,698</u>

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

COLUMBUS HOSPITALITY, LLC 401(K) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2011 and 2010

	<u>2011</u>	<u>2010</u>
ADDITIONS		
Contributions:		
Participants' contributions	\$ 118,072	\$ 98,565
Employer's contributions	<u>64,626</u>	<u>58,167</u>
Total contributions	<u>182,698</u>	<u>156,732</u>
 Transfers in from other plans	 <u>28,797</u>	 <u>-</u>
 Investment income (loss):		
Interest and dividends	42,622	31,273
Net realized and unrealized gain (loss)		
in fair value of investments	<u>(79,266)</u>	<u>139,868</u>
Total investment income (loss)	<u>(36,644)</u>	<u>171,141</u>
 TOTAL ADDITIONS	 <u>174,851</u>	 <u>327,873</u>
 DEDUCTIONS		
Distributions to participants	57,876	139,646
Administrative fees and other expenses	<u>6,370</u>	<u>5,331</u>
 TOTAL DEDUCTIONS	 <u>64,246</u>	 <u>144,977</u>
 NET INCREASE	 110,605	 182,896
 Net assets available for benefits		
at beginning of year	<u>1,524,698</u>	<u>1,341,802</u>
 Net assets available for benefits		
at end of year	<u>\$ 1,635,303</u>	<u>\$ 1,524,698</u>

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

COLUMBUS HOSPITALITY, LLC 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2011 and 2010

DESCRIPTION OF PLAN

The following brief description of the Columbus Hospitality, LLC 401(k) Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for a more comprehensive description.

General - The Plan is a defined contribution retirement plan sponsored by Columbus Hospitality, LLC (the Plan Sponsor) for the benefit of its employees. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and has been amended periodically to comply with changes in regulations. Management believes it is in conformance with applicable provisions of the Internal Revenue Code.

Eligibility - An employee must be at least 18 years of age to enter the Plan. At the time of employment, employees are immediately eligible to defer their own pretax income into the Plan. Entry dates into the Plan occur on the first day of each month.

Contributions - To participate in the Plan, an eligible employee must enter into a contribution agreement with the employer authorizing the employer to deduct and withhold from such employee's compensation a specified amount, or percentage thereof, ranging from 1% to the maximum percentage allowable by the Internal Revenue Code, and to contribute such amount to the employee's account in the Plan. In accordance with Section 401(k) of the Internal Revenue Code, all amounts withheld from wages and contributed to a participant's account, up to the maximum allowed, shall be excluded from gross income of the participant for federal income tax purposes.

To be eligible for employer matching contributions, an employee must complete one year of service, defined by having worked a minimum of 1,000 hours during the year. The employer contributes 100 percent of the first 3 percent of base compensation that a participant contributes to the Plan. The Plan Sponsor may also make discretionary contributions.

Vesting - Amounts contributed by the employee and the earnings thereon are immediately vested. The vesting schedule for employer matching contributions, based on years of vesting service, is as follows:

1 year	20%
2 years	40%
3 years	60%
4 years	80%
5 years	100%

Participant Accounts - Participant's accounts are credited with the participant's contribution and allocations of (a) the Plan Sponsor's contributions, (b) Plan earnings, and (c) forfeitures of terminated participants' non-vested accounts and charged with an allocation of administrative expenses. Allocations are based on participant earnings on account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Investment Options - Upon enrollment in the Plan, a participant may direct contributions to selected investments as made available and determined by the Trustees. Participants may change their investment options any time throughout the year via internet or direct phone access to Fidelity Management Trust Company. The change becomes effective the next business day.

Payment of Benefits - Lump-sum distribution is the normal form of benefit payment under the Plan. A participant's account shall be payable to him or her, or in the event of death to a beneficiary, upon the earlier of disability, termination of employment or retirement date. Normal retirement date is upon attainment of age 65. Hardship withdrawals may be made for an immediate and heavy financial need of the participant as defined in the Plan agreement.

COLUMBUS HOSPITALITY, LLC 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS - Continued

December 31, 2011 and 2010

DESCRIPTION OF PLAN - Continued

Administrative Fees and Expenses - The Plan Sponsor absorbs a portion of the administrative fees and expenses.

Notes Receivable from Participants - Notes receivable from participants are permitted under the Plan. Participants, upon approval by the Plan administrator, may borrow up to fifty percent from a minimum of \$1,000, not to exceed \$50,000, of their vested account balance, reduced by his or her highest outstanding loan balance during the prior twelve month period. Participants may only have one loan outstanding at any given time.

Forfeitures - Forfeitures are used to offset future employer matching contributions or to offset administrative fees and expenses. Accumulated forfeitures as of December 31, 2011 and 2010 amounted to \$9,882 and \$13,813, respectively. During the year ended December 31, 2011, forfeitures of \$2,076 were used to reduce administrative fees (\$4,605 during 2010).

Termination of the Plan - Although it has not expressed any intention to do so, the Plan Sponsor may terminate or amend the Plan in whole or in part at any time. If such an event occurs, the participants become fully vested in their account balances.

SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation - The financial statements were prepared on the accrual basis of accounting. Following are the significant accounting policies adopted by the Plan and used in the preparation of these financial statements.

Investment Valuation - Investments are recorded at fair value as determined by quoted market prices or net asset value at year end. Income from investments is recorded as earned on the accrual basis of accounting. Cost of investments is determined on a first-in first-out (FIFO) basis and is used to determine the realized gain or loss from disposition.

As required by accounting principles generally accepted in the United States of America, investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Plan invests in a stable value fund, which is a benefit-responsive investment contract, held in a common collective trust. The FA Stable Value Fund is presented at contract value as of December 31, 2011 and 2010 through an adjustment from fair value to contract value.

Notes Receivable from Participants - Notes receivable from participants are valued at their unpaid principal balance plus any accrued but unpaid interest.

Income, Expenses and Changes in Net Assets - Income and expenses are recorded as earned and incurred. Since assets of the Plan are recorded at fair value, unrealized appreciation or depreciation of Plan assets for the year is recorded in the statement of changes in net assets available for benefits. Employer contributions are recorded on the accrual basis in the Plan year to which the contribution applies. Distributions to beneficiaries are recorded when distributed by the Plan.

Subsequent Events - Subsequent events were evaluated through November 19, 2012, which is the date the financial statements were available to be issued.

COLUMBUS HOSPITALITY, LLC 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS - Continued

December 31, 2011 and 2010

SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

Use of Estimates - The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Although these estimates are based on the Plan administrator's knowledge of current events and actions it may undertake in the future, they may ultimately differ from actual results.

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

Recent Accounting Standards - In May, 2011, the Financial Accounting Standards Board (FASB) issued ASU No. 2011-04, Fair Value Measurement (Topic 820), *Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S. GAAP and International Financial Reporting Standards*. ASU No. 2011-04 provides a consistent definition of fair value to ensure that the fair value measurement and disclosure requirements are similar between U.S. generally accepted accounting principles and International Financial Reporting Standards. Some of the amendments clarify the FASB's intent about the application of existing fair value measurement requirements. Other amendments change a particular principle or requirement for measuring fair value or for disclosing information about fair value measurements. ASU No. 2011-4 is effective for periods beginning after December 15, 2011. The Plan is currently evaluating the impact that the adoption will have on its financial statements in fiscal 2012.

INVESTMENTS

Investments of the Plan consist primarily of various types of mutual funds and a collective fund (stable value fund) maintained by Fidelity Management Trust Company. As described in the SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, because the investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the investment contract. Contract value, as reported to the Plan, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. The investment contract issuer is obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting interest rate, which is adjusted quarterly, was 1.60% and 1.82% for the years ended December 31, 2011 and 2010, respectively. There are no reserves against the contract value for credit risk of the contract issuer or otherwise. The cost and related accumulated appreciation (depreciation) on investments held by the Plan at December 31, 2011 and 2010 are summarized as follows:

	<u>2011</u>		<u>2010</u>	
	<u>Cost</u>	<u>Unrealized Appreciation (Depreciation)</u>	<u>Cost</u>	<u>Unrealized Appreciation (Depreciation)</u>
Money market mutual funds	\$ 1,743	\$ -	\$ 1,742	\$ -
Bond mutual funds	25,339	329	14,676	859
Equity mutual funds	262,675	(1,984)	165,453	19,568
Asset allocation mutual funds	1,115,830	(107,141)	1,058,060	(51,871)

COLUMBUS HOSPITALITY, LLC 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS - Continued

December 31, 2011 and 2010

INVESTMENTS – Continued

Net appreciation (depreciation) in fair value of investments of (\$79,266) and \$139,868 recorded in the statement of changes in net assets available for benefits for 2011 and 2010, respectively, includes both realized and unrealized gains and losses and is summarized by class of investments as follows:

	Net Appreciation (Depreciation)	
	2011	2010
Bond mutual funds	\$ (530)	\$ 861
Equity mutual funds	(16,725)	31,028
Asset allocation mutual funds	(62,011)	107,979

The fair value of the following investments exceeds 5% of Plan assets at December 31, 2011:

FA STABLE VALUE	\$ 308,208
FA FREEDOM 2010 A	147,694
FA FREEDOM 2030 A	275,002
FA FREEDOM 2025 A	176,536
FA FREEDOM 2035 A	103,122

FAIR VALUE MEASUREMENTS

The Plan complies with FASB ASC 820 *Fair Value Measurements and Disclosures* to account for and report fair value. ASC 820 provides a single definition of fair value, a framework for measuring fair value and expanded disclosures concerning fair value. It also defines fair value as the price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date.

Fair value of certain assets and liabilities are determined based on the fair value hierarchy established in the standard, which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. Observable inputs are inputs that reflect the assumptions market participants would use in pricing the asset or liability developed based on the best information available in the circumstances. The standard describes three levels within its hierarchy that may be used to measure fair value which are:

Level 1 - Values are based on unadjusted quoted prices in active markets for identical assets or liabilities.

Level 2 - Values are based on quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.

Level 3 - Values are generated from unobservable inputs that are supported by little or no market activity and that are a significant component of the fair value of the assets or liabilities. These unobservable inputs would reflect management's estimates of assumptions that market participants would use in pricing related assets or liabilities. Valuation techniques might include the use of pricing models, discounted cash flow models or similar techniques.

COLUMBUS HOSPITALITY, LLC 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS - Continued

December 31, 2011 and 2010

FAIR VALUE MEASUREMENTS - Continued

A financial asset or liability's classification within the hierarchy is determined based on the lowest level input that is significant to the fair value measurement. The assessment of the significance of a particular input to the fair value measurement requires judgment, and may affect the classification of fair value assets and liabilities within the fair value hierarchy levels. The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

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

		<u>Fair Value Measurements Using:</u>	
		<u>Quoted Prices in Active Markets for Identical Assets Level (1)</u>	<u>Significant Other Observable Inputs Level (2)</u>
	<u>Fair Value</u>		
December 31, 2011:			
Money market mutual funds	\$ 1,743	\$ -	\$ 1,743
Bond mutual funds	25,668	25,668	-
Equity mutual funds	260,691	260,691	-
Asset allocation mutual funds	1,008,689	1,008,689	-
Collective funds (contract value)	308,208	-	308,208
Total	<u>\$ 1,604,999</u>	<u>\$ 1,295,048</u>	<u>\$ 309,951</u>
December 31, 2010:			
Money market mutual funds	\$ 1,742	\$ -	\$ 1,742
Bond mutual funds	15,535	15,535	-
Equity mutual funds	185,021	185,021	-
Asset allocation mutual funds	1,006,189	1,006,189	-
Collective funds (contract value)	280,411	-	280,411
Total	<u>\$ 1,488,898</u>	<u>\$ 1,206,745</u>	<u>\$ 282,153</u>

Following is a description of the valuation methodologies used for assets measured at fair value at December 31, 2011 and 2010:

Mutual funds: The fair value of mutual funds is determined using net asset values (NAV) of the shares held by the Plan at year end.

Collective funds: The fair value of collective funds is determined using net asset values (NAV) of units held by the Plan at year end. The stable value fund, held in a common collective trust fund, invests in conventional and synthetic guaranteed investment contracts ("GICs") issued by life insurance companies and money market instruments. Its value is based on the contractual terms of the underlying GIC's which may include discounting the related cash flows based on current yields of similar instruments with comparable durations. The fair value is adjusted to contract value.

COLUMBUS HOSPITALITY, LLC 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS - Continued

December 31, 2011 and 2010

PARTY-IN-INTEREST TRANSACTIONS

Certain plan investments are shares of mutual funds managed by the Plan's investment advisor, as is customary in retirement plans. As a result, these transactions qualify as party-in-interest transactions. Certain administrative functions are performed by officers or employees of the Company. No such officer or employee received compensation from the Plan. Certain administrative expenses of the Plan are paid directly by the Plan Sponsor and are not charged to the Plan.

INCOME TAX STATUS

The Plan Sponsor adopted a prototype plan on which an opinion letter relating only to the acceptability of the form of the Plan was obtained on October 9, 2003. Even though there have been amendments in order to comply with changes in laws and regulations since that date, the Plan Sponsor believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code (IRC) and therefore, the Plan is qualified under IRC Section 401(a), and the related trust is tax-exempt as of December 31, 2011.

The Plan complies with ASC 740-10 related to uncertain tax positions. ASC 740-10 prescribes a recognition threshold and a measurement attribute for the financial statement recognition and measurement of a tax position taken or expected to be taken. Management is not aware of any tax positions taken by the Plan on its tax returns that they consider to be uncertain. Tax returns for the years ended 2008, 2009 and 2010 are still open and subject to examination by the Internal Revenue Service.

RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

Differences between the audited financial statements and the information on the Form 5500 related to the presentation of the following items:

- The adjustment from fair value to contract value for fully benefit-responsive investment contracts
- The recording of a receivable for contributions related to 2011 but made after the end of the fiscal year
- Interest from notes receivable from participants is included as "interest and dividends" on the financial statements, but presented on a separate line on the Form 5500
- The Form 5500 separately presents "net investment gains from collective trusts" which are included in "interest and dividends" in the statement of changes in net assets available for benefits

REPORTABLE TRANSACTIONS

The Plan's assets are participant-directed, and thus, the schedule of reportable transactions is not required.

COLUMBUS HOSPITALITY, LLC 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS - Continued

December 31, 2011 and 2010

PROHIBITED TRANSACTIONS

During 2011 and 2010, the Plan Sponsor failed to remit to the Plan's custodian certain participant contributions within a reasonable time period as set forth by the Department of Labor. The violation is presented as a prohibited transaction on the Form 5500 for the 2011 and 2010 plan year-ends. Delays in remitting the contributions were due to administrative errors and the Plan Sponsor, with the help of the Plan's custodian, is in the process of determining the amount of lost income in order to compensate the affected participants. Participant contributions transferred late to the Plan totaled \$106,687 and \$47,252 for the years ended December 31, 2011 and 2010, respectively.

INFORMATION CERTIFIED BY THE PLAN'S CUSTODIAN

The following information was prepared and certified to as complete and accurate by the Plan's custodian and was utilized in the preparation of the Plan's financial statements as of December 31, 2011, and for the year then ended. Certain adjustments have been made to the information, primarily to present the Plan's financial statements on the accrual basis and properly classify transactions.

Certain adjustments have been made to the information, primarily to present the Plan's financial statements on the accrual basis and properly classify transactions.

	<u>2011</u>	<u>2010</u>
Investments at market:		
Money market mutual funds	\$ 1,743	\$ 1,742
Bond mutual funds	25,668	15,535
Equity mutual funds	260,691	185,021
Asset allocation mutual funds	1,008,689	1,006,189
Collective funds	308,208	280,411
Investments at cost:		
Money market mutual funds	1,743	1,742
Bond mutual funds	25,339	14,676
Equity mutual funds	262,675	165,453
Asset allocation mutual funds	1,115,830	1,058,060
Collective funds	308,208	280,411
Notes receivable from participants	23,399	41,044
Fees	6,370	5,331
Investment income	(36,644)	171,141

SUPPLEMENTAL SCHEDULES

COLUMBUS HOSPITALITY, LLC 401(K) PLAN
 EIN 31-1751326
 PLAN NUMBER 001
 SCHEDULE H, SCHEDULE OF ASSETS (HELD AT YEAR END)

December 31, 2011

Plan: 79610

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment	(d) Cost	(e) Current value
	JPM EQUITY IDX A	Mutual fund	\$ 40,262	\$ 40,947
	OPPENHEIMER GLOBAL A	Mutual fund	36,989	31,043
	RS PARTNERS A	Mutual fund	23,817	28,659
*	FIDELITY PRIME FUND	Mutual fund	1,743	1,743
*	FA LEV CO STOCK A	Mutual fund	32,542	28,470
*	FA EQUITY INCOME A	Mutual fund	16,884	16,845
*	FA HIGH INC ADV A	Mutual fund	10,503	10,468
*	FA SHORT FIXED INC A	Mutual fund	4,826	4,837
*	FA SMALL CAP A	Mutual fund	9,910	9,661
*	FA STK SEL ALL CAP A	Mutual fund	20,243	20,963
*	FA DIVERS INTL A	Mutual fund	16,604	14,710
*	FA STABLE VALUE	Collective fund	318,372	318,372
*	FA FREEDOM 2010 A	Mutual fund	158,806	147,694
*	FA FREEDOM 2020 A	Mutual fund	73,126	73,630
*	FA FREEDOM 2030 A	Mutual fund	320,980	275,002
*	FA FREEDOM 2040 A	Mutual fund	92,391	79,616
*	FA FREEDOM INC A	Mutual fund	734	754
*	FA VALUE LEADERS A	Mutual fund	8,608	7,643
*	FA FREEDOM 2005 A	Mutual fund	5,002	4,970
*	FA FREEDOM 2015 A	Mutual fund	58,268	56,380
*	FA FREEDOM 2025 A	Mutual fund	196,312	176,536
*	FA FREEDOM 2035 A	Mutual fund	114,165	103,122
*	FA VALUE FUND A	Mutual fund	3,799	2,930
*	FA TOTAL BOND	Mutual fund	10,010	10,363

COLUMBUS HOSPITALITY, LLC 401(K) PLAN
EIN 31-1751326
PLAN NUMBER 001
SCHEDULE H, SCHEDULE OF ASSETS HELD AT YEAR END

December 31, 2010

Plan: 79610

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment	(d) Cost	(e) Current value
*	FA MID CAP II A	Mutual fund	\$ 20,721	\$ 23,236
*	FA SMALL CAP VAL A	Mutual fund	17,164	22,030
*	FA INTL DISCOVERY A	Mutual fund	7,583	6,101
*	FA INTL SM CAP OPP A	Mutual fund	6,814	6,700
*	FA FREEDOM 2045 A	Mutual fund	69,945	65,356
*	FA FREEDOM 2050 A	Mutual fund	26,836	26,382
*	NOTES RECEIVABLE FROM PARTICIPANTS	Interest rates ranging from 6% to 9.25% with maturity dates from 1 year to 5 years		<u>23,399</u>
	TOTAL			<u><u>\$ 1,638,562</u></u>

* denotes party-in-interest

COLUMBUS HOSPITALITY, LLC 401(K) PLAN

EIN 31-1751326

PLAN NUMBER 001

SCHEDULE H, SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

December 31, 2011

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions
\$106,687	\$106,687

SUMMARY OF NET TRUST ASSETS

Total Plan Assets as of 12/31/2011

<u>Fund Name (Cusip #)</u>	<u>Share Balance</u> <u>12/31/2011</u>	<u>Historical Cost</u>	<u>Price</u>	<u>Total Market Value</u>
JPM EQUITY IDX A	1,435.734	\$40,261.50	\$28.52	\$40,947.13
OPPENHEIMER GLOBAL A	574.444	\$36,988.99	\$54.04	\$31,042.95
RS PARTNERS A	978.784	\$23,817.05	\$29.28	\$28,658.80
FID PRIME FUND	1,742.580	\$1,742.58	\$1.00	\$1,742.58
FA LEV CO STOCK A	935.588	\$32,541.91	\$30.43	\$28,469.94
FA EQUITY INCOME A	748.990	\$16,884.21	\$22.49	\$16,844.79
FA HIGH INC ADV A	1,125.579	\$10,503.02	\$9.30	\$10,467.88
FA SHORT FIXED INC A	523.502	\$4,825.84	\$9.24	\$4,837.16
FA SMALL CAP A	448.101	\$9,910.21	\$21.56	\$9,661.06
FA STK SEL ALL CAP A	1,169.145	\$20,243.29	\$17.93	\$20,962.77
FA DIVERS INTL A	1,077.621	\$16,603.60	\$13.65	\$14,709.53
FA STABLE VALUE	308,208.240	\$308,208.24	\$1.00	\$308,208.24
FA FREEDOM 2010 A	13,222.413	\$158,806.05	\$11.17	\$147,694.35
FA FREEDOM 2020 A	6,413.789	\$73,126.20	\$11.48	\$73,630.30
FA FREEDOM 2030 A	24,038.605	\$320,980.04	\$11.44	\$275,001.64
FA FREEDOM 2040 A	6,971.661	\$92,391.09	\$11.42	\$79,616.37
FA FREEDOM INC A	70.814	\$734.44	\$10.65	\$754.17
FA VALUE LEADERS A	784.716	\$8,607.61	\$9.74	\$7,643.13
FA FREEDOM 2005 A	457.217	\$5,001.52	\$10.87	\$4,969.95
FA FREEDOM 2015 A	5,074.718	\$58,268.21	\$11.11	\$56,380.12
FA FREEDOM 2025 A	16,121.994	\$196,311.69	\$10.95	\$176,535.83
FA FREEDOM 2035 A	9,628.591	\$114,165.23	\$10.71	\$103,122.21
FA VALUE FUND A	241.760	\$3,799.29	\$12.12	\$2,930.13
FA TOTAL BOND A	948.968	\$10,009.78	\$10.92	\$10,362.73

Plan: 79610

Columbus Hospitality, LLC 401(k) Plan

Run Date: 01/15/2012

SUMMARY OF NET TRUST ASSETS

Total Plan Assets as of 12/31/2011

<u>Fund Name (Cusip #)</u>	<u>Share Balance 12/31/2011</u>	<u>Historical Cost</u>	<u>Price</u>	<u>Total Market Value</u>
FA MID CAP II A	1,450.444	\$20,721.41	\$16.02	\$23,236.11
FA SMALL CAP VAL A	1,592.938	\$17,164.36	\$13.83	\$22,030.33
FA INTL DISCOVERY A	222.169	\$7,583.38	\$27.46	\$6,100.76
FA INTL SM CAP OPP A	729.820	\$6,814.08	\$9.18	\$6,699.75
FA FREEDOM 2045 A	7,384.857	\$69,944.58	\$8.85	\$65,355.98
FA FREEDOM 2050 A	3,046.458	\$26,835.66	\$8.66	\$26,382.33
OUTSTANDING LOAN BALANCE				\$23,398.71

		NET ASSETS 12/31/2011:		\$1,628,397.73
				=====

Assets are presented at fair value with the exception to fully benefit responsive investment contracts which are presented at contract value as in previous years. See chapter 7 of the Fidelity auditor's guide for financial statement presentation and disclosure information.