Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
VISTA HOSPITALITY 401K RETIREMENT SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1998

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

2-8 HAWLEY STREET
BINGHAMTON, NY 13901

2b Employer Identification Number (EIN)
04-3184027

2c Sponsor's telephone number
607-722-4469

2d Business code (see instructions)
812990

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/28/2011	SURY ASHOK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

2-8 HAWLEY STREET
BINGHAMTON, NY 13901

3b Administrator's EIN
04-3184027

3c Administrator's telephone number
607-722-4469

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**	128
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**	90
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits	**6c**	25
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	115
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	
f	Total. Add lines **6d** and **6e**	**6f**	115
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	41
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	1
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:
3H 3D 2K 2J 2G 2F 2E

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)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

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

A Name of plan
VISTA HOSPITALITY 401K RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500.
VISTA PROPERTY MANAGEMENT, LLC

D Employer Identification Number (EIN)
04-3184027

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.

1 Coverage Information:

(a) Name of insurance carrier
JOHN HANCOCK LIFE INSURANCE COMPANY OF NEW YORK

(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
13-3646501	86375	82386	45	01/01/2010	12/31/2010

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
1204	

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
MERRILL LYNCH LIFE AGY
388 GREENWICH STREET
NEW YORK, NY 10013

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1204			4

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	475706

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.	**6d**	

Specify nature of costs ▶

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**	
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)**	
d	Total of balance and additions (add **b** and **c(6)**)			**7d**	
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)**	
f	Balance at the end of the current year (subtract **e(5)** from **d**)			**7f**	

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

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

A Name of plan
VISTA HOSPITALITY 401K RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
VISTA PROPERTY MANAGEMENT, LLC

D Employer Identification Number (EIN)
04-3184027

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

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

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

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

JOHN HANCOCK LIFE INSURANCE COMPANY

100 SUMMIT LAKE DRIVE
VALHALLA, NY 10595

13-3646501

(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?
63 62 60 59 28 15	SERVICE PROVIDER	124	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

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

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

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

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

(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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

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

A Name of plan
VISTA HOSPITALITY 401K RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
VISTA PROPERTY MANAGEMENT, LLC

D Employer Identification Number (EIN)
04-3184027

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

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK NEW YORKS SUB-ACCOUNT

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS OF NEW YORK

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)
13-3646501-001	P	475706

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

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

A Name of plan
VISTA HOSPITALITY 401K RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
VISTA PROPERTY MANAGEMENT, LLC

D Employer Identification Number (EIN)
04-3184027

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		223
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	128	1554
(2) Participant contributions	1b(2)	1022	9279
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	3266	14934
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	464964	475706
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	469380	501696
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	469380	501696

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)	7652	
	(B) Participants	2a(1)(B)	50248	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		57900
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)	524	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		524
	(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)		
	(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)	55766	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		55766
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		114190
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	81220	
(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)		81220
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		530
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)	124	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		124
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		81874
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		32316
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unqualified (2) [ ] Qualified (3) [X] Disclaimer (4) [ ] Adverse

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

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

(1) Name: PIAKER & LYONS, PC (2) EIN: 16-1152552

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. (2) [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

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

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

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

A Name of plan
VISTA HOSPITALITY 401K RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
VISTA PROPERTY MANAGEMENT, LLC

D Employer Identification Number (EIN)
04-3184027

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 13-3646501

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** 6

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

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

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

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

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

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

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

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

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

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

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

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

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

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

VISTA HOSPITALITY 401(K)
RETIREMENT SAVINGS PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2010

VISTA HOSPITALITY 401(K) RETIREMENT SAVINGS PLAN
DECEMBER 31, 2010
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Officers:
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Alan D. Piaker, CPA
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Roy E. Fuller, CPA
John R. May, CPA*
Angelo J. Gallo, CPA
Richard A. Lynch, CPA
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Janeen F. Sutryk, CPA*

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American Institute of Certified Public Accountants
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**Also Licensed in Maryland

Also Member of:
+National Association of Certified Valuation Analysts
*Pennsylvania Institute of Certified Public Accountants

INDEPENDENT AUDITORS' REPORT

To the Trustees
Vista Hospitality 401(k) Retirement Savings Plan

We were engaged to audit the financial statements and supplemental schedules of **VISTA HOSPITALITY 401(K) RETIREMENT SAVINGS PLAN** as of December 31, 2010 and 2009, and for the years then ended, as listed in the accompanying index. These financial statements and schedules 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, as amended (ERISA), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 7, which was certified by John Hancock Life Insurance Company of New York, the Custodian of the Plan, for the years ended December 31, 2010 and 2009 except for comparing the information with the related information included in the financial statements and supplementary schedules. We have been informed by the Plan administrator that the Custodian holds the Plan's investment assets and execute investment transactions. The Plan administrator has obtained a certification from John Hancock Life Insurance Company of New York as of and for the years ended December 31, 2010 and 2009 that the information provided to the Plan administrator by the Custodian is complete and accurate.

The statement of changes in net assets available for benefits does not include a separate accounting of interest, dividends, realized and unrealized gains and losses with respect to the investments held under trust. Instead, the Custodian reflects the earnings for the underlying investments as net investment gains and losses. Such earnings are reflected as net change in fair value of investments on the statement of changes in net assets available for benefits.

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 schedules taken as a whole. The form and content of the information included in the financial statements and schedules, other than that derived from the information certified by the Custodian, has been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, except for the omission of the information discussed in the preceding paragraph, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Piaker & Lyons, P.C.

PIAKER & LYONS, P.C.

Binghamton, New York
October 13, 2011

VISTA HOSPITALITY 401(K) RETIREMENT SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2010 AND 2009

	2010	2009
ASSETS		
Investments, at Fair Value:		
Mutual Funds	$ 475,706	$ 464,964
Receivables:		
Contribution Receivable - Employees	9,279	1,022
Contribution Receivable - Sponsor	1,554	128
Participant Loans	14,934	3,266
Total Receivables	25,767	4,416
Cash	223	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 501,696	$ 469,380

See the accompanying notes to financial statements.

VISTA HOSPITALITY 401(K) RETIREMENT SAVINGS PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2010 AND 2009

	2010	2009
ADDITIONS:		
Investment Income		
Net Change in Fair Value of Investments	$ 55,766	$ 102,555
Interest and Other Income	524	172
Total Investment Income	56,290	102,727
Contributions		
Employee Contributions	50,248	46,328
Sponsor Contributions	7,652	5,569
Total Contributions	57,900	51,897
Total Additions	114,190	154,624
DEDUCTIONS:		
Benefit Payments	81,750	31,416
Administrative Expenses	124	3,470
Total Deductions	81,874	34,886
Net Change	32,316	119,738
Net Assets Available for Benefits - Beginning of Year	469,380	349,642
Net Assets Available for Benefits - End of Year	$ 501,696	$ 469,380

See the accompanying notes to financial statements.

NOTE 1 - DESCRIPTION OF PLAN

The Vista Hospitality 401(k) Retirement Savings Plan (the Plan) is a plan for a controlled group of companies consisting of the following sponsors:

Vista Property Management, LLC
Arena Hotel Corporation d/b/a Holiday Inn Arena
Tamarind Hotels USA, Inc. d/b/a Quality Inn and Suites Vestal
Titusville Hotel Corporation formerly d/b/a Clarion Inn Kennedy Space Center
Sun Buena Vista, LP d/b/a Holiday Inn Sunspree Resort Lake Buena Vista
Vista JFK, LLC

During the year ended December 31, 2010 substantially all operating assets of Titusville Hotel Corporation ("Titusville") were sold to an unrelated party and, accordingly, all employees of Titusville were terminated. At December 31, 2010 Titusville had no participants in the Plan.

The following description of the Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

1. General - The Plan is a defined contribution plan covering all full-time employees (other than those covered under a collective bargaining agreement) of the Company who have one year of service and are age twenty-one or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Plan is qualified under section 401(a) of the Internal Revenue Code (IRC) and includes a qualified cash or deferred arrangement as described in section 401(k) of the IRC, for the benefit of eligible employees in the Plan.

2. Contributions – Each year, participants may elect to defer compensation and make voluntary cash contributions to the Plan with certain limitations. The maximum deferral per employee is $16,500 for 2010 and 2009. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Annually, the participating Companies may match a portion of employee contributions to the Plan on a discretionary basis. For the years ending December 31, 2010 and 2009, the employer match was 25% of the first 4% of compensation that a participant contributes to the Plan. Under no circumstances are employees allowed to make annual additions to their accounts in excess of the lesser of 100% of compensation or $49,000 for the years ended December 31, 2010 and 2009, combining both 401(k) elective deferrals and employer match contributions.

3. Participant Accounts - Each participant's account is credited with the participant's contribution and allocation of (a) the Company's contribution, (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account. The Plan is a participant-directed Plan.

NOTE 1 - DESCRIPTION OF PLAN (Continued)

4. Vesting – Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. Participants in the Plan vest according to the following schedule:

Years of Service	Vested Percentage
1	0%
2	20%
3	40%
4	60%
5	80%
6	100%

5. Participant Loans – Loans to participants are reported at their unpaid principal plus any accrued but unpaid interest. Participants may borrow from their fund accounts a minimum of $500 up to a maximum of $50,000 or 50% of their vested account balance, whichever is less. The loans are secured by the balance in the participant's account and bear interest at a rate of 5.0%, which is commensurate with local prevailing rates as determined monthly by the Plan administrator. The maximum repayment period is 5 years. Principal and interest is paid ratably through payroll deductions.

6. Payment of Benefits - On termination of service due to death, disability or retirement, a participant whose vested account balance is less than $5,000 will receive a single lump sum payment. A participant whose balance is greater than $5,000 may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account or payment in the form of a joint or survivor annuity. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. If, however, such participant's account balance is less than $5,000, the vested balance will automatically be distributed to the participant in a lump-sum. Benefits are recorded when paid.

7. Forfeited Accounts - At December 31, 2010 and 2009, forfeited non-vested accounts totaled $114 and $-0-, respectively. These accounts will first be used to pay any administrative expenses. Any remaining amount will be used to reduce future employer matching contributions.

8. Administrative Costs – Participant administration and record keeping fees are paid by the participants. The annual plan administration and compliance fee is paid by the participating Companies.

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The financial statements of the Plan are prepared using the accrual method of accounting.

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES (Continued)

Use of Estimates - The preparation of 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 certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Fair Value of Financial Instruments and Earnings from Investments - The Plan follows Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) No. 825, "*Financial Instruments.*" The statement establishes standards for disclosing the fair value of financial instruments for which it is practicable to estimate that value. In addition, the methods and significant assumptions used to estimate the fair value of the financial instruments must be disclosed. Financial instruments are defined as cash, evidence of an ownership in an entity, or a contract that meets the following criteria:

1. Imposes on one entity an obligation (a) to deliver cash or another financial instrument to a second entity, or (b) to exchange other financial instruments on potentially unfavorable terms with the second entity.
2. Conveys to that second entity a contractual right (a) to receive cash or another financial instrument from the first entity, or (b) exchange other financial instruments on potentially favorable terms with the first entity.

The earnings on the investments held under trust do not account for separately the appreciation (depreciation) in the fair value of said investments from the investment income (i.e. interest, dividends etc.) as reported to the Plan administrator by the Custodian. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date.

The Plan's investments consist of mutual fund shares held under contract with John Hancock Life Insurance Company of New York (the "Custodian"). The Plan's participants do not hold shares of stocks, bonds or mutual fund shares under the contract, instead contributions to the contract are held in the Custodian's pooled separate account, which, in turn, purchases shares of mutual funds. The interest, dividends and realized/unrealized gains and losses with respect to the mutual fund shares held under contract are factored into the value of the separate account funds. The value of the separate account unit of participation is determined by dividing the total value of the separate account by the total number of units of participation held by the plans invested in the separate account. The value of the separate account includes the dividends earned and any realized or unrealized gains or losses associated with the underlying investments. The Custodian has advised the Plan administrator that it is impractical to have a separate accounting of investment income and appreciation/depreciation on the value of the assets. Financial instruments stated at fair value consisted of the following at December 31:

	2010		2009	
	Carrying Amount	Fair Value	Carrying Amount	Fair Value
Mutual Funds	$ 475,706	$ 475,706	$ 464,964	$ 464,964
Cash	223	223	-	-
	$ 475,929	$ 475,929	$ 464,964	$ 464,964

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES (Continued)

The Plan's assets also consist of the following financial instruments for which the fair value has been determined to be impracticable to estimate. There are no readily available markets for these assets to enable an accurate estimate as to the fair value. These investments are carried on the statement of net assets available for benefits at current value using the discounted value of expected cash flows, which approximates cost.

	2010	2009
Participant Loans	$ 14,934	$ 3,266

Form 5500 – These financial statements contained certain groupings that are not replicated on the Form 5500.

Risks and Uncertainties – Investment securities are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the fair value of investment securities, it is at least reasonably possible that changes in the risks in the near term would materially affect the net assets of the Plan. Therefore, the Plan depends upon the stock market performance, which has fluctuated significantly during the two years ended December 31, 2010. This is a natural cycle of the economy; hence, the market may continue to suffer severe, rapid declines and upswings in the near term.

Uncertainty in Income Taxes - The Plan has adopted the provisions of the FASB ASC No. 740, *"Income Taxes"*, as amended by FASB Accounting Standards Update (ASU) No. 2009-06, *"Implementation Guidance on Accounting For Uncertainty in Income Taxes and Disclosure Amendments for Nonpublic Entities"* effective January 1, 2009. As of January 1, 2009 management has determined there were no liabilities for unrecognized tax benefits as a result of the implementation of FASB ASC No. 740, as amended.

The Plan has not recognized any interest or penalties related to unrecognized tax benefits in the statements of changes in net assets available for benefits nor has it accrued any in the statements of net assets available for benefits as of December 31, 2010 and 2009.

NOTE 3 - TAX STATUS

On January 1, 2009 the Plan adopted the Omega, Inc. prototype defined contribution plan #01. The Internal Revenue Service has determined and informed the plan prototype sponsor by a letter dated March 31, 2008, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC) and is exempt from federal income tax under Section 401 of the IRC. Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

NOTE 4 - PLAN TERMINATION

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

NOTE 5 - INVESTMENTS IN EXCESS OF FIVE PERCENT OF NET ASSETS AVAILABLE FOR BENEFITS

As of December 31, 2010, the Plan's assets included the following investments, under the captions indicated, that exceeded 5% of Net Assets Available for Benefits, measured as of the beginning of the Plan year:

Asset	Fair Value at 12/31/10
Equity and Fixed Income Mutual Fund:	
JNY Lifestyle Balanced	$ 277,930
JNY PIMCO Total Return	24,297
The Growth Fund of America	28,623

NOTE 6 - CONCENTRATION OF CREDIT RISK

Financial instruments which potentially subject the Plan to concentration of credit risk consist principally of mutual funds which are managed by the financial institution that is the custodian of the Plan assets at December 31, 2010 and 2009. The Plan has no formal policy regarding collateral to support the instruments subject to credit risk.

NOTE 7 - SUMMARY OF UNAUDITED INFORMATION

The Plan's custodian, John Hancock Life Insurance Company of New York (JHL), holds the Plan's investment assets and executes investment transactions. Financial information relating to the assets held and transactions executed by JHL are included in the accompanying financial statements and are based on information provided by the Custodian. This information, which has not been audited by independent accountants, is summarized as follows:

NOTE 7 - SUMMARY OF UNAUDITED INFORMATION (Continued)

	2010	2009
Net Assets Quoted at Fair Value by Plan Custodian (JHL) and Administrator		
Equity and Fixed Income Mutual Funds	$ 475,706	$ 464,964
	$ 475,706	$ 464,964
Change in Net Assets		
Additions		
Interest Income	$ 524	$ 172
Net Change in Fair Value of Investments (See Note 2)	55,766	102,555
Contributions	57,900	51,897
	114,190	154,624
Deductions		
Distributions	81,750	31,416
Administrative Expenses	124	3,470
	81,874	34,886
Subtotal	32,316	119,738
Beginning Net Assets, at Fair Value (as Certified by Custodian)	464,964	338,997
Change in Participant Loans (Net)	(11,668)	2,611
Change in Contribution Receivable	(9,683)	213
Change in Cash (Net)	(223)	3,405
Ending Net Assets, at Fair Value (as Certified by Custodian)	$ 475,706	$ 464,964

The following is a reconciliation of assets certified complete and accurate by the Custodian to net assets available for benefits:

	2010	2009
Asset Certification (Custodian)	$ 475,706	$ 464,964
Add: Sponsor Contribution Receivable	1,554	128
Employee Contribution Receivable	9,279	1,022
Assets Held by Administrator	15,157	3,266
Net Assets Available for Benefits	$ 501,696	$ 469,380

NOTE 8 - TRANSACTIONS WITH PARTIES-IN-INTEREST

As of December 31, 2010 and 2009, certain Plan investments are shares of mutual funds or an insurance contract that are managed by John Hancock Life Insurance Company of New York (JHL). JHL is also the custodian of the Plan and, therefore, these transactions qualify as party-in-interest transactions.

NOTE 9 - SEPARATED PARTICIPANTS

At the Plan's year-end, there were 25 participants separated from service, with plan assets. The separated participants are entitled to the income earned from their assets but are not eligible to share in subsequent Plan contributions or forfeitures. The value of the assets of separated participants was $143,249 at December 31, 2010.

NOTE 10 - FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits.

	Fair Value	Fair Value Measurements Using: Significant Unobservable Inputs (Level 3)
December 31, 2010		
Mutual Funds	$ 475,706	$ 475,706
December 31, 2009		
Mutual Funds	$ 464,964	$ 464,964

Generally accepted accounting principles establish a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When applicable, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. As there were no Level 1 or 2 inputs available, the Plan utilized only Level 3 inputs to measure fair value.

NOTE 10 - FAIR VALUE MEASUREMENTS (Continued)

Level 3 Fair Value Measurement

As more fully disclosed in Note 2, the Plan's mutual fund shares are held in the Custodian's pooled separate account, which, in turn, purchases shares of mutual funds. Therefore, the mutual funds held in the Custodian's pooled separate account are not actively traded and significant other observable inputs are not available. Thus, the fair value of the mutual funds are determined by the Custodian based on the fair value of similar types of investments, subject to any applicable surrender charges, as of December 31, 2010 and 2009. The following table provides further details of the Level 3 fair value measurements.

Fair Value Measurements Using Significant Unobservable Inputs (Level 3)

	Mutual Funds
For the Year Ended December 31, 2009	
Beginning Balance	$ 338,997
Purchases, Sales, Issuances, Settlements, and Net Appreciation/(Depreciation) in Fair Value (Net)	125,967
Balance at December 31, 2009	**$ 464,964**
For the Year Ended December 31, 2010	
Beginning Balance	$ 464,964
Purchases, Sales, Issuances, Settlements, and Net Appreciation/(Depreciation) in Fair Value (Net)	10,742
Balance at December 31, 2010	**$ 475,706**

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the year ended December 31, 2010 and 2009, are reported in net appreciation (depreciation) in fair value of investments.

NOTE 11 - SUBSEQUENT EVENT

The Plan's trustees have evaluated events and transactions that occurred during the period from January 1, 2011 through October 13, 2011, which is the date the financial statements were available to be issued, for possible disclosure and recognition in the financial statements.

VISTA HOSPITALITY 401(K) RETIREMENT SAVINGS PLAN
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
SCHEDULE H (FORM 5500) - PART IV, LINE 4i
DECEMBER 31, 2010

Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Number of Shares, Maturing Date, Collateral, Par, or Maturity Value			Cost	Current Value
Cash:					
John Hancock	Cash			$ 223	$ 223
				$ 223	**$ 223**
Mutual Funds:					
John Hancock	JNY Royce Opportunity	304.555269	Shares	$ 5,766	$ 5,958
John Hancock	International Value Fund	706.865162	Shares	16,264	14,288
John Hancock	Intl Equity Index Fund	209.912135	Shares	2,911	3,402
John Hancock	JNY John Hancock Small Cap Growth Fd	574.941940	Shares	4,366	7,567
John Hancock	JNY American Funds EuroPacific	125.182261	Shares	7,359	6,944
John Hancock	Columbia Mid Cap Value	170.121393	Shares	1,885	1,778
John Hancock	JNY Oppenheimer Global	183.424319	Shares	8,642	7,652
John Hancock	The Growth Fund of America	843.171219	Shares	29,841	28,623
John Hancock	JNY Davis New York Venture	475.430442	Shares	12,858	12,442
John Hancock	Investment Company of America	541.013233	Shares	21,750	20,133
John Hancock	JNY PIMCO Total Return	1,124.163195	Shares	18,734	24,297
John Hancock	Total Bond Market Fund	853.120227	Shares	11,808	13,635
John Hancock	JNY John Hancock Stable Val.	5,050.286881	Shares	5,809	6,184
John Hancock	JNY Lifestyle Aggressive	991.289738	Shares	17,463	17,646
John Hancock	JNY Lifestyle Growth	147.727508	Shares	2,870	3,335
John Hancock	JNY Lifestyle Balanced	12,565.988387	Shares	257,689	277,930
John Hancock	JNY Lifestyle Moderate	193.749003	Shares	3,717	4,507
John Hancock	JNY Lifestyle Conservative	900.867090	Shares	15,969	19,385
				$ 445,701	**$ 475,706**
Participant Loans:					
Participant Loans	Participant Loans at rates of 5.00%	Mature 2011-2015		$ 14,934	$ 14,934
				$ 14,934	**$ 14,934**

See the accompanying notes to financial statements.

VISTA HOSPITALITY 401(K) RETIREMENT SAVINGS PLAN
SCHEDULE OF BOTH ASSETS ACQUIRED AND DISPOSED OF WITHIN THE PLAN YEAR
SCHEDULE H (FORM 5500) - PART IV, LINE 4i
DECEMBER 31, 2010

(a) Identity of Issue, Borrower, Lessor, or Similar Party	(b) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(c) Cost of Acquisitions	(d) Proceeds of Dispositions
John Hancock Life Insurance Company of New York - See Attachment A		$ 52,808	$ 97,832
		$ 52,808	$ 97,832

See the accompanying notes to financial statements.

VISTA HOSPITALITY 401(K) RETIREMENT SAVINGS PLAN
SCHEDULE OF REPORTABLE TRANSACTIONS
SCHEDULE H (FORM 5500) - PART IV, LINE 4j
DECEMBER 31, 2010

Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date(s)	Net Gain or (Loss)	Transaction Type Code
John Hancock Life Insurance Company of New York	Various Securities			See Attachment B			4

Transaction type codes:

1 - A single transaction within the plan year in excess of 5% of the current value of the plan assets.
2 - Any series of transactions with or in conjunction with the same person, involving property other than securities, which amount in the aggregate within the plan year (regardless of the category of asset and the gain or loss on any transaction) to more than 5% of the current value of plan assets.
3 - Any transaction within the plan year involving securities of the same issue if within the plan year any series of transactions with respect to such securities amount in the aggregate to more than 5% of the current value of the plan assets.
4 - Any transaction within the plan year with respect to securities with, or in conjunction with, a person if any prior or subsequent single transaction within the plan year with such person, with respect to securities, exceeds 5% of the current value of plan assets.

See the accompanying notes to financial statements.

ATTACHMENT A

John Hancock

5% of Reportable Transactions Summary Report For Contract Number 82386

THE TRUSTEES OF VISTA HOSPITALITY 401(K)

Audit Year Ending DECEMBER 31, 2010

	Purchases		Sales			
Purchases	Transactions	Purchase Price	Trans.	Selling Price	Transaction Cost	Net Gain/(loss)
Guaranteed Funds						
John Hancock Stable Val	0	$0.00			$0.00	
Total	0	$0.00			$0.00	
Investment Funds						
Total Bond Market Fund	104	$1,577.74			$1,577.74	
EuroPacific Growth Fund	55	$652.75			$652.75	
The Growth Fund of America	120	$3,453.38			$3,453.38	
Intl Equity Index Fund	70	$1,088.62			$1,088.62	
International Value Fund	104	$791.96			$791.96	
Lifestyle Aggressive	90	$3,176.02			$3,176.02	
Lifestyle Balanced	155	$30,547.46			$30,547.46	
Lifestyle Growth	43	$3,021.40			$3,021.40	
Lifestyle Moderate	55	$2,466.57			$2,466.57	
John Hancock Stable Val	104	$793.69			$793.69	
Columbia Mid Cap Value	54	$478.20			$478.20	
PIMCO Total Return	15	$698.47			$698.47	
Davis New York Venture	70	$1,695.43			$1,695.43	
Investment Company of America	104	$2,366.25			$2,366.25	
Washington Mutual Investors	0	$0.00			$0.00	
Total	1,143	$52,807.94			$52,807.94	

	Purchases		Sales			
Sales	Transactions	Purchase Price	Trans.	Selling Price	Transaction Cost	Net Gain/(loss)
Guaranteed Funds						
John Hancock Stable Val			0	$0.00	$0.00	
Total			0	$0.00	$0.00	
Investment Funds						
Total Bond Market Fund			1	$4,134.14-	$3,501.26-	$632.88
EuroPacific Growth Fund			0	$0.00	$0.00	$0.00
The Growth Fund of America			2	$1,516.55-	$1,697.75-	$181.20-
Intl Equity Index Fund			0	$0.00	$0.00	$0.00
International Value Fund			0	$0.00	$0.00	$0.00
Lifestyle Aggressive			5	$5,263.30-	$5,734.61-	$471.31-
Lifestyle Balanced			21	$43,847.50-	$45,095.83-	$1,248.33-
Lifestyle Growth			14	$3,928.02-	$3,178.12-	$749.90
Lifestyle Moderate			5	$1,631.94-	$1,372.70-	$259.24
John Hancock Stable Val			14	$826.91-	$781.32-	$45.59
Columbia Mid Cap Value			1	$9,768.13-	$10,669.13-	$901.00-
PIMCO Total Return			0	$0.00	$0.00	$0.00
Davis New York Venture			0	$0.00	$0.00	$0.00
Investment Company of America			2	$5,564.40-	$6,442.28-	$877.88-

Group annuity contracts and any separate administrative services agreement are issued by John Hancock Life Insurance Company of New York, Valhalla, NY.

John Hancock

5% of Reportable Transactions Summary Report For Contract Number 82386

THE TRUSTEES OF VISTA HOSPITALITY 401(K)

Audit Year Ending DECEMBER 31, 2010 Page 2

	Purchases		Sales			
Sales	Transactions	Purchase Price	Trans.	Selling Price	Transaction Cost	Net Gain/(loss)
Investment Funds						
Washington Mutual Investors			1	$21,350.90-	$25,874.56-	$4,523.66-
Total			66	$97,831.79-	$104,347.56-	$6,515.77-

ATTACHMENT B

THE TRUSTEES OF VISTA HOSPITALITY 401(K)
RETIREMENT PLAN
CONTRACT NO: 82386

DIVISIONAL TOTALS BY
MONEY TYPE AND INVESTMENT ACCOUNT

MONEY TYPE	OPENING BALANCE JAN/01/2010	CONTRIBUTION	NET GAIN/LOSS*	FORFEITURES	WITHDRAWALS	TRANSFERS	CLOSING BALANCE DEC/31/2010
DIVISIONAL TOTALS							
EE ELECTIVE DEFERRAL							
LS-CONSERV	15,866.64	0.00	1,585.11	0.00	0.00	0.00	17,451.75
LS-MODERAT	2,690.30	2,128.58	404.19	0.00	-942.53	-524.82	3,755.72
LS-BALANCE	220,718.98	24,576.77	26,717.16	0.00	-26,557.95	-10,123.78	235,331.18
LS-GROWTH	3,165.91	2,588.09	457.41	0.00	-3,315.17	53.21	2,949.45
LS-AGGRESS	14,472.42	1,790.90	2,088.82	0.00	-1,520.23	-2,526.61	14,305.30
STBL VALUE	5,470.06	595.08	107.62	0.00	-784.91	149.47	5,537.32
TOT BMKT	13,916.26	1,190.70	845.23	0.00	-4,134.14	288.22	12,106.27
TOTAL RETN	20,762.79	600.00	1,632.63	0.00	0.00	0.00	22,995.42
AF ICA	19,013.87	1,785.78	1,826.86	0.00	-5,564.40	431.97	17,494.08
AF WASHMUT	18,822.84	0.00	2,137.89	0.00	-20,960.73	0.00	0.00
NY VENTURE	6,324.94	415.14	782.76	0.00	0.00	0.00	7,522.84
AF GROWTH	20,332.14	2,200.92	2,547.50	0.00	-1,516.55	432.56	23,996.57
GLOBAL	5,535.94	0.00	849.20	0.00	0.00	0.00	6,385.14
COLMIDVAL	8,896.49	415.14	1,775.53	0.00	-9,557.57	0.00	1,529.59
EUROPAC	4,815.14	565.14	461.14	0.00	0.00	0.00	5,841.42
VS SM GRTH	5,191.79	0.00	1,122.43	0.00	0.00	0.00	6,314.22
IDX INTL	865.50	415.90	129.06	0.00	0.00	0.00	1,410.46
VS IT VL	10,857.49	596.16	893.34	0.00	0.00	144.50	12,491.49
OPPORTUNTY	3,739.96	0.00	1,227.55	0.00	0.00	0.00	4,967.51
LOAN SA 1	774.53	0.00	394.06	0.00	-530.27	10,545.24	11,183.56
LOAN SA 2	1,192.33	0.00	52.11	0.00	0.00	302.45	1,546.89
LOAN SA 6	1,298.82	0.00	45.56	0.00	0.00	-774.18	570.20
LOAN SA 7	0.00	0.00	32.04	0.00	0.00	1,601.77	1,633.81
SUBTOTAL	404,725.14	39,864.30	48,115.20	0.00	-75,384.45	0.00	417,320.19

* May include fees and charges

TRANSFERS includes Rollovers, Existing Balance Changes, Unvested Money Transfers, Loan Issues and Repayments.

CONTINUED ...

THE TRUSTEES OF VISTA HOSPITALITY 401(K) RETIREMENT PLAN
CONTRACT NO: 82386

DIVISIONAL TOTALS BY
MONEY TYPE AND INVESTMENT ACCOUNT

DIVISIONAL TOTALS (... CONTINUED)

MONEY TYPE	OPENING BALANCE JAN/01/2010	CONTRIBUTION	NET GAIN/LOSS*	FORFEITURES	WITHDRAWALS	TRANSFERS	CLOSING BALANCE DEC/31/2010
ER MATCHING CONTRIB							
LS-CONSERV	1,757.56	0.00	175.58	0.00	0.00	0.00	1,933.14
LS-MODERAT	500.14	322.80	71.63	0.00	-28.68	-114.73	751.16
LS-BALANCE	32,770.68	3,774.17	4,010.39	0.00	-4,906.66	-12.60	35,635.98
LS-GROWTH	549.42	345.42	45.21	0.00	-567.64	12.60	385.01
LS-AGGRESS	2,723.60	433.81	445.94	0.00	-262.27	0.00	3,341.08
STBL VALUE	627.08	49.14	-29.60	0.00	0.00	0.00	646.62
TOT BMKT	1,355.54	98.82	74.13	0.00	0.00	0.00	1,528.49
TOTAL RETN	1,115.87	98.47	87.27	0.00	0.00	0.00	1,301.61
AF ICA	2,247.51	148.50	243.30	0.00	0.00	0.00	2,639.31
AF WASHMUT	350.38	0.00	39.79	0.00	-390.17	0.00	0.00
NY VENTURE	1,227.30	63.06	150.67	0.00	0.00	0.00	1,441.03
AF GROWTH	2,395.03	211.56	300.85	0.00	0.00	0.00	2,907.44
GLOBAL	1,098.05	0.00	168.44	0.00	0.00	0.00	1,266.49
COLMIDVAL	320.87	63.06	74.91	0.00	-210.56	0.00	248.28
EUROPAC	926.83	87.61	87.77	0.00	0.00	0.00	1,102.21
VS SM GRTH	1,029.80	0.00	222.63	0.00	0.00	0.00	1,252.43
IDX INTL	144.98	63.44	21.51	0.00	0.00	0.00	229.93
VS IT VL	1,617.79	51.30	127.31	0.00	0.00	0.00	1,796.40
OPPORTUNTY	745.76	0.00	244.78	0.00	0.00	0.00	990.54
SUBTOTAL	53,504.19	5,811.16	6,562.51	0.00	-6,365.98	-114.73	59,397.15
UM MATCHING CONTRIB							
LS-MODERAT	0.00	0.00	0.00	-114.73	0.00	114.73	0.00
SUBTOTAL	0.00	0.00	0.00	-114.73	0.00	114.73	0.00

* May include fees and charges

TRANSFERS includes Rollovers, Existing Balance Changes, Unvested Money Transfers, Loan Issues and Repayments.

CONTINUED ...

THE TRUSTEES OF VISTA HOSPITALITY 401(K)
RETIREMENT PLAN
CONTRACT NO: 82386

DIVISIONAL TOTALS BY
MONEY TYPE AND INVESTMENT ACCOUNT

MONEY TYPE	OPENING BALANCE JAN/01/2010	CONTRIBUTION	NET GAIN/LOSS*	FORFEITURES	WITHDRAWALS	TRANSFERS	CLOSING BALANCE DEC/31/2010
DIVISIONAL TOTALS (... CONTINUED)							
ACCOUNT TOTAL							
LS-CONSERV	17,624.20	0.00	1,760.69	0.00	0.00	0.00	19,384.89
LS-MODERAT	3,190.44	2,451.38	475.82	-114.73	-971.21	-524.82	4,506.88
LS-BALANCE	253,489.66	28,350.94	30,727.55	0.00	-31,464.61	-10,136.38	270,967.16
LS-GROWTH	3,715.33	2,933.51	502.62	0.00	-3,882.81	65.81	3,334.46
LS-AGGRESS	17,196.02	2,224.71	2,534.76	0.00	-1,782.50	-2,526.61	17,646.38
STBL VALUE	6,097.14	644.22	78.02	0.00	-784.91	149.47	6,183.94
TOT BMKT	15,271.80	1,289.52	919.36	0.00	-4,134.14	288.22	13,634.76
TOTAL RETN	21,878.66	698.47	1,719.90	0.00	0.00	0.00	24,297.03
AF ICA	21,261.38	1,934.28	2,070.16	0.00	-5,564.40	431.97	20,133.39
AF WASHMUT	19,173.22	0.00	2,177.68	0.00	-21,350.90	0.00	0.00
NY VENTURE	7,552.24	478.20	933.43	0.00	0.00	0.00	8,963.87
AF GROWTH	22,727.17	2,412.48	2,848.35	0.00	-1,516.55	432.56	26,904.01
GLOBAL	6,633.99	0.00	1,017.64	0.00	0.00	0.00	7,651.63
COLMIDVAL	9,217.36	478.20	1,850.44	0.00	-9,768.13	0.00	1,777.87
EUROPAC	5,741.97	652.75	548.91	0.00	0.00	0.00	6,943.63
VS SM GRTH	6,221.59	0.00	1,345.06	0.00	0.00	0.00	7,566.65
IDX INTL	1,010.48	479.34	150.57	0.00	0.00	0.00	1,640.39
VS IT VL	12,475.28	647.46	1,020.65	0.00	0.00	144.50	14,287.89
OPPORTUNTY	4,485.72	0.00	1,472.33	0.00	0.00	0.00	5,958.05
LOAN SA 1	774.53	0.00	394.06	0.00	-530.27	10,545.24	11,183.56
LOAN SA 2	1,192.33	0.00	52.11	0.00	0.00	302.45	1,546.89
LOAN SA 6	1,298.82	0.00	45.56	0.00	0.00	-774.18	570.20
LOAN SA 7	0.00	0.00	32.04	0.00	0.00	1,601.77	1,633.81
DIV TOTAL	458,229.33	45,675.46	54,677.71	-114.73	-81,750.43	0.00	476,717.34

LOAN REPAYMENTS 4,609.74

* May include fees and charges

TRANSFERS includes Rollovers, Existing Balance Changes, Unvested Money Transfers, Loan Issues and Repayments.

CONTINUED ...

VISTA HOSPITALITY 401(K) RETIREMENT SAVINGS PLAN
SCHEDULE OF REPORTABLE TRANSACTIONS
SCHEDULE H (FORM 5500) - PART IV, LINE 4j
DECEMBER 31, 2010

Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date(s)	Net Gain or (Loss)	Transaction Type Code
John Hancock Life Insurance Company of New York	Various Securities			See Attachment B			4

Transaction type codes:

1 - A single transaction within the plan year in excess of 5% of the current value of the plan assets.
2 - Any series of transactions with or in conjunction with the same person, involving property other than securities, which amount in the aggregate within the plan year (regardless of the category of asset and the gain or loss on any transaction) to more than 5% of the current value of plan assets.
3 - Any transaction within the plan year involving securities of the same issue if within the plan year any series of transactions with respect to such securities amount in the aggregate to more than 5% of the current value of the plan assets.
4 - Any transaction within the plan year with respect to securities with, or in conjunction with, a person if any prior or subsequent single transaction within the plan year with such person, with respect to securities, exceeds 5% of the current value of plan assets.

See the accompanying notes to financial statements.

ATTACHMENT B

John Hancock



PLAN ADMINISTRATOR REPORT
YEAR-TO-DATE: JAN/01/2010 TO DEC/31/2010

THE TRUSTEES OF VISTA HOSPITALITY 401(K)
RETIREMENT PLAN
CONTRACT NO: 82386

DIVISIONAL TOTALS BY
MONEY TYPE AND INVESTMENT ACCOUNT

MONEY TYPE	OPENING BALANCE JAN/01/2010	CONTRIBUTION	NET GAIN/LOSS*	FORFEITURES	WITHDRAWALS	TRANSFERS	CLOSING BALANCE DEC/31/2010
DIVISIONAL TOTALS							
EE ELECTIVE DEFERRAL							
LS-CONSERV	15,866.64	0.00	1,585.11	0.00	0.00	0.00	17,451.75
LS-MODERAT	2,690.30	2,128.58	404.19	0.00	-942.53	-524.82	3,755.72
LS-BALANCE	220,718.98	24,576.77	26,717.16	0.00	-26,557.95	-10,123.78	235,331.18
LS-GROWTH	3,165.91	2,588.09	457.41	0.00	-3,315.17	53.21	2,949.45
LS-AGGRESS	14,472.42	1,790.90	2,088.82	0.00	-1,520.23	-2,526.61	14,305.30
STBL VALUE	5,470.06	595.08	107.62	0.00	-784.91	149.47	5,537.32
TOT BMKT	13,916.26	1,190.70	845.23	0.00	-4,134.14	288.22	12,106.27
TOTAL RETN	20,762.79	600.00	1,632.63	0.00	0.00	0.00	22,995.42
AF ICA	19,013.87	1,785.78	1,826.86	0.00	-5,564.40	431.97	17,494.08
AF WASHMUT	18,822.84	0.00	2,137.89	0.00	-20,960.73	0.00	0.00
NY VENTURE	6,324.94	415.14	782.76	0.00	0.00	0.00	7,522.84
AF GROWTH	20,332.14	2,200.92	2,547.50	0.00	-1,516.55	432.56	23,996.57
GLOBAL	5,535.94	0.00	849.20	0.00	0.00	0.00	6,385.14
COLMIDVAL	8,896.49	415.14	1,775.53	0.00	-9,557.57	0.00	1,529.59
EUROPAC	4,815.14	565.14	461.14	0.00	0.00	0.00	5,841.42
VS SM GRTH	5,191.79	0.00	1,122.43	0.00	0.00	0.00	6,314.22
IDX INTL	865.50	415.90	129.06	0.00	0.00	0.00	1,410.46
VS IT VL	10,857.49	596.16	893.34	0.00	0.00	144.50	12,491.49
OPPORTUNTY	3,739.96	0.00	1,227.55	0.00	0.00	0.00	4,967.51
LOAN SA 1	774.53	0.00	394.06	0.00	-530.27	10,545.24	11,183.56
LOAN SA 2	1,192.33	0.00	52.11	0.00	0.00	302.45	1,546.89
LOAN SA 6	1,298.82	0.00	45.56	0.00	0.00	-774.18	570.20
LOAN SA 7	0.00	0.00	32.04	0.00	0.00	1,601.77	1,633.81
SUBTOTAL	404,725.14	39,864.30	48,115.20	0.00	-75,384.45	0.00	417,320.19

* May include fees and charges

TRANSFERS includes Rollovers, Existing Balance Changes, Unvested Money Transfers, Loan Issues and Repayments.

CONTINUED ...

THE TRUSTEES OF VISTA HOSPITALITY 401(K)
RETIREMENT PLAN
CONTRACT NO: 82386

DIVISIONAL TOTALS BY
MONEY TYPE AND INVESTMENT ACCOUNT

MONEY TYPE	OPENING BALANCE JAN/01/2010	CONTRIBUTION	NET GAIN/LOSS*	FORFEITURES	WITHDRAWALS	TRANSFERS	CLOSING BALANCE DEC/31/2010
DIVISIONAL TOTALS (... CONTINUED)							
ER MATCHING CONTRIB							
LS-CONSERV	1,757.56	0.00	175.58	0.00	0.00	0.00	1,933.14
LS-MODERAT	500.14	322.80	71.63	0.00	-28.68	-114.73	751.16
LS-BALANCE	32,770.68	3,774.17	4,010.39	0.00	-4,906.66	-12.60	35,635.98
LS-GROWTH	549.42	345.42	45.21	0.00	-567.64	12.60	385.01
LS-AGGRESS	2,723.60	433.81	445.94	0.00	-262.27	0.00	3,341.08
STBL VALUE	627.08	49.14	-29.60	0.00	0.00	0.00	646.62
TOT BMKT	1,355.54	98.82	74.13	0.00	0.00	0.00	1,528.49
TOTAL RETN	1,115.87	98.47	87.27	0.00	0.00	0.00	1,301.61
AF ICA	2,247.51	148.50	243.30	0.00	0.00	0.00	2,639.31
AF WASHMUT	350.38	0.00	39.79	0.00	-390.17	0.00	0.00
NY VENTURE	1,227.30	63.06	150.67	0.00	0.00	0.00	1,441.03
AF GROWTH	2,395.03	211.56	300.85	0.00	0.00	0.00	2,907.44
GLOBAL	1,098.05	0.00	168.44	0.00	0.00	0.00	1,266.49
COLMIDVAL	320.87	63.06	74.91	0.00	-210.56	0.00	248.28
EUROPAC	926.83	87.61	87.77	0.00	0.00	0.00	1,102.21
VS SM GRTH	1,029.80	0.00	222.63	0.00	0.00	0.00	1,252.43
IDX INTL	144.98	63.44	21.51	0.00	0.00	0.00	229.93
VS IT VL	1,617.79	51.30	127.31	0.00	0.00	0.00	1,796.40
OPPORTUNTY	745.76	0.00	244.78	0.00	0.00	0.00	990.54
SUBTOTAL	53,504.19	5,811.16	6,562.51	0.00	-6,365.98	-114.73	59,397.15
UM MATCHING CONTRIB							
LS-MODERAT	0.00	0.00	0.00	-114.73	0.00	114.73	0.00
SUBTOTAL	0.00	0.00	0.00	-114.73	0.00	114.73	0.00

* May include fees and charges

TRANSFERS includes Rollovers, Existing Balance Changes, Unvested Money Transfers, Loan Issues and Repayments.

CONTINUED ...

THE TRUSTEES OF VISTA HOSPITALITY 401(K)
RETIREMENT PLAN
CONTRACT NO: 82386

DIVISIONAL TOTALS BY
MONEY TYPE AND INVESTMENT ACCOUNT

MONEY TYPE	OPENING BALANCE JAN/01/2010	CONTRIBUTION	NET GAIN/LOSS*	FORFEITURES	WITHDRAWALS	TRANSFERS	CLOSING BALANCE DEC/31/2010
DIVISIONAL TOTALS (... CONTINUED)							
ACCOUNT TOTAL							
LS-CONSERV	17,624.20	0.00	1,760.69	0.00	0.00	0.00	19,384.89
LS-MODERAT	3,190.44	2,451.38	475.82	-114.73	-971.21	-524.82	4,506.88
LS-BALANCE	253,489.66	28,350.94	30,727.55	0.00	-31,464.61	-10,136.38	270,967.16
LS-GROWTH	3,715.33	2,933.51	502.62	0.00	-3,882.81	65.81	3,334.46
LS-AGGRESS	17,196.02	2,224.71	2,534.76	0.00	-1,782.50	-2,526.61	17,646.38
STBL VALUE	6,097.14	644.22	78.02	0.00	-784.91	149.47	6,183.94
TOT BMKT	15,271.80	1,289.52	919.36	0.00	-4,134.14	288.22	13,634.76
TOTAL RETN	21,878.66	698.47	1,719.90	0.00	0.00	0.00	24,297.03
AF ICA	21,261.38	1,934.28	2,070.16	0.00	-5,564.40	431.97	20,133.39
AF WASHMUT	19,173.22	0.00	2,177.68	0.00	-21,350.90	0.00	0.00
NY VENTURE	7,552.24	478.20	933.43	0.00	0.00	0.00	8,963.87
AF GROWTH	22,727.17	2,412.48	2,848.35	0.00	-1,516.55	432.56	26,904.01
GLOBAL	6,633.99	0.00	1,017.64	0.00	0.00	0.00	7,651.63
COLMIDVAL	9,217.36	478.20	1,850.44	0.00	-9,768.13	0.00	1,777.87
EUROPAC	5,741.97	652.75	548.91	0.00	0.00	0.00	6,943.63
VS SM GRTH	6,221.59	0.00	1,345.06	0.00	0.00	0.00	7,566.65
IDX INTL	1,010.48	479.34	150.57	0.00	0.00	0.00	1,640.39
VS IT VL	12,475.28	647.46	1,020.65	0.00	0.00	144.50	14,287.89
OPPORTUNTY	4,485.72	0.00	1,472.33	0.00	0.00	0.00	5,958.05
LOAN SA 1	774.53	0.00	394.06	0.00	-530.27	10,545.24	11,183.56
LOAN SA 2	1,192.33	0.00	52.11	0.00	0.00	302.45	1,546.89
LOAN SA 6	1,298.82	0.00	45.56	0.00	0.00	-774.18	570.20
LOAN SA 7	0.00	0.00	32.04	0.00	0.00	1,601.77	1,633.81
DIV TOTAL	458,229.33	45,675.46	54,677.71	-114.73	-81,750.43	0.00	476,717.34

LOAN REPAYMENTS 4,609.74

* May include fees and charges

TRANSFERS includes Rollovers, Existing Balance Changes, Unvested Money Transfers, Loan Issues and Repayments.

CONTINUED ...

VISTA HOSPITALITY 401(K) RETIREMENT SAVINGS PLAN
SCHEDULE OF BOTH ASSETS ACQUIRED AND DISPOSED OF WITHIN THE PLAN YEAR
SCHEDULE H (FORM 5500) - PART IV, LINE 4i
DECEMBER 31, 2010

(a) Identity of Issue, Borrower, Lessor, or Similar Party	(b) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(c) Cost of Acquisitions	(d) Proceeds of Dispositions
John Hancock Life Insurance Company of New York - See Attachment A		$ 52,808	$ 97,832
		$ 52,808	$ 97,832

See the accompanying notes to financial statements.

ATTACHMENT A

John Hancock

5% of Reportable Transactions Summary Report For Contract Number 82386

THE TRUSTEES OF VISTA HOSPITALITY 401(K)

Audit Year Ending DECEMBER 31, 2010

	Purchases		Sales			
Purchases	Transactions	Purchase Price	Trans.	Selling Price	Transaction Cost	Net Gain/(loss)
Guaranteed Funds						
John Hancock Stable Val	0	$0.00			$0.00	
Total	0	$0.00			$0.00	
Investment Funds						
Total Bond Market Fund	104	$1,577.74			$1,577.74	
EuroPacific Growth Fund	55	$652.75			$652.75	
The Growth Fund of America	120	$3,453.38			$3,453.38	
Intl Equity Index Fund	70	$1,088.62			$1,088.62	
International Value Fund	104	$791.96			$791.96	
Lifestyle Aggressive	90	$3,176.02			$3,176.02	
Lifestyle Balanced	155	$30,547.46			$30,547.46	
Lifestyle Growth	43	$3,021.40			$3,021.40	
Lifestyle Moderate	55	$2,466.57			$2,466.57	
John Hancock Stable Val	104	$793.69			$793.69	
Columbia Mid Cap Value	54	$478.20			$478.20	
PIMCO Total Return	15	$698.47			$698.47	
Davis New York Venture	70	$1,695.43			$1,695.43	
Investment Company of America	104	$2,366.25			$2,366.25	
Washington Mutual Investors	0	$0.00			$0.00	
Total	1,143	$52,807.94			$52,807.94	

	Purchases		Sales			
Sales	Transactions	Purchase Price	Trans.	Selling Price	Transaction Cost	Net Gain/(loss)
Guaranteed Funds						
John Hancock Stable Val			0	$0.00	$0.00	
Total			0	$0.00	$0.00	
Investment Funds						
Total Bond Market Fund			1	$4,134.14-	$3,501.26-	$632.88
EuroPacific Growth Fund			0	$0.00	$0.00	$0.00
The Growth Fund of America			2	$1,516.55-	$1,697.75-	$181.20-
Intl Equity Index Fund			0	$0.00	$0.00	$0.00
International Value Fund			0	$0.00	$0.00	$0.00
Lifestyle Aggressive			5	$5,263.30-	$5,734.61-	$471.31-
Lifestyle Balanced			21	$43,847.50-	$45,095.83-	$1,248.33-
Lifestyle Growth			14	$3,928.02-	$3,178.12-	$749.90
Lifestyle Moderate			5	$1,631.94-	$1,372.70-	$259.24
John Hancock Stable Val			14	$826.91-	$781.32-	$45.59
Columbia Mid Cap Value			1	$9,768.13-	$10,669.13-	$901.00-
PIMCO Total Return			0	$0.00	$0.00	$0.00
Davis New York Venture			0	$0.00	$0.00	$0.00
Investment Company of America			2	$5,564.40-	$6,442.28-	$877.88-

Group annuity contracts and any separate administrative services agreement are issued by John Hancock Life Insurance Company of New York, Valhalla, NY.

John Hancock

5% of Reportable Transactions Summary Report For Contract Number 82386
THE TRUSTEES OF VISTA HOSPITALITY 401(K)
Audit Year Ending DECEMBER 31, 2010

	Purchases		Sales			
Sales	Transactions	Purchase Price	Trans.	Selling Price	Transaction Cost	Net Gain/(loss)
Investment Funds						
Washington Mutual Investors			1	$21,350.90-	$25,874.56-	$4,523.66-
Total			66	$97,831.79-	$104,347.56-	$6,515.77-

Group annuity contracts and any separate administrative services agreement are issued by John Hancock Life Insurance Company of New York, Valhalla, NY.

VISTA HOSPITALITY 401(K) RETIREMENT SAVINGS PLAN
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
SCHEDULE H (FORM 5500) - PART IV, LINE 4i
DECEMBER 31, 2010

Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Number of Shares, Maturing Date, Collateral, Par, or Maturity Value			Cost	Current Value
Cash:					
John Hancock	Cash			$ 223	$ 223
				$ 223	**$ 223**
Mutual Funds:					
John Hancock	JNY Royce Opportunity	304.555269	Shares	$ 5,766	$ 5,958
John Hancock	International Value Fund	706.865162	Shares	16,264	14,288
John Hancock	Intl Equity Index Fund	209.912135	Shares	2,911	3,402
John Hancock	JNY John Hancock Small Cap Growth Fd	574.941940	Shares	4,366	7,567
John Hancock	JNY American Funds EuroPacific	125.182261	Shares	7,359	6,944
John Hancock	Columbia Mid Cap Value	170.121393	Shares	1,885	1,778
John Hancock	JNY Oppenheimer Global	183.424319	Shares	8,642	7,652
John Hancock	The Growth Fund of America	843.171219	Shares	29,841	28,623
John Hancock	JNY Davis New York Venture	475.430442	Shares	12,858	12,442
John Hancock	Investment Company of America	541.013233	Shares	21,750	20,133
John Hancock	JNY PIMCO Total Return	1,124.163195	Shares	18,734	24,297
John Hancock	Total Bond Market Fund	853.120227	Shares	11,808	13,635
John Hancock	JNY John Hancock Stable Val.	5,050.286881	Shares	5,809	6,184
John Hancock	JNY Lifestyle Aggressive	991.289738	Shares	17,463	17,646
John Hancock	JNY Lifestyle Growth	147.727508	Shares	2,870	3,335
John Hancock	JNY Lifestyle Balanced	12,565.988387	Shares	257,689	277,930
John Hancock	JNY Lifestyle Moderate	193.749003	Shares	3,717	4,507
John Hancock	JNY Lifestyle Conservative	900.867090	Shares	15,969	19,385
				$ 445,701	**$ 475,706**
Participant Loans:					
Participant Loans	Participant Loans at rates of 5.00%	Mature 2011-2015		$ 14,934	$ 14,934
				$ 14,934	**$ 14,934**

See the accompanying notes to financial statements.