Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
YOSEMITE MOTELS SALARY SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1990

2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

YOSEMITE MANAGEMENT GROUP, LLC

1205 FREEDOM BLVD., SUITE 2
WATSONVILLE, CA 95076

2b Employer Identification Number (EIN) 77-0488685

2c Sponsor's telephone number 831-786-1980

2d Business code (see instructions) 721110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2012	MAX BUSHMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2012	MAX BUSHMAN
	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")
YOSEMITE MANAGEMENT GROUP, LLC

1205 FREEDOM BLVD., SUITE 2
WATSONVILLE, CA 95076

3b Administrator's EIN
77-0488685

3c Administrator's telephone number
831-786-1980

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
YOSEMITE MANAGEMENT GROUP, LLC

4b EIN
94-2422649

4c PN
001

5	Total number of participants at the beginning of the plan year	**5**	198
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**	159
b	Retired or separated participants receiving benefits	**6b**	11
c	Other retired or separated participants entitled to future benefits	**6c**	25
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	195
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	195
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	71
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2G 2J 2K 3D

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

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

A Name of plan
YOSEMITE MOTELS SALARY SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
77-0488685

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: WELLS FARGO

b Name of sponsor of entity listed in (a): STABLE RETURN FUND

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)
41-6257133-000	C	16840

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

b Name of sponsor of entity listed in (a): S & P 500 INDEX FUND

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)
41-6257133-000	C	7083

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):

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

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

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

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

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

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

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

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

c EIN-PN	**d** Entity 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	
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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 G (Form 5500)	Financial Transaction Schedules	OMB No. 1210-0110
Department of Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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.**	**2011** **This Form is Open to Public Inspection.**

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

A Name of plan	**B** Three-digit plan number (PN) ▶	
YOSEMITE MOTELS SALARY SAVINGS PLAN		001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
YOSEMITE MANAGEMENT GROUP, LLC	77-0488685	

Part I Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectible

Complete as many entries as needed to report all loans or fixed income obligations in default or classified as uncollectible. Check box (a) if obligor is known to be a party in interest. Attach Overdue Loan Explanation for each loan listed. See Instructions.

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

Part II Schedule of Leases in Default or Classified as Uncollectible

Complete as many entries as needed to report all leases in default or classified as uncollectible. Check box (a) if lessor or lessee is known to be a party in interest. Attach Overdue Lease Explanation for each lease listed. (See instructions)

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

Part III Nonexempt Transactions

Complete as many entries as needed to report all nonexempt transactions. **Caution:** If a nonexempt prohibited transaction occurred with respect to a disqualified person, file Form 5330 with the IRS to pay the excise tax on the transaction.

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price
B BROUILLETTE	PARTICIPANT	NOTE RECEIVABLE; 10.5% INT, MATURITY 02/01/2013	35030

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

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

A Name of plan
YOSEMITE MOTELS SALARY SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
77-0488685

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	10370	5048
(2) Participant contributions	1b(2)	17009	2956
(3) Other	1b(3)	228195	21013
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	26473	25526
(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)	3013267	2754447
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		23923
(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)	306118	302267
(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	3601432	3135180
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	376987	41151
k Total liabilities (add all amounts in lines 1g through1j)	1k	376987	41151
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	3224445	3094029

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)	58103	
(B) Participants	2a(1)(B)	100711	
(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)		158814
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	998	
(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)		998
(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)	7276	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		7276
(6) Net investment gain (loss) from common/collective trusts	2b(6)		860
(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)		-5712
c Other income	2c		25158
d Total income. Add all **income** amounts in column (b) and enter total	2d		187394
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	315131	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	2679	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		317810
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		317810
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-130416
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: ABBOTT, STRINGHAM & LYNCH (2) EIN: 77-0051130

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		16339
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		37327
e	Was this plan covered by a fidelity bond?	**4e**	X		4000000
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		2754447
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

2011

This Form is Open to Public Inspection.

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

A Name of plan
YOSEMITE MOTELS SALARY SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
77-0488685

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

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

EIN(s): 41-6257133 77-0488685

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

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

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

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

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

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

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

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

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

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

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

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

Part III Amendments

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

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): _____

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):

YOSEMITE MOTELS SALARY SAVINGS PLAN

FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2011

Abbott, Stringham & Lynch

Certified Public Accountants & Business Advisors

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees
Yosemite Motels Salary Savings Plan
Watsonville, California

We were engaged to audit the accompanying statement of net assets available for benefits of Yosemite Motels Salary Savings Plan (the "Plan") as of December 31, 2011 and the related statement of changes in net assets available for benefits for the year ended December 31, 2011 and the supplemental Schedule G, Part III - Schedule of Nonexempt Transactions, Schedule H, Line 4a - Schedule of Delinquent Participant Contributions, Schedule H, Line 4i - Schedule of Assets Held for Investment Purposes at End of Year as of December 31, 2011. These financial statements and supplemental schedules are the responsibility of the Plan's management. The financial statements of the Plan as of December 31, 2010, were audited by other auditors whose report dated October 15, 2011 expressed an unqualified opinion on those statements.

We conducted our audit in accordance with U.S. generally accepted auditing standards. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control over financial reporting. Accordingly, we express no such opinion. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Yosemite Motels Salary Savings Plan as of December 31, 2011, and the changes in net assets available for benefits for the year then ended in conformity with U.S. generally accepted accounting principles.

Our audit was performed for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedules included in Schedule G, Part III - Schedule of Nonexempt Transactions, Schedule H, Line 4a - Schedule of Delinquent Participant Contributions, and Schedule H, Line 4i - Schedule of Assets Held for Investment Purposes at Year End as of December 31, 2011 are presented for the purpose of additional analysis and are not a required part of the basic financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. These supplemental schedules are the responsibility of the Plan's management and were derived from and relate directly to the underlying accounting and other records used to prepare the financial statements. The supplemental schedules have been subjected to the auditing procedures applied in the audit of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with U.S. generally accepted auditing standards. In our opinion, the information is fairly stated in all material respects in relation to the financial statements taken as a whole.

Abbott, Stringham & Lynch

October 15, 2012

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An Accountancy Corporation

Member of
PKF North American Network
An association of legally independent firms

YOSEMITE MOTELS SALARY SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

Assets

	December 31, 2011	December 31, 2010
Cash and cash equivalents	$ 25,526	$ 26,473
Investments, at fair value:		
Mutual funds	302,267	288,171
Pooled and common collective funds	23,923	17,947
Trustee-directed investments in notes receivable	2,754,447	2,899,180
Total investments	3,080,637	3,205,298
Participant contributions receivable	2,956	17,009
Employer contributions receivable	5,048	10,370
Deposits	21,013	30,659
Total assets	3,135,180	3,289,809

Liabilities

Payables	41,151	52,275
Deferred loan origination fees	-	13,089
Total liabilities	41,151	65,364
Net assets available for benefits	$ 3,094,029	$ 3,224,445

See accompanying notes to financial statements.

YOSEMITE MOTELS SALARY SAVINGS PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Year Ended December 31, 2011

Additions to net assets attributed to:	
Investment income:	
Interest and dividends	$ 998
Interest on notes receivable	193,223
Net depreciation in fair value of notes receivable	(185,947)
Net depreciation in fair value of mutual funds and pooled and common collective funds	(4,852)
Loan origination fees and other income	25,158
Total investment income	28,580
Contributions:	
Participant	100,711
Employer	58,103
Total contributions	158,814
Total additions	187,394
Deductions from net assets attributed to:	
Benefits paid directly to participants	315,131
Administrative expenses	2,679
Total deductions	317,810
Net decrease	(130,416)
Net assets available for benefits:	
Beginning of year	3,224,445
End of year	$ 3,094,029

See accompanying notes to financial statements.

YOSEMITE MOTELS SALARY SAVINGS PLAN

Notes to Financial Statements

December 31, 2011

Note 1 - Description of plan

General

The Yosemite Motels Salary Savings Plan is a defined contribution plan established for the benefit of eligible employees of Sterling Pacific Lending, Inc. and Yosemite Management Group, LLC, (collectively known as the "Companies") as members of a controlled group. The Plan was established on January 1, 1990. The terms of the Plan have since been amended effective January 1, 2009. The Plan is a self-administered plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Plan is exempt from federal and California taxes on income under the current provisions of the Internal Revenue Code and the California, Revenue and Taxation Code, respectively. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

To become eligible, an employee must be at least 18 years old and have completed 3 calendar months of service. Once eligible to participate, employees can enter the Plan on the first day of the calendar month coincident with or following the satisfaction of the eligibility requirements. To receive an employer matching or discretionary contribution, employees must have completed 1,000 hours of service during the Plan year.

Administration

The Plan has contracted with a third-party administrator who processes and maintains the records of participant data.

Participant accounts

Separate accounts are maintained for each participant. Each participant's account is credited with the participant's contribution, the Companies' matching contribution, the Companies' discretionary employer contribution, forfeitures of terminated participants' non-vested account balances, and actual income or loss on investments allocated exclusively to the electing participant. The benefit to which a participant is entitled is the amount that can be provided from the participant's account.

Contributions

Participant contributions to the Plan are elective deferrals, wholly vested in, and invested in accordance with the participant's instructions. Participants may elect to make salary deferrals up to the maximum dollar amount allowed annually as defined by the Internal Revenue Code. During the 2011 Plan year, the Companies provided a matching contribution in an amount equal to 100% of the participant's elective contribution up to the first 3.5% of the participant's compensation and 50% of the participant's elective contribution of the next 2% of compensation. Matching contributions totaled $58,103 for the year ended December 31, 2011.

Loans

Loans are not permitted under the Plan.

Note 1 - Description of plan (continued)

Vesting

Participant and safe harbor contributions and earnings thereon are fully vested at all times. Vesting in other matching contributions plus earnings thereon is based on years of continuous service. Participants are 100% vested upon reaching age 65, upon death, in the event they become permanently disabled, or upon Plan termination, regardless of the participant's vested percentage at the time of termination. If employment terminates by early retirement, resignation, or discharge prior to normal retirement age, participants are 20% vested for each year of qualified service beginning with the second year of service, resulting in 100% vesting after six years of service. For the year ended December 31, 2011, all employer contributions were safe harbor contributions and were, therefore, fully vested.

Payments of benefits

Upon reaching the age of 59 ½ years, termination of employment or retirement, participants may elect to receive a distribution of their vested interest in their account as a lump-sum payment or they may select an alternative method of payment if permitted by the Plan at the time of the distribution. Terminated employees may request the Plan to distribute their benefit before their retirement date. Upon termination, if the participant's or beneficiary's vested account balance is $5,000 or less, the Plan allows the distribution of the vested account balance to an Individual Retirement Account ("IRA") for the participant's benefit. If the vested balance is $1,000 or less, it will be distributed as a lump-sum amount without the participant's consent.

In the event the Employer elects to terminate the Plan or discontinue operation of its business, the entire interest of the participants shall vest 100% immediately and be non-forfeitable.

Forfeitures

Forfeitures are amounts which could not be paid to terminated participants because they were not 100% vested when separating service with the Employer. Forfeitures are applied to reduce administrative expenses and supplement employer contributions as described in the Plan document. There were no forfeitures of non-vested participant accounts for the year ended December 31, 2011.

Note 2 - Summary of significant accounting policies

Basis of accounting

The financial statements of the Plan are prepared on the accrual method of accounting in accordance with U.S. generally accepted accounting principles.

Cash equivalents

Cash equivalents on the statements of net assets available for benefits consist of funds held in the Wells Fargo Money Market Portfolio.

Note 2 - Summary of significant accounting policies (continued)

Use of estimates

The preparation of the financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results may differ from those estimates. Significant estimates used in preparing these financial statements include the fair value of trustee-directed investments in notes receivable.

Subsequent events

In preparing its financial statements, the Plan has evaluated subsequent events through October 15, 2012, which is the date the financial statements were available to be issued.

Expenses

The Companies pay certain expenses incurred for administration of the Plan. For the year ended December 31, 2011, the Companies incurred expenses of approximately $42,000 for the administration of the Plan.

Notes receivable

It is the policy of management to consider the terms, payment history, and collateral value in establishing the estimated fair value of notes receivable. Any impairment of these notes is charged to net depreciation in fair value. Interest is not accrued beyond the estimated fair value of the notes. The Plan did not recognize $110,236 in interest income during 2011 associated with impaired notes. Any subsequent payments on impaired notes are applied to reduce the outstanding note balances including previously accrued interest. When notes are deemed impaired, the specific note carrying value is adjusted. Management has determined the cumulative impairment for notes to be $874,341 as of December 31, 2011, which is reflected in the net notes receivable balance. For the year ended December 31, 2011, management recorded impairment losses of $185,947, due largely to reductions in the valuation of collateral security.

Valuation of investments

Mutual, pooled, and common collective funds

The Plan's mutual funds and pooled and common collective fund investments are stated at the fair value of all reported assets and liabilities that represent financial instruments and approximate the carrying value of such amounts.

Trustee-directed investments in notes receivable

The Plan holds investments in notes receivable which are secured by deeds of trust from various entities. The notes are tested for impairment using the fair value of the collateral method. This method of valuation was used because the notes are collateral-dependent.

Interest income

Interest income on notes receivable is accrued based on the outstanding principal amount of loans using the simple interest method.

Note 2 - Summary of significant accounting policies (continued)

Loan origination fees

Loan origination fees are deferred and recognized over the life of the loan.

Payment of benefits

Benefits are recorded when paid.

Risk and uncertainties

The Plan provides for investment options in various investments including notes receivable. Investments are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statement of changes in net assets available for benefits.

Note 3 - Fair value measurements

The Plan measures fair value in accordance with the applicable accounting standards. Fair value is a market-based measurement that should be determined based on assumptions that market participants would use in pricing an asset. That framework provides three levels for establishing fair value which the Plan has applied as follows:

Level 1 Quoted prices in active markets - The Plan's investments in mutual funds are valued at quoted prices in active exchanges. (See Note 4.)

Level 2 Other observable inputs - The Plan's investments in pooled and common collective funds are valued at the stated fair value based on the market value of the underlying investments. (See Note 4.)

Level 3 Unobservable inputs - The Plan's trustee-directed investments in notes receivable are valued based on fair market values of collateral property and estimated at collectable value, net of impairment allowance. (See Note 4.)

Note 4 - Investments at fair value

The Plan's investments include mutual funds and pooled and common collective funds through an investment arrangement with Wells Fargo Bank (Wells Fargo), as well as trustee-directed investments, which consist of collateralized notes receivable. By direction of employees, all contributions to the Plan are invested by the Employer. Plan participants may allocate their account balances between ten mutual funds, two pooled and common collective funds, and one trustee-directed investment account. The mutual funds and pooled and common collective funds are held by the ancillary trustee, Wells Fargo, while the trustee-directed investments are held by the Plan. The investments held with Wells Fargo represent approximately 10% of the Plan's net assets as of December 31, 2011. Investments in trustee-directed investments in notes receivable represent 88% of the Plan's net assets as of December 31, 2011.

The Wells Fargo investments are certified to the Plan by Wells Fargo as complete and accurate.

Note 4 - Investments at fair value (continued)

The following table presents investments at fair value at December 31, 2011:

Investments at fair value level 1 (See Note 3):	Amount
Mutual funds:	
T Rowe Price Small Capitalization Stock Fund (small growth)	$ 126,429
T Rowe Price Mid Cap Growth Fund (mid growth)	87,024
Vanguard Quantitative Portfolios Growth & Income fund (large blend)	16,996
Vanguard U.S. Growth Fund (large growth)	16,552
T Rowe Price Global Stock Fund (large growth)	15,663
T Rowe Price Science & Technology Fund (large growth)	14,452
Vanguard International Growth Fund (large growth)	10,362
Vanguard Total Stock Market Index Fund (large blend)	9,707
Wells Fargo Advantage Index Asset Allocation (large blend)	3,692
Vanguard Long-Term Treasury Fund (government)	1,390
	302,267
Investments at fair value level 2 (see Note 3):	
Pooled and common collective funds:	
Stable Return Fund (stable value)	16,840
Wells Fargo S&P 500 Index Fund G (large blend)	7,083
	23,923
Investments at fair value level 3 (See Note 3):	
Trustee-directed investments in notes receivable:	
Dry Creek Land, LP	474,410
Antonio Silva and Maria Brazil	450,000
Derrick and Neil Veik	342,755
Dwight Hannah	186,863
Michael and Jennifer Miller	168,935
Adalberto Teixeira	157,670
William McClure	150,000
Delmas Tower, LLC	119,060
Amir Jafari	100,416
Gopal Das	97,182
Ignacio Serrano, Santiago and Amy Saldate	92,393
Massey Butler	86,334
Double RD Investments	73,729
Paul Miller	64,661
DCL Investments, LLC	62,347
Edinburgh Development Group, LTD	56,927
Barron Brouillette	37,327
Daniel Veik	13,438
O&S Investment Group	10,000
Samuel Krikorian	10,000
	2,754,447
Total investments at fair value	$ 3,080,637

Note 4 - Investments at fair value (continued)

The following table sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended December 31, 2011:

	Notes Receivable
Balance, beginning of year	$ 2,899,180
Net interest income and depreciation in fair value	7,276
Payments and reclassifications on notes	(152,009)
Balance, end of year	$ 2,754,447

During 2011, the Plan's investments in mutual funds and pooled and common collective funds held during the year changed in value as follows:

	Amount
Mutual funds	$ (5,712)
Pooled and common collective funds	860
	$ (4,852)

Note 5 - Related party transactions

Sterling Pacific Lending, Inc. ("Sterling") and Yosemite Management Group, LLC are held under common ownership. Sterling is a real property lender specializing in commercial and residential loans. Sterling services trustee-directed investments in notes receivable to facilitate payment collection, though no fee is charged for loan servicing. As of December 31, 2011, Sterling owed the Plan $15,000 for deposits held in trust, not yet returned to the Plan. These amounts are included within the other receivables caption on the statement of net assets as of December 31, 2011.

Note 6 - Prohibited transactions

During the year ended December 31, 2011, the Plan entered into a series of prohibited transactions, as is defined by ERISA. The prohibited transactions consisted of a nonexempt party-in-interest transaction and untimely deposits. The Plan entered into a nonexempt party-in-interest transaction when it exchanged cash with a plan participant for the acquisition of a trust-deed investment in the amount of $35,030 included in notes receivable on the statement of net assets available for benefits. Management intends to correct this prohibited transaction by distributing the vested balance of the participant by December 31, 2012. The Plan made a total of $16,339 of untimely deposits, which were corrected in 2011. The prohibited transactions are detailed in the supplemental schedules to the financial statements.

Note 7 - Tax status

The Internal Revenue Service informed the Plan Sponsor by a letter dated March 31, 2008 that the prototype Plan adopted by the Companies is designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended and restated since receiving this opinion letter. However, the Plan's third-party administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, they believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date and subsequent to year-end.

U.S. generally accepted accounting principles require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan has taken an uncertain position not likely to be sustained upon examination by taxing authorities and government agencies. The Plan is subject to routine audits by taxing authorities; however there are currently no audits for any tax periods in progress. The Plan Sponsor believes it is no longer subject to income tax examinations for years prior to 2006.

Note 8 - Plan termination

Although it has not expressed any intent to do so, the Employer has 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 be 100% vested in their accounts.

Note 9 - Reclassifications

Certain amounts in the prior year financial statements have been reclassified for comparative purposes to conform to the presentation in the current year financial statements. Such reclassifications have no effect on changes in net assets as previously reported.

SUPPLEMENTAL SCHEDULES

YOSEMITE MOTELS SALARY SAVINGS PLAN

EIN # 77-0488685

Schedule G - Part III
Schedule of Nonexempt Transactions

PN 001

December 31, 2011

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transactions including maturity date, rate of interest, collateral, par or maturity value	(d) Cost of asset	(i) Current value of asset
Barron Brouillette	Participant	Note receivable; 10.5% interest; matures February 1, 2013	$ 35,030	$ 37,327

YOSEMITE MOTELS SALARY SAVINGS PLAN

EIN # 77-0488685

Schedule H, Line 4a
Schedule of Delinquent Participant Contributions

PN 001

December 31, 2011

Participant contributions transferred late to Plan	Total that constitute nonexempt prohibited transactions			Total fully corrected under VFCP and prohibited transaction exemption 2002-51
Check here if late participant loan repayments are included: ____	Contributions not corrected	Contributions corrected outside VFCP	Contributions pending correction in VFCP	
$ 16,339	$ -	$ 16,339	$ -	$ -

YOSEMITE MOTELS SALARY SAVINGS PLAN

EIN # 77-0488685

Schedule H, Line 4i

Schedule of Assets Held for Investment Purposes at End of Year

PN 001

December 31, 2011

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par of maturity value	(d) Cost	(e) Current value
*	Wells Fargo Bank	Stable Return Fund	†	$ 16,840
*	Wells Fargo Bank	Asset allocation fund		3,692
*	Wells Fargo Bank	S & P 500 Index Fund		7,083
*	Wells Fargo Bank	T Rowe Price Global Stock Fund		15,663
*	Wells Fargo Bank	T Rowe Price Mid Cap Growth Fund		87,024
*	Wells Fargo Bank	T Rowe Price Science & Technology Fund		14,452
*	Wells Fargo Bank	T Rowe Price Small Capitalization Stock Fund		126,429
*	Wells Fargo Bank	Vanguard Quantitative Portfolios Growth & Income Fund		16,996
*	Wells Fargo Bank	Vanguard Total Stock Market Index Fund		9,707
*	Wells Fargo Bank	Vanguard International Growth Fund		10,362
*	Wells Fargo Bank	Vanguard U.S. Growth Fund		16,552
*	Wells Fargo Bank	Vanguard Long-Term Treasury Fund		1,390
*	Wells Fargo Bank/Rabobank	Cash and cash equivalents		25,526
	DCL Investments, LLC	Note Receivable - Interest-only Pmts 08/15/03 - 9.00% - Real Estate - Par		62,347
	Dry Creek Land, LP	Note Receivable - Interest-only Pmts 06/14/07 - 9.00% - Real Estate - Par		75,994
	Dry Creek Land, LP	Note Receivable - Interest-only Pmts 09/30/08 - 9.00% - Real Estate - Par		243,269
	Gopal Das	Note Receivable - Interest-only Pmts 01/01/09 - 11.75% - Real Estate - Par		97,182
	Daniel Veik	Note Receivable - Interest-only Pmts 02/01/09 - 12.50% - Real Estate - Par		13,438
	Dry Creek Land, LP	Note Receivable - Interest-only Pmts 03/01/08 - 9.00% - Real Estate - Par		67,500
	Dry Creek Land, LP	Note Receivable - Interest-only Pmts 03/01/08 - 9.00% - Real Estate - Par		29,946
	Dry Creek Land, LP	Note Receivable - Interest-only Pmts 03/01/08 - 9.00% - Real Estate - Par		23,428
	Dry Creek Land, LP	Note Receivable - Interest-only Pmts 04/01/08 - 9.00% - Real Estate - Par		34,273
	Massey Butler	Note Receivable - Interest-only Pmts 12/01/09 - 7.00% - Real Estate - Par		86,334
	Samuel Krikorian	Note Receivable - Interest-only Pmts 01/01/09 - 11.50% - Real Estate - Par		10,000
	William McClure	Note Receivable - Interest-only Pmts 03/01/09 - 12.00% - Real Estate - Par		150,000
	Michael Terrance Miller and Jennifer Alice Miller	Note Receivable - Interest-only Pmts 10/01/10 - 7.00% - Real Estate - Par		168,935
	Ignacio Serrano Jr., Santiago Saldate, and Amy Saldate	Note Receivable - Interest-only Pmts 01/01/10 - 12.50% - Real Estate - Par		92,393
		Subtotals Carried Forward		$ 1,506,755

Continued

See accompanying independent auditor's report.

YOSEMITE MOTELS SALARY SAVINGS PLAN

EIN # 77-0488685

Schedule H, Line 4i

Schedule of Assets Held for Investment Purposes at End of Year

PN 001

December 31, 2011

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par of maturity value	(d) Cost	(e) Current value
	Continued			
		Subtotals Brought Forward		$ 1,506,755
	Dwight Hannah	Note Receivable - Interest-only Pmts 07/01/09 - 11.50%- Real Estate - Par		186,863
	Antonio Silva and Maria Brazil	Note Receivable - Interest-only Pmts 11/01/13 - 7.50% - Real Estate - Par		450,000
	Delmas Tower, LLC	Note Receivable - Interest-only Pmts 06/01/09 - 15.00% - Real Estate - Par		119,060
	Edinburgh Development Group, LTD	Note Receivable - Interest-only Pmts 07/01/10 - 11.00% - Real Estate - Par		56,927
	Double RD Investments	Note Receivable - Interest-only Pmts 05/01/10 - 12.25% - Real Estate - Par		73,729
	Derrick and Neil Veik	Note Receivable - Interest-only Pmts 09/01/11 - 11.00% - Real Estate - Par		342,755
	O&S Investment Group	Note Receivable - Interest-only Pmts 12/31/11 - 13.00% - Real Estate - Par		10,000
*	Barron Brouillette	Note Receivable - Interest-only Pmts 02/01/13 - 10.50% - Real Estate - Par		37,327
	Adalberto Teixeira	Note Receivable - Interest-only Pmts 02/01/12 - 13.00% - Real Estate - Par		157,670
	Amir Jafari	Note Receivable - Interest-only Pmts 05/01/12 - 10.00% - Real Estate - Par		29,829
	Amir Jafari	Note Receivable - Interest-only Pmts 05/01/12 - 10.00% - Real Estate - Par		23,529
	Amir Jafari	Note Receivable - Interest-only Pmts 05/01/12 - 10.00% - Real Estate - Par		23,529
	Amir Jafari	Note Receivable - Interest-only Pmts 05/01/12 - 10.00% - Real Estate - Par		23,529
	Paul Miller	Note Receivable - Monthly Pmts 03/31/30 - 3.00% - Real Estate - Par		64,661
	Total cash equivalents and investments			$ 3,106,163

* Party in interest

† Cost information may be omitted with respect to participant directed transactions under an individual account plan.

Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	2011 This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information --- enter all requested information.

1a Name of plan
YOSEMITE MOTELS SALARY SAVINGS PLAN

1b Three-digit plan number (PN) ► 001

1c Effective date of plan 01/01/1990

2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

YOSEMITE MANAGEMENT GROUP, LLC

1205 FREEDOM BLVD., SUITE 2

US WATSONVILLE CA 95076

2b Employer Identification Number (EIN) 77-0488685

2c Sponsor's telephone number (831) 786-1980

2d Business code (see instructions) 721110

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

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

SIGN HERE	Signature of plan administrator	Date: 10/15/12	Enter name of individual signing as plan administrator: Max Bushman
SIGN HERE	Signature of employer/plan sponsor	Date: 10/15/12	Enter name of individual signing as employer or plan sponsor: Gerald D. Fischer
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") SAME	**3b** Administrator's EIN **3c** Administrator's telephone number

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: **a** Sponsor's name YOSEMITE MANAGEMENT GROUP, LLC		**4b** EIN 94-2422649 **4c** PN 001
5 Total number of participants at the beginning of the plan year	**5**	198
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**	159
b Retired or separated participants receiving benefits	**6b**	11
c Other retired or separated participants entitled to future benefits	**6c**	25
d Subtotal. Add lines **6a, 6b,** and **6c**	**6d**	195
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	195
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	71
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer complete this item)	**7**	

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

2E 2G 2J 2K 3D

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

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

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

a Pension Schedules	**b** General Schedules
(1) [X] **R** (Retirement Plan Information)	(1) [X] **H** (Financial Information)
(2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) [ ] **I** (Financial Information - Small Plan) (3) [ ] ____ **A** (Insurance Information) (4) [ ] **C** (Service Provider Information)
(3) [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(5) [X] **D** (DFE/Participating Plan Information) (6) [X] **G** (Financial Transaction Schedules)

Schedule H, line 4i
Schedule of Assets (Held At End of Year)

For the plan year beginning 01/01/2011 and ending 12/31/2011

Name of plan

YOSEMITE MOTELS SALARY SAVINGS PLAN

Employer Identification Number

77-0488685

Three-digit plan number ► 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
*	Wells Fargo Bank	Stable Return Fund		16,840
*	Wells Fargo Bank	Asset Allocation Fund		3,692
*	Wells Fargo Bank	S & P 500 Index Fund		7,083
*	Wells Fargo Bank	T Rowe Price Mid Cap Growth		87,024
*	Wells Fargo Bank	T Rowe Price Science & Tech		14,452
*	Wells Fargo Bank	T Rowe Price Small Cap Stock		126,429
*	Wells Fargo Bank	Vanguard Quantitative Gro&Inc		16,996
*	Wells Fargo Bank	Vanguard Total Stock Mkt Index		9,707
*	Wells Fargo Bank	Vanguard International Growth		10,362
*	Wells Fargo Bank	Vanguard U S Growth Fund		16,552
*	Wells Fargo Bank	Vanguard Long-Term Treasury		1,390
*	Wells Fargo Bank	T Rowe Price Global Stock Fund		15,663
*	Wells Fargo Bank/Rabobank	Cash and Cash Equivalents		25,526
	Paul Miller	Note Receivable; 3.0% Int.		64,661
	DCL Investments, LLC	Note Receivable; 9.0% Int		62,347
	Dry Creek Land, LP	Note Receivable; 9.0% Int		75,994
	Dry Creek Land, LP	Note Receivable; 9.0% Int		243,269
	Gopal Das	Note Receivable; 11.75% Int		97,182
	Daniel Veik	Note Receivable; 12.5% Int		13,438
	Dry Creek Land, LP	Note Receivable; 9.0% Int		67,500
	Dry Creek Land, LP	Note Receivable; 9.0% Int		29,946
	Dry Creek Land, LP	Note Receivable; 9.0% Int		23,428
	Dry Creek Land, LP	Note Receivable; 9.0% Int		34,273
	Massey Butler	Note Receivable; 7.0% Int		86,334
	Samuel Krikorian	Note Receivable; 11.5% Int		10,000
	Adalberto Teixeira	Note Receivable; 13.0% Int		157,670
	Wm. McClure	Note Receivable; 12.0% Int		150,000
	Michael and Jennifer Miller	Note Receivable; 7.0% Int		168,935
	I Serrano/S Saldate/A Saldate	Note Receivable; 12.5% Int		92,393
	Derrick & Neil Veik	Note Receivable; 11.0% Int		342,755
	O&S Investment Group	Note Receivable; 13.0% Int		10,000
	Dwight Hannah	Note Receivable; 11.5% Int		186,863
	A Silva and M Brazil	Note Receivable; 7.5% Int		450,000
	Delmas Tower, LLC	Note Receivable; 15.0% Int		119,060
	Edinburgh Development Group	Note Receivable; 11.0% Int		56,927
	Amir Jafari	4-Notes Receivable; 10.0% Int		100,416
	Double RD Investments	Note Receivable; 12.25% Int		73,729
*	Barron Brouillette	Note Receivable; 10.5% Int		37,327

Schedule H, Line 4

Schedule of Delinquent Participant Contributions

For the Plan Year Beginning 01/01/2011 and Ending 12/31/2011
Name of Plan: YOSEMITE MOTELS SALARY SAVINGS PLAN
Employer Identification Number: 77-0488685 Three-digit plan number: 001

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: ____	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
$16,339		$16,339		