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

2015

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); 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
JC RESORTS LLC 401(K) BENEFIT PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1997

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)

JC RESORTS LLC

533 COAST BLVD SOUTH
LA JOLLA, CA 92037

2b Employer Identification Number (EIN)
52-2205482

2c Plan Sponsor's telephone number
858-605-2700

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.	10/14/2016	ERIC PAUL
	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

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Preparer's telephone number

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**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:	**4b**	EIN
a	Sponsor's name	**4c**	PN

5	Total number of participants at the beginning of the plan year	**5**	1358
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	1055
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1205
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	522
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1727
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f	Total. Add lines **6d** and **6e**.	**6f**	1728
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	1389
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	223
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 Characteristics Codes in the instructions:
2F 2G 2J 2K 2R 2E 2S 2T 3D

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	**(1)**	[X] 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

- **(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)

Part III **Form M-1 Compliance Information (to be completed by welfare benefit plans)**

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ……..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

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

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
JC RESORTS LLC 401(K) BENEFIT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
JC RESORTS LLC

D Employer Identification Number (EIN)
52-2205482

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
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	705103	21	01/01/2015	12/31/2015

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 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
582	6

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

WELLS FARGO ADVISORS INS AGENCY LLC
401 S TYRON STREET
11 FL D1050 111
CHARLOTTE, NC 28202

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
582	6	REFERRAL/SERVICE FEE	3

(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	91298
5	Current value of plan's interest under this contract in separate accounts at year end	5	

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 ▶ FLEXIBLE INVESTMENT ANNUITY

b	Balance at the end of the previous year			7b	175400
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	522		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	3800		
	▶ LOAN PAYMENT				
	(6) Total additions			7c(6)	4322
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	179722
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	11540		
	(2) Administration charge made by carrier	7e(2)	227		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	76657		
	▶ LOAN WITHDRAWAL CONTRACT TERM/NOT MATURED				
	(5) Total deductions			7e(5)	88424
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	91298

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
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)**	0
(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)**	0
(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 line **9c(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, line 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.**	**2015** **This Form is Open to Public Inspection.**

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
JC RESORTS LLC 401(K) BENEFIT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
JC RESORTS LLC

D Employer Identification Number (EIN)
52-2205482

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 60 64 65 71	RECORDKEEPER	17634	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

WILLIAM H LING, CPA

33-0558553

(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?
10	ACCOUNTANT/AUDITOR	8800	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FIRST CLEARING LLC

23-2384840

(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?
55	ADVISOR	0	Yes [X] No [ ]	Yes [ ] No [X]	32119	Yes [ ] No [X]

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BROKERAGE LINK*3 04-3523567	SEE NOTE *3

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FKLN SM CAP VALUE A - FRANKLIN TEM 94-3167260	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
HTFD INTL OPPS R4 - HARTFORD ADMIN 41-0679409	0.25%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
INVS DIVRS DIVIDND A - INVESCO INV 11 GREENWAY PLAZA, SUITE 100 HOUSTON, TX 77046	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JANUS TRITON S - JANUS SERVICES LL 43-1804048	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
OPPHMR DEV MKTS A - OFI GLOBAL ASS 225 LIBERTY STREET NEW YORK, NY 10281	0.25%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIF REAL EST SEC R3 - PRINCIPAL SH	711 HIGH ST DES MOINES, IA 50392	0.30%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIM REAL RETURN A - BOSTON FINANCI	BFDS BUILDING, 30 DAN ROAD CANTON, MA 02021	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIONEER BOND A - BOSTON FINANCIAL	P.O. BOX 8480 BOSTON, MA 02266	0.35%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PRU/J MID CAP GR A - PRUDENTIAL MU 22-3703799	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TRP BLUE CHIP GRTH R - T. ROWE PRI 52-2269240	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TRP RETIRE BAL R - T. ROWE PRICE S 52-2269240	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TRP RETIRE 2005 R - T. ROWE PRICE 52-2269240	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TRP RETIRE 2010 R - T. ROWE PRICE 52-2269240	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TRP RETIRE 2015 R - T. ROWE PRICE 52-2269240	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TRP RETIRE 2020 R - T. ROWE PRICE 52-2269240	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TRP RETIRE 2025 R - T. ROWE PRICE 52-2269240	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TRP RETIRE 2030 R - T. ROWE PRICE 52-2269240	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TRP RETIRE 2035 R - T. ROWE PRICE 52-2269240	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TRP RETIRE 2040 R - T. ROWE PRICE 52-2269240	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TRP RETIRE 2045 R - T. ROWE PRICE 52-2269240	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TRP RETIRE 2050 R - T. ROWE PRICE 52-2269240	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TRP RETIRE 2055 R - T. ROWE PRICE 52-2269240	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIRST CLEARING LLC	55	32119

(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.
NATIONAL FINANCIAL SERVICES LLC 04-3523567	

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

2015

This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
JC RESORTS LLC 401(K) BENEFIT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
JC RESORTS LLC

D Employer Identification Number (EIN)
52-2205482

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: FA STABLE VALUE

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

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)
04-3022712-026	C	666809

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

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

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

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

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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

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
JC RESORTS LLC 401(K) BENEFIT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
JC RESORTS LLC

D Employer Identification Number (EIN)
52-2205482

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	15073	13583
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	1775	10276
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	324032	327344
(9) Value of interest in common/collective trusts	1c(9)	714758	666809
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	11880363	12342030
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	172386	91298
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	13108387	13451340
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	13108387	13451340

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)	236140	
(B) Participants	2a(1)(B)	1519862	
(C) Others (including rollovers)	2a(1)(C)	31349	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1787351
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	14731	
(F) Other	2b(1)(F)	-81088	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		-66356
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	28	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	563677	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		563705
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	21075	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	22323	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-1248
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	596	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		596

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		786
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-587979
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		1696855
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1320152	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		1320152
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		7404
h Interest expense	2h		0
i Administrative expenses: **(1)** Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	26346	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		26346
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1353902
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		342953
l Transfers of assets:			
(1) To this plan	2l(1)		0
(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: WILLIAM H LING, CPA **(2)** EIN: 33-0558553

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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	N/A	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		

		Yes	No	N/A	Amount
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			1000000
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				
o	Did the plan trust incur unrelated business taxable income?	4o				
p	Were in-service distributions made during the plan year?	4p				

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)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☐ No ☐ Not determined

Part V Trust Information

6a Name of trust	**6b** Trust's EIN

6c Name of trustee or custodian	**6d** Trustee's or custodian's telephone number

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

2015

This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
JC RESORTS LLC 401(K) BENEFIT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
JC RESORTS LLC

D Employer Identification Number (EIN)
52-2205482

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): 04-6568107

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 lines 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 lines 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 lines 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 lines 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 lines 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 lines 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 line 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 lines (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 line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A

22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____ (See instructions for tax law changes and codes).

22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter _____/_____/_____ and the letter's serial number _____.

22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter _____/_____/_____.

23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

William H. Ling
Certified Public Accountant

JC RESORTS LLC 401(K) BENEFIT PLAN

FINANCIAL STATEMENTS,

SUPPLEMENTAL SCHEDULES

AND INDEPENDENT AUDITOR'S REPORT

FOR THE YEARS ENDED DECEMBER 31, 2015 AND 2014

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JC RESORTS LLC 401(K) BENEFIT PLAN

FOR THE YEARS ENDED DECEMBER 31, 2015 AND 2014

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INDEPENDENT AUDITOR'S REPORT

To the Participants and Administrative Committee of
The JC Resorts LLC 401(k) Benefit Plan

Report on the Financial Statements

I was engaged to audit the accompanying financial statements of JC Resorts LLC 401(k) Benefit Plan, which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

My responsibility is to express an opinion on these financial statements based on conducting an audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however I was not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed me not to perform, and I did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Fidelity Management Trust Company, the Plan Trustee, ("Fidelity") and by Principal Life Insurance Company, the custodian of certain of the Plan assets, ("Principal") except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that Fidelity and Principal hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained a certification from Fidelity and Principal as of and for the years ended December 31, 2015 and 2014, that the information provided to the plan administrator by Fidelity and Principal is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, I have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion, accordingly I do not express an opinion on these financial statements.

Other Matter

The supplemental schedules (Schedule 4i – Schedules of Assets (Held at Year End) as of and for the years ended December 31, 2015 and 2014, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, I do not express an opinion on the supplemental schedules referred to above.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by me in accordance with auditing standards generally accepted in the United States of America and, in my opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



San Diego, California
October 13, 2016

JC RESORTS LLC 401(K) BENEFIT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
DECEMBER 31, 2015 AND 2014

	2015	2014
ASSETS		
Investments		
Investments at Fair Value	$ 12,365,888	$ 11,897,211
Investments at Contract Value	758,107	874,675
Total Investments	13,123,995	12,771,886
Receivables		
Employee Contributions	2,740	-
Employer Contributions	461	-
Notes Receivable from Participants	327,344	324,032
Total Receivables	330,545	324,032
Total Assets	13,454,540	13,095,918
LIABILITIES		
Other Liabilities	-	-
NET ASSETS AVAILABLE FOR PLAN BENEFITS	$ 13,454,540	$ 13,095,918

See notes to financial statements.

JC RESORTS LLC 401(K) BENEFIT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2015 AND 2014

	2015	2014
ADDITIONS		
Investment Income		
Net (depreciation) appreciation in fair value of investments	$ (652,967)	$ 301,029
Interest and dividends	587,263	466,620
TOTAL INVESTMENT (LOSS) INCOME	(65,704)	767,649
Contributions:		
Employee Contributions	1,522,602	1,265,088
Employer Contributions	236,601	246,655
Employee Rollovers	31,349	116,518
TOTAL CONTRIBUTIONS	1,790,552	1,628,261
TOTAL ADDITIONS	1,724,848	2,395,910
DEDUCTIONS		
Benefits paid to participants	1,331,783	732,567
Deemed Distributions	7,870	14,592
Administrative fees	26,573	16,445
TOTAL DEDUCTIONS	1,366,226	763,604
NET INCREASE IN NET ASSETS AVAILABLE FOR PLAN BENEFITS	358,622	1,632,306
NET ASSETS AVAILABLE FOR PLAN BENEFITS		
Beginning of Year	13,095,918	11,463,612
End of Year	$ 13,454,540	$ 13,095,918

See notes to financial statements.

Note 1 – Description of Plan

The following description of the JC Resorts LLC ("Company") 401(K) Benefit Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Plan was formed effective January 1, 1997. The Plan is a defined contribution plan covering all employees of the Company who have six months of service and are age twenty-one or older and are not covered by a collective bargaining agreement. Amendments to the Plan may occur to allow the Plan to meet ERISA requirements.

Plan Administration

The Company is the Plan administrator of the Plan. The Plan investments are invested with Fidelity Management Trust Company ("Fidelity") which holds the majority of the Plan investments as trustee of the Plan. Certain of the Plan assets remain with the Principal Life Insurance Company ("Principal"). In July 2013, the Plan changed its investment and recordkeeping contract from Principal to Fidelity, however Principal retained the guaranteed interest accounts, which accounts will be held to maturity so as to avoid early withdrawal penalties. These guaranteed interest accounts are the only assets not under direct control of Fidelity. The Plan's Investment committee determines the appropriateness of the Plan's investment offerings and monitors investment performance.

As further disclosed in Note 4, all investment information in the accompanying financial statements and supplemental schedules was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by Fidelity and/or Principal.

Contributions

Each year, participants may voluntarily contribute up to 50% of pretax annual compensation, as defined in the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. The Company matches the contribution of 25% of the first 4% of all compensation that a participant contributes to the Plan. Contributions are subject to certain Plan and regulatory limitations.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution, and (b) Plan net earnings, and may be charged with an allocation of administrative expenses. Allocations are based on participant net 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 vested account.

Vesting

Participants are immediately vested in their voluntary contributions. The Company's matching contribution and earnings on the matching contribution are vested based upon the following schedule:

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

Investment Funds

The Plan assets are invested with Fidelity whereby upon enrollment in the Plan, a participant may direct contributions in any of the investment choices. The Plan offers participants a diversified investment program including mutual funds from a select group of investment managers, which provide participants with a variety of investment options. Participants can no longer add new funds or transfer investment balances into the guaranteed interest accounts held by Principal which provide participants with a fixed interest return on their investment. Participants' account balances invested in these guaranteed interest accounts at the time of conversion to Fidelity are being held by Principal until their maturity, at which time the funds will be transferred to Fidelity. Similar guaranteed interest investment options are available through Fidelity.

Through the Fidelity Plan service, Participants may change their investment elections, transfer existing account balances, and obtain information regarding their investments on a daily basis. Fidelity assesses an operating expense fee and an investment fee, which are paid directly from the Plan assets.

Notes Receivable from Participants

The Plan allows participant loans up to the lesser of 50% of the vested balance or $50,000. Loans to participants are reported at their unpaid principal balance plus any accrued but unpaid interest. All loans are secured by the balance in the participant's Plan account and generally must be repaid in five years. All loans bear interest at market rates. At December 31, 2015 and 2014, notes receivable from participants totaled $327,344 and $324,032, respectively. There were $7,870 and $14,592 in deemed distributions from delinquent loans in 2015 and 2014, respectively.

Payment of Benefits

On termination of service, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest, or installments over a period of time not to exceed the participant's lifetime, or the joint lifetime of the participant and their spouse.

Forfeited Accounts

Forfeited, nonvested accounts are utilized to reduce employer matching contributions or offset administrative expenses. At December 31, 2015 and 2014 the balance of the forfeiture account was $12,100 and $28,947, respectively. In 2015, forfeitures were used to offset employer matching contributions totaling $33,039. No forfeitures were used in 2014 to offset employer contributions and administrative expenses.

Note 2 – Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Date of Management's Review

Subsequent events were evaluated through October 13, 2016, which is the date the financial statements were available to be issued.

Estimates

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

Investment Valuation and Income Recognition

Investments are reported in these financial statements at fair value except for fully benefit responsive investment contracts, which are reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation or depreciation in Plan investments includes the Plan's gains and losses on investments bought and sold for the period as well as held at year end.

Payment of Benefits

Benefits are recorded when paid. Benefits due to participants who are no longer employees are not paid until requested by the former employee. At December 31, 2015 and 2014, benefits due but unpaid to former employees totaled $185,141 and $443,337, respectively.

Net (Depreciation) Appreciation in Fair Value of Investments

Realized and unrealized (depreciation) appreciation is recorded in the accompanying statement of changes in net assets available for Plan benefits as net (depreciation) appreciation in fair value of investments.

Realized and unrealized appreciation in the fair value of investments is based on the difference between the fair value of the assets at the beginning of the year, or at the time of purchase for assets purchased during the year, and the related fair value on the day investments are sold with respect to realized (depreciation) appreciation or on the last day of the year for unrealized (depreciation) appreciation on assets held at the end of the year.

Excess Contributions Payable

The Company and Fidelity review Plan activity for employee and matching contributions in order to be in compliance with the non-discrimination requirements of the Plan. There were no excess contributions in 2015 or 2014, as a result of such review.

Administrative Expenses

The Company has elected to pay certain fixed administrative expenses of the Plan for the years ended December 31, 2015 and 2014. These administrative expenses paid by the Company totaled approximately $8,800 in 2015 and $8,600 in 2014. The Plan pays for certain administrative and management fees from Plan investments (See Note 6).

Reclassifications

The Company implented ASU -2015-12 *Plan Accounting for Defined Contribution Plan with Fully Benefit Responsive Investment contracts.* The implementation of this ASU retroactively adjusted how Benefit Resposive Contracts are reported and accordingly, certain reclassifications have been made to the 2014 financial statements to conform with the 2015 financial statement presentation.

Note 3 – Fair Value Measurements

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

		Fair Value Measurements Using:		
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
December 31, 2015				
Cash	$ 23,859	$ 23,859	$ -	$ -
Mutual funds	12,342,029	12,342,029	-	-
Total	$12.365,888	$12,365,888	$ -	$
December 31, 2014				
Cash	$ 16,848	$ 16,848	$ -	$ -
Mutual funds	11,880,363	11,880,363	-	-
Total	$11,897,211	$11,897,211	$ -	$ -

Accounting Standards Codification ("ASC") No 820, "Fair Value Measurements," establishes 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 are unobservable and have the lowest priority. The Plan administrator uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. There were no Plan assets requiring the use of Level 2 or Level 3 inputs for the periods presented.

Level 1 Fair Value Measurements

The fair values of the Plan's cash accounts and mutual funds are based on the closing price reported in the active market where the individual securities are traded, when available.

Gains and losses (realized and unrealized) included in statement of changes in net assets available for Plan benefits for the years ended December 31, 2015 and 2014 are reported in net (depreciation) appreciation in fair value of investments.

Note 4 – Plan Investments

The Company and Plan utilized the services of two Plan administrators during the years ended December 31, 2015 and 2014 as disclosed in Note 1. All investment information disclosed in the accompanying financial statements and supplemental schedules, including investments held at December 31, 2015 and 2014, and net (depreciation) appreciation in fair value of investments, interest and dividends for the year then ended, were obtained or derived from information supplied to the Plan Administrator and certified as complete and accurate by Fidelity and Principal. All Plan investments are Participant directed investments.

The fair value of Plan investments as certified by Fidelity at December 31, 2015 and 2014 are set forth below:

	2015	2014
Cash:		
Fidelity Brokerage Account	$ 23,859	$ 16,848
Mutual funds:		
Pioneer Bond A	531,583	505,389
Pru/J Mid Cap Gr A	254,820	235,373
HTFD Intl Opps R4	323,214	305,459
Fkln Sm Cap Value A	96,629	97,896
Invs Divrs Dividend A	252,641	241,675
Opphmr Dev Mkts A	78,592	99,137
TRP Blue Chip Grth R	520,732	545,073
Pim Real Return	2,048	368
Janus Triton S	266,735	160,792
TRP Retire 2005 R	938	18,181
TRP Retire 2010 R	48,746	51,397
TRP Retire 2015 R	8,222	3,268
TRP Retire 2020 R	1,049,331	1,124,901*
TRP Retire 2025 R	58,796	16,356
TRP Retire 2030 R	2,542,762*	2,393,324*
TRP Retire 2035 R	66,657	26,268
TRP Retire 2040 R	1,717,120*	1,702,707*
TRP Retire 2045 R	668,466	625,566
TRP Retire 2050 R	1,067,169*	1,011,002*
TRP Retire 2055 R	299,006	125,723
TRP Retire Income R	445,867	418,260
Pif Real Est Sec R3	437,524	491,399
Sptn 500 Index Adv	836,494*	917,378*
Fa Mid Cap Value A	290,400	270,179
Sptn Mid Cap Idx Adv	248,084	261,640
Sptn Sm Cap Idx Adv		231,652
Subtotal	12,342,029	11,880,363
Total – Certified by Fidelity	$ 12,365,888	$ 11,897,211

The contract value of the Plan's Benefit Responsive Investment Contracts as certified by Fidelity and Principal at December 31, 2015 and 2014 are set forth below:

	2015	2014
Fidelity - Guaranteed investment contracts	$ 666,809*	$ 702,289*
Principal – Guaranteed interest accounts	91,298	172,386
Total – Certified by Fidelity and Principal	$ 758,107	$ 874,675

* Represents greater than 5% of the Plan's assets available for benefits.

During 2015 and 2014, the Plan's investment income (including net realized and unrealized appreciation or depreciation on investments bought, sold, and held during the year) were as follows:

	2015	2014
Guaranteed Investment Contract	$ 8,230	$ 7,751
Mutual Funds	(661,197)	293,278
Total	$ (652,967)	$ 301,029

Note 5 – Guaranteed Investment Contracts

The Plan entered into a benefit-responsive investment contract with the Fidelity Advisor Stable Value Portfolio and Principal Guaranteed Interest accounts ("Benefit Responsive Accounts"). The Benefit Responsive Accounts maintain the contributions in separate accounts. The accounts are credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The Benefit Responsive Account issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because the Benefit Responsive accounts are fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for plan benefits attributable to the fuaranteed investment contract. The guaranteed investment contract is presented on the face of the statement of net assets available for benefits at contract value. Contract value, as reported by Fidelity and Principal, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expense. Participants may ordinarily direct the withdrawal of transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The contract value at December 31, 2015 and 2014 was $758,107 and $874,675, respectively. The crediting interest rate is based on a formula agreed upon with the isssuer, but may not be less the 0%. Such interest rates are reviewed on a quarterly basis for resetting.

Certain events limit the Plan's ability to transact at contract value with These Benefit Responsive contracts. Such events include the following: (a) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (b) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (c) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (d) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. Furthermore, certain events would allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Examples of such events include (a) an uncured breach of the Plan's investment guidleines, (b) a material amendment to the contract without the issuer's consent, (c) a violation of a material obligation under the contract, or (d) a material misrepresentation. The Plan administrator does not believe that any events that would limit the Plan's ability to transact at contract value with Plan participants are probable of occurring.

Note 6 – Related Party Transaction

In 2015 and 2014, Plan investments may be invested in cash funds or mutual funds managed by Fidelity. Fidelity is the Plan trustee as defined by the Plan and, therefore, certain of these transactions may qualify as parties in interest. Administrative and management fees paid to Fidelity from Plan assets totaled $26,346 and $16,202 in 2015 and 2014, respectively.

Principal is the former Plan custodian as defined by the Plan and remains as custodian of the Guaranteed Interest Accounts, therefore, certain of these transactions qualified as parties-in-interest. Administrative and management fees paid to Principal from Plan assets totaled $227 in 2015 and $243 in 2014.

Note 7 – Plan Termination

Although it has not expressed any intent to do so, the Company 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, employed participants will become 100% vested in their account balances.

Note 8 – Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for Plan benefits per Form 5500 to the financial statements at December 31, 2015 and 2014:

	2015	2014
Net assets available for Plan benefits per Form 5500	$ 13,451,339	$ 13,108,387
Contributions Receivable	3,201	-
Adjustment from Fair Value to Contract Basis	-	(12,469)
Net assets available for Plan benefits per the financial statements	$ 13,454,540	$ 13,095,918

The following is a reconciliation of net increase in net assets available for Plan benefits per Form 5500 to the financial statements at December 31, 2015 and 2014:

	2015	2014
Net increase in net assets available for Plan benefits per Schedule H of Form 5500	$ 342,952	$ 1,631,912
Add: Contributions receivable at December 31, 2015 and 2014	3,201	-
Add: Fair value to contract value adjustment at December 31, 2014 and 2013	12,469	12,863
Less: Fair value to contract value adjustment at December 31, 2015 and 2014	-	(12,469)
Net increase in net assets available for Plan benefits per the financial statements	$ 358,622	$ 1,632,306

Note 9 – Tax Status

The Plan is a Prototype Plan sponsored by Fidelity. This Prototype Plan received a determination letter from the IRS that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has not requested a separate determination letter from the IRS concerning the Plan's tax status. The Plan administrator believes the Plan is designed and currently being operated in compliance with applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require the Plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2011.

Note 10 - Risks and Uncertainties

The Plan provides participants various investment choices. These investment options are exposed to various risks, including but not limited to, economic, interest rate, market regulatory and credit risks. Due to the level of risk associated with certain investment options, it is at least reasonably possible that changes in the various risk factors in the near term could materially affect participants' account balances and the amounts reported in the financial statements.

Participants may invest in certain mutual fund accounts or pooled separate accounts that invest in the securities of foreign companies or companies with significant operations in foreign countries, which involve additional special risks and considerations not typically associated with investing in U.S. companies. These risks include but are not limited to devaluation of currencies, less reliable information about issuers, different securities transaction regulations, clearance and settlement practices, and possibly adverse political and economic developments. Moreover, the securities of many foreign companies may be less liquid and their prices more volatile than those securities of comparable U.S. companies.

Note 11 – Subsequent Event

In 2016, the Company has identified and is researching some inconsistencies that occurred during the transition of recordkeeping from Principal to Fidelity related to automatic enrollment in the Plan. Management believes that these inconsistencies are clerical in nature and are not expeceted to have a material effect on the financial statements of the Plan.

SUPPLEMENTAL

SCHEDULES

EIN: 52-2205482
PLAN NUMBER: 002
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT YEAR END)
December 31, 2015

(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
	Cash:			
*	Fidelity Brokerage Account			$ 23,859
	Mutual Funds:			
	Pioneer Bond A			531,583
	Pru/J Mid Cap Gr A			254,820
	Htfd Intl Opps R4			323,214
	Fkln Sm Cap Value A A			96,629
	Invs Divrs Dividnd A			252,641
	Opphmr Dev Mkts A			78,592
	Trp Blue Chip Grth R			520,732
	Pim Real return A			2,048
	Janus Triton S			266,735
	Trp Retire 2005 R			938
	Trp Retire 2010 R			48,746
	Trp Retire 2015 R			8,222
	Trp Retire 2020 R			1,049,331
	Trp Retire 2025 R			58,796
	Trp Retire 2030 R			2,542,762
	Trp Retire 2035 R			66,657
	Trp Retire 2040 R			1,717,120
	Trp Retire 2045 R			668,466
	Trp Retire 2050 R			1,067,169
	Trp Retire 2055 R			299,006
	Trp Retire Income R			445,867
	Pif Real Est Sec R3			437,524
	Sptn 500 Index Adv			836,494
	Fa Mid Cap Value A			290,400
	Sptn Mid Cap Idx Adv			248,084
	Sptn Sm Cap Idx Adv			229,453
	Subtotal - Mutual Funds			12,342,029
	Total Investments, at fair value			$ 12,365,888
	Guaranteed Investment Contract:			
*	Fidelity Advisor Stable Value			666,809
*	Principal Guaranteed Interest Fund			91,298
	Total Investments, at contract value			$ 758,107
	Participant Loans	4.25-6.00%		$ 327,344

Notes: Column (a) * represents parties in interest.
Columns (d) is blank as all investments are participant directed.

See notes to financial statements.

JC RESORTS LLC 401(K) BENEFIT PLAN
EIN: 52-2205482
PLAN NUMBER: 002
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT YEAR END)
December 31, 2014

(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
	Cash:			
*	Fidelity Brokerage Account			$ 16,848
	Mutual Funds:			
	Pioneer Bond A			505,389
	Pru/J Mid Cap Gr A			235,373
	Htfd Intl Opps R4			305,459
	Fkln Sm Cap Value A A			97,896
	Invs Divrs Dividnd A			241,675
	Opphmr Dev Mkts A			99,137
	Trp Blue Chip Grth R			545,073
	Pim Real Return			368
	Janus Triton S			160,792
	Trp Retire 2005 R			18,181
	Trp Retire 2010 R			51,397
	Trp Retire 2015 R			3,268
	Trp Retire 2020 R			1,124,901
	Trp Retire 2025 R			16,356
	Trp Retire 2030 R			2,393,324
	Trp Retire 2035 R			26,268
	Trp Retire 2040 R			1,702,707
	Trp Retire 2045 R			625,566
	Trp Retire 2050 R			1,011,002
	Trp Retire 2055 R			125,723
	Trp Retire Income R			418,260
	Pif Real Est Sec R3			491,399
	Sptn 500 Index Adv			917,378
	Fa Mid Cap Value A			270,179
	Sptn Mid Cap Idx Adv			261,640
	Sptn Sm Cap Idx Adv			231,652
	Subtotal - Mutual Funds			11,880,363
	Total Investments, at fair value			$ 11,897,211
	Guaranteed Investment Contract:			
*	Fidelity Advisor Stable Value			702,289
*	Principal Guaranteed Interest Account			172,386
	Total Investments, at contract value			$ 874,675
	Participant Loans	4.25-6.00%		$ 324,032

Notes: Column (a) * represents parties in interest.
Columns (d) is blank as all investments are participant directed.

See notes to financial statements.

William H. Ling
Certified Public Accountant

JC RESORTS LLC 401(K) BENEFIT PLAN

FINANCIAL STATEMENTS,

SUPPLEMENTAL SCHEDULES

AND INDEPENDENT AUDITOR'S REPORT

FOR THE YEARS ENDED DECEMBER 31, 2015 AND 2014

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JC RESORTS LLC 401(K) BENEFIT PLAN

FOR THE YEARS ENDED DECEMBER 31, 2015 AND 2014

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INDEPENDENT AUDITOR'S REPORT

To the Participants and Administrative Committee of
The JC Resorts LLC 401(k) Benefit Plan

Report on the Financial Statements

I was engaged to audit the accompanying financial statements of JC Resorts LLC 401(k) Benefit Plan, which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

My responsibility is to express an opinion on these financial statements based on conducting an audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however I was not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed me not to perform, and I did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Fidelity Management Trust Company, the Plan Trustee, ("Fidelity") and by Principal Life Insurance Company, the custodian of certain of the Plan assets, ("Principal") except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that Fidelity and Principal hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained a certification from Fidelity and Principal as of and for the years ended December 31, 2015 and 2014, that the information provided to the plan administrator by Fidelity and Principal is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, I have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion, accordingly I do not express an opinion on these financial statements.

Other Matter

The supplemental schedules (Schedule 4i – Schedules of Assets (Held at Year End) as of and for the years ended December 31, 2015 and 2014, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, I do not express an opinion on the supplemental schedules referred to above.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by me in accordance with auditing standards generally accepted in the United States of America and, in my opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



San Diego, California
October 13, 2016

JC RESORTS LLC 401(K) BENEFIT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
DECEMBER 31, 2015 AND 2014

	2015	2014
ASSETS		
Investments		
Investments at Fair Value	$ 12,365,888	$ 11,897,211
Investments at Contract Value	758,107	874,675
Total Investments	13,123,995	12,771,886
Receivables		
Employee Contributions	2,740	-
Employer Contributions	461	-
Notes Receivable from Participants	327,344	324,032
Total Receivables	330,545	324,032
Total Assets	13,454,540	13,095,918
LIABILITIES		
Other Liabilities	-	-
NET ASSETS AVAILABLE FOR PLAN BENEFITS	$ 13,454,540	$ 13,095,918

See notes to financial statements.

JC RESORTS LLC 401(K) BENEFIT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2015 AND 2014

	2015	2014
ADDITIONS		
Investment Income		
Net (depreciation) appreciation in fair value of investments	$ (652,967)	$ 301,029
Interest and dividends	587,263	466,620
TOTAL INVESTMENT (LOSS) INCOME	(65,704)	767,649
Contributions:		
Employee Contributions	1,522,602	1,265,088
Employer Contributions	236,601	246,655
Employee Rollovers	31,349	116,518
TOTAL CONTRIBUTIONS	1,790,552	1,628,261
TOTAL ADDITIONS	1,724,848	2,395,910
DEDUCTIONS		
Benefits paid to participants	1,331,783	732,567
Deemed Distributions	7,870	14,592
Administrative fees	26,573	16,445
TOTAL DEDUCTIONS	1,366,226	763,604
NET INCREASE IN NET ASSETS AVAILABLE FOR PLAN BENEFITS	358,622	1,632,306
NET ASSETS AVAILABLE FOR PLAN BENEFITS		
Beginning of Year	13,095,918	11,463,612
End of Year	$ 13,454,540	$ 13,095,918

See notes to financial statements.

Note 1 – Description of Plan

The following description of the JC Resorts LLC ("Company") 401(K) Benefit Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Plan was formed effective January 1, 1997. The Plan is a defined contribution plan covering all employees of the Company who have six months of service and are age twenty-one or older and are not covered by a collective bargaining agreement. Amendments to the Plan may occur to allow the Plan to meet ERISA requirements.

Plan Administration

The Company is the Plan administrator of the Plan. The Plan investments are invested with Fidelity Management Trust Company ("Fidelity") which holds the majority of the Plan investments as trustee of the Plan. Certain of the Plan assets remain with the Principal Life Insurance Company ("Principal"). In July 2013, the Plan changed its investment and recordkeeping contract from Principal to Fidelity, however Principal retained the guaranteed interest accounts, which accounts will be held to maturity so as to avoid early withdrawal penalties. These guaranteed interest accounts are the only assets not under direct control of Fidelity. The Plan's Investment committee determines the appropriateness of the Plan's investment offerings and monitors investment performance.

As further disclosed in Note 4, all investment information in the accompanying financial statements and supplemental schedules was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by Fidelity and/or Principal.

Contributions

Each year, participants may voluntarily contribute up to 50% of pretax annual compensation, as defined in the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. The Company matches the contribution of 25% of the first 4% of all compensation that a participant contributes to the Plan. Contributions are subject to certain Plan and regulatory limitations.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution, and (b) Plan net earnings, and may be charged with an allocation of administrative expenses. Allocations are based on participant net 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 vested account.

Vesting

Participants are immediately vested in their voluntary contributions. The Company's matching contribution and earnings on the matching contribution are vested based upon the following schedule:

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

Investment Funds

The Plan assets are invested with Fidelity whereby upon enrollment in the Plan, a participant may direct contributions in any of the investment choices. The Plan offers participants a diversified investment program including mutual funds from a select group of investment managers, which provide participants with a variety of investment options. Participants can no longer add new funds or transfer investment balances into the guaranteed interest accounts held by Principal which provide participants with a fixed interest return on their investment. Participants' account balances invested in these guaranteed interest accounts at the time of conversion to Fidelity are being held by Principal until their maturity, at which time the funds will be transferred to Fidelity. Similar guaranteed interest investment options are available through Fidelity.

Through the Fidelity Plan service, Participants may change their investment elections, transfer existing account balances, and obtain information regarding their investments on a daily basis. Fidelity assesses an operating expense fee and an investment fee, which are paid directly from the Plan assets.

Notes Receivable from Participants

The Plan allows participant loans up to the lesser of 50% of the vested balance or $50,000. Loans to participants are reported at their unpaid principal balance plus any accrued but unpaid interest. All loans are secured by the balance in the participant's Plan account and generally must be repaid in five years. All loans bear interest at market rates. At December 31, 2015 and 2014, notes receivable from participants totaled $327,344 and $324,032, respectively. There were $7,870 and $14,592 in deemed distributions from delinquent loans in 2015 and 2014, respectively.

Payment of Benefits

On termination of service, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest, or installments over a period of time not to exceed the participant's lifetime, or the joint lifetime of the participant and their spouse.

Forfeited Accounts

Forfeited, nonvested accounts are utilized to reduce employer matching contributions or offset administrative expenses. At December 31, 2015 and 2014 the balance of the forfeiture account was $12,100 and $28,947, respectively. In 2015, forfeitures were used to offset employer matching contributions totaling $33,039. No forfeitures were used in 2014 to offset employer contributions and administrative expenses.

Note 2 – Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Date of Management's Review

Subsequent events were evaluated through October 13, 2016, which is the date the financial statements were available to be issued.

Estimates

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

Investment Valuation and Income Recognition

Investments are reported in these financial statements at fair value except for fully benefit responsive investment contracts, which are reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation or depreciation in Plan investments includes the Plan's gains and losses on investments bought and sold for the period as well as held at year end.

Payment of Benefits

Benefits are recorded when paid. Benefits due to participants who are no longer employees are not paid until requested by the former employee. At December 31, 2015 and 2014, benefits due but unpaid to former employees totaled $185,141 and $443,337, respectively.

Net (Depreciation) Appreciation in Fair Value of Investments

Realized and unrealized (depreciation) appreciation is recorded in the accompanying statement of changes in net assets available for Plan benefits as net (depreciation) appreciation in fair value of investments.

Realized and unrealized appreciation in the fair value of investments is based on the difference between the fair value of the assets at the beginning of the year, or at the time of purchase for assets purchased during the year, and the related fair value on the day investments are sold with respect to realized (depreciation) appreciation or on the last day of the year for unrealized (depreciation) appreciation on assets held at the end of the year.

Excess Contributions Payable

The Company and Fidelity review Plan activity for employee and matching contributions in order to be in compliance with the non-discrimination requirements of the Plan. There were no excess contributions in 2015 or 2014, as a result of such review.

Administrative Expenses

The Company has elected to pay certain fixed administrative expenses of the Plan for the years ended December 31, 2015 and 2014. These administrative expenses paid by the Company totaled approximately $8,800 in 2015 and $8,600 in 2014. The Plan pays for certain administrative and management fees from Plan investments (See Note 6).

Reclassifications

The Company implented ASU -2015-12 *Plan Accounting for Defined Contribution Plan with Fully Benefit Responsive Investment contracts.* The implementation of this ASU retroactively adjusted how Benefit Resposive Contracts are reported and accordingly, certain reclassifications have been made to the 2014 financial statements to conform with the 2015 financial statement presentation.

Note 3 – Fair Value Measurements

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

		Fair Value Measurements Using:		
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
December 31, 2015				
Cash	$ 23,859	$ 23,859	$ -	$ -
Mutual funds	12,342,029	12,342,029	-	-
Total	$12.365,888	$12,365,888	$ -	$
December 31, 2014				
Cash	$ 16,848	$ 16,848	$ -	$ -
Mutual funds	11,880,363	11,880,363	-	-
Total	$11,897,211	$11,897,211	$ -	$ -

Accounting Standards Codification ("ASC") No 820, "Fair Value Measurements," establishes 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 are unobservable and have the lowest priority. The Plan administrator uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. There were no Plan assets requiring the use of Level 2 or Level 3 inputs for the periods presented.

Level 1 Fair Value Measurements

The fair values of the Plan's cash accounts and mutual funds are based on the closing price reported in the active market where the individual securities are traded, when available.

Gains and losses (realized and unrealized) included in statement of changes in net assets available for Plan benefits for the years ended December 31, 2015 and 2014 are reported in net (depreciation) appreciation in fair value of investments.

Note 4 – Plan Investments

The Company and Plan utilized the services of two Plan administrators during the years ended December 31, 2015 and 2014 as disclosed in Note 1. All investment information disclosed in the accompanying financial statements and supplemental schedules, including investments held at December 31, 2015 and 2014, and net (depreciation) appreciation in fair value of investments, interest and dividends for the year then ended, were obtained or derived from information supplied to the Plan Administrator and certified as complete and accurate by Fidelity and Principal. All Plan investments are Participant directed investments.

The fair value of Plan investments as certified by Fidelity at December 31, 2015 and 2014 are set forth below:

	2015	2014
Cash:		
Fidelity Brokerage Account	$ 23,859	$ 16,848
Mutual funds:		
Pioneer Bond A	531,583	505,389
Pru/J Mid Cap Gr A	254,820	235,373
HTFD Intl Opps R4	323,214	305,459
Fkln Sm Cap Value A	96,629	97,896
Invs Divrs Dividend A	252,641	241,675
Opphmr Dev Mkts A	78,592	99,137
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Pim Real Return	2,048	368
Janus Triton S	266,735	160,792
TRP Retire 2005 R	938	18,181
TRP Retire 2010 R	48,746	51,397
TRP Retire 2015 R	8,222	3,268
TRP Retire 2020 R	1,049,331	1,124,901*
TRP Retire 2025 R	58,796	16,356
TRP Retire 2030 R	2,542,762*	2,393,324*
TRP Retire 2035 R	66,657	26,268
TRP Retire 2040 R	1,717,120*	1,702,707*
TRP Retire 2045 R	668,466	625,566
TRP Retire 2050 R	1,067,169*	1,011,002*
TRP Retire 2055 R	299,006	125,723
TRP Retire Income R	445,867	418,260
Pif Real Est Sec R3	437,524	491,399
Sptn 500 Index Adv	836,494*	917,378*
Fa Mid Cap Value A	290,400	270,179
Sptn Mid Cap Idx Adv	248,084	261,640
Sptn Sm Cap Idx Adv		231,652
Subtotal	12,342,029	11,880,363
Total – Certified by Fidelity	$ 12,365,888	$ 11,897,211

The contract value of the Plan's Benefit Responsive Investment Contracts as certified by Fidelity and Principal at December 31, 2015 and 2014 are set forth below:

	2015	2014
Fidelity - Guaranteed investment contracts	$ 666,809*	$ 702,289*
Principal – Guaranteed interest accounts	91,298	172,386
Total – Certified by Fidelity and Principal	$ 758,107	$ 874,675

* Represents greater than 5% of the Plan's assets available for benefits.

During 2015 and 2014, the Plan's investment income (including net realized and unrealized appreciation or depreciation on investments bought, sold, and held during the year) were as follows:

	2015	2014
Guaranteed Investment Contract	$ 8,230	$ 7,751
Mutual Funds	(661,197)	293,278
Total	$ (652,967)	$ 301,029

Note 5 – Guaranteed Investment Contracts

The Plan entered into a benefit-responsive investment contract with the Fidelity Advisor Stable Value Portfolio and Principal Guaranteed Interest accounts ("Benefit Responsive Accounts"). The Benefit Responsive Accounts maintain the contributions in separate accounts. The accounts are credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The Benefit Responsive Account issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because the Benefit Responsive accounts are fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for plan benefits attributable to the fuaranteed investment contract. The guaranteed investment contract is presented on the face of the statement of net assets available for benefits at contract value. Contract value, as reported by Fidelity and Principal, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expense. Participants may ordinarily direct the withdrawal of transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The contract value at December 31, 2015 and 2014 was $758,107 and $874,675, respectively. The crediting interest rate is based on a formula agreed upon with the isssuer, but may not be less the 0%. Such interest rates are reviewed on a quarterly basis for resetting.

Certain events limit the Plan's ability to transact at contract value with These Benefit Responsive contracts. Such events include the following: (a) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (b) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (c) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (d) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. Furthermore, certain events would allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Examples of such events include (a) an uncured breach of the Plan's investment guidleines, (b) a material amendment to the contract without the issuer's consent, (c) a violation of a material obligation under the contract, or (d) a material misrepresentation. The Plan administrator does not believe that any events that would limit the Plan's ability to transact at contract value with Plan participants are probable of occurring.

Note 6 – Related Party Transaction

In 2015 and 2014, Plan investments may be invested in cash funds or mutual funds managed by Fidelity. Fidelity is the Plan trustee as defined by the Plan and, therefore, certain of these transactions may qualify as parties in interest. Administrative and management fees paid to Fidelity from Plan assets totaled $26,346 and $16,202 in 2015 and 2014, respectively.

Principal is the former Plan custodian as defined by the Plan and remains as custodian of the Guaranteed Interest Accounts, therefore, certain of these transactions qualified as parties-in-interest. Administrative and management fees paid to Principal from Plan assets totaled $227 in 2015 and $243 in 2014.

Note 7 – Plan Termination

Although it has not expressed any intent to do so, the Company 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, employed participants will become 100% vested in their account balances.

Note 8 – Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for Plan benefits per Form 5500 to the financial statements at December 31, 2015 and 2014:

	2015	2014
Net assets available for Plan benefits per Form 5500	$ 13,451,339	$ 13,108,387
Contributions Receivable	3,201	-
Adjustment from Fair Value to Contract Basis	-	(12,469)
Net assets available for Plan benefits per the financial statements	$ 13,454,540	$ 13,095,918

The following is a reconciliation of net increase in net assets available for Plan benefits per Form 5500 to the financial statements at December 31, 2015 and 2014:

	2015	2014
Net increase in net assets available for Plan benefits per Schedule H of Form 5500	$ 342,952	$ 1,631,912
Add: Contributions receivable at December 31, 2015 and 2014	3,201	-
Add: Fair value to contract value adjustment at December 31, 2014 and 2013	12,469	12,863
Less: Fair value to contract value adjustment at December 31, 2015 and 2014	-	(12,469)
Net increase in net assets available for Plan benefits per the financial statements	$ 358,622	$ 1,632,306

Note 9 – Tax Status

The Plan is a Prototype Plan sponsored by Fidelity. This Prototype Plan received a determination letter from the IRS that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has not requested a separate determination letter from the IRS concerning the Plan's tax status. The Plan administrator believes the Plan is designed and currently being operated in compliance with applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require the Plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2011.

Note 10 - Risks and Uncertainties

The Plan provides participants various investment choices. These investment options are exposed to various risks, including but not limited to, economic, interest rate, market regulatory and credit risks. Due to the level of risk associated with certain investment options, it is at least reasonably possible that changes in the various risk factors in the near term could materially affect participants' account balances and the amounts reported in the financial statements.

Participants may invest in certain mutual fund accounts or pooled separate accounts that invest in the securities of foreign companies or companies with significant operations in foreign countries, which involve additional special risks and considerations not typically associated with investing in U.S. companies. These risks include but are not limited to devaluation of currencies, less reliable information about issuers, different securities transaction regulations, clearance and settlement practices, and possibly adverse political and economic developments. Moreover, the securities of many foreign companies may be less liquid and their prices more volatile than those securities of comparable U.S. companies.

Note 11 – Subsequent Event

In 2016, the Company has identified and is researching some inconsistencies that occurred during the transition of recordkeeping from Principal to Fidelity related to automatic enrollment in the Plan. Management believes that these inconsistencies are clerical in nature and are not expeceted to have a material effect on the financial statements of the Plan.

SUPPLEMENTAL

SCHEDULES

EIN: 52-2205482
PLAN NUMBER: 002
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT YEAR END)
December 31, 2015

(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
	Cash:			
*	Fidelity Brokerage Account			$ 23,859
	Mutual Funds:			
	Pioneer Bond A			531,583
	Pru/J Mid Cap Gr A			254,820
	Htfd Intl Opps R4			323,214
	Fkln Sm Cap Value A A			96,629
	Invs Divrs Dividnd A			252,641
	Opphmr Dev Mkts A			78,592
	Trp Blue Chip Grth R			520,732
	Pim Real return A			2,048
	Janus Triton S			266,735
	Trp Retire 2005 R			938
	Trp Retire 2010 R			48,746
	Trp Retire 2015 R			8,222
	Trp Retire 2020 R			1,049,331
	Trp Retire 2025 R			58,796
	Trp Retire 2030 R			2,542,762
	Trp Retire 2035 R			66,657
	Trp Retire 2040 R			1,717,120
	Trp Retire 2045 R			668,466
	Trp Retire 2050 R			1,067,169
	Trp Retire 2055 R			299,006
	Trp Retire Income R			445,867
	Pif Real Est Sec R3			437,524
	Sptn 500 Index Adv			836,494
	Fa Mid Cap Value A			290,400
	Sptn Mid Cap Idx Adv			248,084
	Sptn Sm Cap Idx Adv			229,453
	Subtotal - Mutual Funds			12,342,029
	Total Investments, at fair value			$ 12,365,888
	Guaranteed Investment Contract:			
*	Fidelity Advisor Stable Value			666,809
*	Principal Guaranteed Interest Fund			91,298
	Total Investments, at contract value			$ 758,107
	Participant Loans	4.25-6.00%		$ 327,344

Notes: Column (a) * represents parties in interest.
Columns (d) is blank as all investments are participant directed.

See notes to financial statements.

JC RESORTS LLC 401(K) BENEFIT PLAN
EIN: 52-2205482
PLAN NUMBER: 002
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT YEAR END)
December 31, 2014

(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
	Cash:			
*	Fidelity Brokerage Account			$ 16,848
	Mutual Funds:			
	Pioneer Bond A			505,389
	Pru/J Mid Cap Gr A			235,373
	Htfd Intl Opps R4			305,459
	Fkln Sm Cap Value A A			97,896
	Invs Divrs Dividnd A			241,675
	Opphmr Dev Mkts A			99,137
	Trp Blue Chip Grth R			545,073
	Pim Real Return			368
	Janus Triton S			160,792
	Trp Retire 2005 R			18,181
	Trp Retire 2010 R			51,397
	Trp Retire 2015 R			3,268
	Trp Retire 2020 R			1,124,901
	Trp Retire 2025 R			16,356
	Trp Retire 2030 R			2,393,324
	Trp Retire 2035 R			26,268
	Trp Retire 2040 R			1,702,707
	Trp Retire 2045 R			625,566
	Trp Retire 2050 R			1,011,002
	Trp Retire 2055 R			125,723
	Trp Retire Income R			418,260
	Pif Real Est Sec R3			491,399
	Sptn 500 Index Adv			917,378
	Fa Mid Cap Value A			270,179
	Sptn Mid Cap Idx Adv			261,640
	Sptn Sm Cap Idx Adv			231,652
	Subtotal - Mutual Funds			11,880,363
	Total Investments, at fair value			$ 11,897,211
	Guaranteed Investment Contract:			
*	Fidelity Advisor Stable Value			702,289
*	Principal Guaranteed Interest Account			172,386
	Total Investments, at contract value			$ 874,675
	Participant Loans	4.25-6.00%		$ 324,032

Notes: Column (a) * represents parties in interest.
Columns (d) is blank as all investments are participant directed.

See notes to financial statements.