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
VISTA HOSPITALITY 401(K) RETIREMENT SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1998

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)
VISTA PROPERTY MANAGEMENT, LLC

2-8 HAWLEY STREET
BINGHAMTON, NY 13901

2b Employer Identification Number (EIN)
04-3184027

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

2d Business code (see instructions)
812990

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/17/2016	SURY ASHOK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address (include room or suite number)
RICHARD LYNCH
PIAKER & LYONS, PC
PO BOX 1330
BINGHAMTON, NY 13902-1330

Preparer's telephone number
607-729-9373

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**	263
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)**	199
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	197
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits	**6c**	57
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	254
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	254
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	133
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
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:
2E 2F 2G 2J 2K 3D 3H

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)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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
VISTA HOSPITALITY 401(K) RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
04-3184027

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

1 Coverage Information:

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-3646501	86375	82386	145	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
	2624

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
	2624		4

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	1215391

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in 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	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).	2015
Department of Labor Employee Benefits Security Administration	▶ File as an attachment to Form 5500.	This Form is Open to Public Inspection.
Pension Benefit Guaranty Corporation		

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

A Name of plan	B Three-digit plan number (PN) ▶	
VISTA HOSPITALITY 401(K) RETIREMENT SAVINGS PLAN		001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
VISTA PROPERTY MANAGEMENT, LLC	04-3184027	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

JOHN HANCOCK LIFE INSURANCE COMPANY

100 SUMMIT LAKE DRIVE
VALHALLA, NY 10595

13-3646501

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 28 59 60 62 63 68	RECORDKEEPER	332	Yes [X] No [ ]	Yes [X] No [ ]		Yes [ ] No [X]

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

OMEGA, INC

5790 WIDWATERS PARKWAY
DEWITT, NY 13214

16-1215016

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

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(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
VISTA HOSPITALITY 401(K) RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
04-3184027

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-3646501-001	P	1215391

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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
VISTA HOSPITALITY 401(K) RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
04-3184027

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	1821	4279
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1712	538
(2) Participant contributions	1b(2)	8413	3585
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	24207	26619
(9) Value of interest in common/collective trusts	1c(9)		0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1136764	1215391
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	1172917	1250412
	Liabilities			
g	Benefit claims payable	1g	1057	3128
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	1057	3128
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	1171860	1247284

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)	27553	
	(B) Participants	2a(1)(B)	187453	
	(C) Others (including rollovers)	2a(1)(C)	4363	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		219369
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	779	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		779
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	-16191	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-16191

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		203957
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	120682	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		120682
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		3411
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	4440	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		4440
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		128533
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		75424
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 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			500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X		
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X		
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X		
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X		
l Has the plan failed to provide any benefit when due under the plan?	4l		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n				
o Did the plan trust incur unrelated business taxable income?	4o		X		
p Were in-service distributions made during the plan year?	4p		X		

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

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

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

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
VISTA HOSPITALITY 401(K) RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
04-3184027

Part I Distributions

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

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

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

EIN(s): 13-3646501

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 18

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

VISTA HOSPITALITY 401(K)
RETIREMENT SAVINGS PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2015

VISTA HOSPITALITY 401(K) RETIREMENT SAVINGS PLAN
DECEMBER 31, 2015
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INDEPENDENT AUDITORS' REPORT

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

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of **VISTA HOSPITALITY 401(K) RETIREMENT SAVINGS 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

Our responsibility is to express an opinion on these financial statements based on conducting the audits 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, we were 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 us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 7, which was certified by John Hancock Life Insurance Company of New York, the Custodian of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan administrator that the Custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the Custodian as of and for the years ended December 31, 2015 and 2014, that the information provided to the Plan administrator by the Custodian is complete and accurate.

Piaker & Lyons

The Trustees
Vista Hospitality 401(k) Retirement Savings Plan

Disclaimer of Opinion

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

Other Matters

The supplemental Schedule of Assets (Held at End of Year), Schedule of Assets (Acquired and Disposed of Within Year), and the Schedule of Reportable Transactions as of and for the year ended December 31, 2015 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, we do not express an opinion on the supplemental schedules referred to above.

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

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

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

P & L, P.C.

PIAKER & LYONS, P.C.

Binghamton, New York
October 10, 2016

VISTA HOSPITALITY 401(K) RETIREMENT SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2015 AND 2014

	2015	2014
ASSETS		
Investments, at Fair Value:		
Mutual Funds	$ 1,215,391	$ 1,136,764
Receivables:		
Contribution Receivable - Participants	3,585	8,413
Contribution Receivable - Sponsors	538	1,712
Notes Receivable from Participants	26,619	24,207
Total Receivables	30,742	34,332
Cash	4,279	1,821
TOTAL ASSETS	1,250,412	1,172,917
LIABILITIES		
Forfeitures Payable	3,128	1,057
NET ASSETS AVAILABLE FOR BENEFITS	$ 1,247,284	$ 1,171,860

See the accompanying notes to financial statements.

VISTA HOSPITALITY 401(K) RETIREMENT SAVINGS PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2015 AND 2014

	2015	2014
Additions (Deductions) To Net Assets Atttributed To:		
Investment Income (Loss):		
Net Appreciation (Depreciation) in Fair Value of Investments	$ (16,191)	$ 41,136
Interest Income - Notes Receivable from Participants	779	607
Total Investment Income (Loss)	(15,412)	41,743
Contributions:		
Participant Contributions	187,453	207,443
Rollover Contributions	4,363	7,977
Sponsor Contributions	27,553	31,667
Total Contributions	219,369	247,087
Total Additions	203,957	288,830
Deductions From Net Assets Attributed To:		
Benefit Payments	124,093	188,762
Administrative Expenses	4,440	6,186
Total Deductions	128,533	194,948
Net Increases in Net Assets Available for Benefits	75,424	93,882
Net Assets Available for Benefits - Beginning of Year	1,171,860	1,077,978
Net Assets Available for Benefits - End of Year	$ 1,247,284	$ 1,171,860

See the accompanying notes to financial statements.

VISTA HOSPITALITY 401(K) RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2015

NOTE 1 - DESCRIPTION OF PLAN

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

Vista Property Management, LLC
Arena Hotel Corporation d/b/a Holiday Inn Arena
Tamarind Hotels USA, Inc. d/b/a Quality Inn and Suites Vestal
Sun Buena Vista, LP d/b/a Holiday Inn Sunspree Resort Lake Buena Vista
Vista JFK, LLC
Vista CP Orlando, LP d/b/a Crowne Plaza Downtown Orlando
Vista Plantation Hotel, LP d/b/a Holiday Inn Express Hotel & Suites Plantation
Vista Marina Inn, Inc. d/b/a Marina Inn at Grande Dunes

During the year ended December 31, 2014, the following companies within the controlled group sold substantially all of their assets to separate unrelated parties; Sun Buena Vista, LP d/b/a Holiday Inn Sunspree Resort Lake Buena Vista and Vista Plantation Hotel, LP d/b/a Holiday Inn Express Hotel & Suites Plantation. At that time, participants at these companies became 100% vested in their account balances pursuant to the Plan document.

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

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

2. Contributions – Each year, participants may elect to defer compensation and make voluntary cash contributions to the Plan with certain limitations. The maximum deferral per employee is $18,000 and $17,500 for 2015 and 2014, respectively. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Annually, the participating Sponsors may match a portion of employee contributions to the Plan on a discretionary basis. For the years ended December 31, 2015 and 2014, the employer match was 25% of the first 4% of compensation that a participant contributes to the Plan. Under no circumstances are employees allowed to have annual additions to their accounts in excess of the lesser of 100% of compensation or $53,000 and $52,000 for the years ended December 31, 2015 and 2014, respectively, combining both 401(k) elective deferrals and employer match contributions.

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

NOTE 1 - DESCRIPTION OF PLAN (Continued)

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

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

5. Notes Receivable from Participants – Notes receivable from participants are reported at their unpaid principal plus any accrued but unpaid interest. Participants may borrow from their fund accounts a minimum of $500 up to a maximum of $50,000 or 50% of their vested account balance, whichever is less. The loans are secured by the balance in the participant's account and bear interest at 3.25%, which is commensurate with local prevailing rates as determined monthly by the Plan administrator. Principal and interest is paid ratably through payroll deductions.

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

7. Forfeited Accounts - At December 31, 2015 and 2014, forfeited non-vested accounts totaled $4,279 and $1,821, respectively. These accounts will first be used to pay any administrative expenses. Any remaining amount will be used to reduce future employer matching contributions. During the years ended December 31, 2015 and 2014 $4,108 and $5,944, respectively, of forfeited contributions were used to pay administrative expenses.

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

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES

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

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES (Continued)

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

Investment Valuation and Income Recognition – Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement dates. See Note 10 for discussion of fair value measurements.

The earnings on the investments held under trust do not account for separately the appreciation (depreciation) in the fair value of said investments from the investment income (i.e. interest, dividends, etc.) as reported to the Plan administrator by the Custodian. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation/depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

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

	2015		2014	
	Carrying Amount	Fair Value	Carrying Amount	Fair Value
Mutual Funds	$ 1,215,391	$ 1,215,391	$ 1,136,764	$ 1,136,764
Cash	4,279	4,279	1,821	1,821
	$ 1,219,670	$ 1,219,670	$ 1,138,585	$ 1,138,585

Notes Receivable from Participants - Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. As of December 31, 2015 and 2014, no allowance for credit losses has been recorded. If a participant does not make loan repayments and the plan administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document.

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES (Continued)

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

Risks and Uncertainties – Investment securities are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the fair value of investment securities, it is at least reasonably possible that changes in the risks in the near term would materially affect the net assets of the Plan. Therefore, the Plan depends upon the stock market performance, which has fluctuated significantly during the two years ended December 31, 2015. This is a natural cycle of the economy; hence, the market may continue to suffer severe, rapid declines and upswings in the near term.

Uncertainty in Income Taxes - The Plan has adopted the provisions of the FASB ASC No. 740, *"Income Taxes"*, as amended by FASB Accounting Standards Update (ASU) No. 2009-06, *"Implementation Guidance on Accounting for Uncertainty in Income Taxes and Disclosure Amendments for Nonpublic Entities"*. Management has estimated that there were no liabilities for unrecognized tax benefits for the years ended December 31, 2015 and 2014.

The Plan has not recognized any interest or penalties related to unrecognized tax benefits in the statements of changes in net assets available for benefits nor has it accrued any in the statements of net assets available for benefits as of and for the years ended December 31, 2015 and 2014.

NOTE 3 - TAX STATUS

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

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and to recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examinations by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2015, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no tax related 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 2012.

NOTE 4 - PLAN TERMINATION

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

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

As of December 31, 2015, the Plan's assets included the following investments, under the captions indicated, that exceeded 5% of Net Assets Available for Benefits, measured as of the beginning of the Plan year:

Asset	Fair Value at 12/31/15
Equity and Fixed Income Mutual Fund:	
The Growth Fund of America	$ 60,281
JNY Stable Value Fund	191,339
JNY Lifestyle Growth	149,575
JNY Lifestyle Balanced	379,063
JNY Lifestyle Moderate	62,830

NOTE 6 - CONCENTRATION OF CREDIT RISK

Investments which potentially subject the Plan to concentration of credit risk consist principally of mutual funds which are managed by the financial institution that is the custodian of the Plan assets at December 31, 2015 and 2014. The Plan has no formal policy regarding collateral to support the investments subject to credit risk.

NOTE 7 - INFORMATION PREPARED AND CERTIFIED BY CUSTODIAN

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by the Custodian.

	2015	2014
Investments, at Fair Value - Mutual Funds	$ 1,215,391	$ 1,136,764
Notes Receivable from Participants	26,619	24,207
Total of Certified Assets	$ 1,242,010	$ 1,160,971
Investment Income (Loss):		
Interest Income - Notes Receivable from Participants	$ 779	$ 607
Net Appreciation (Depreciation) in Fair Value of Investments	(16,191)	41,136
Total Investment Income (Loss)	$ (15,412)	$ 41,743

NOTE 8 - TRANSACTIONS WITH PARTIES-IN-INTEREST

As of December 31, 2015 and 2014, certain Plan investments are shares of mutual funds that are managed by John Hancock Life Insurance Company of New York (JHL). JHL is also the custodian of the Plan and, therefore, these transactions qualify as party-in-interest transactions.

NOTE 9 - SEPARATED PARTICIPANTS

At the Plan's year-end, there were 57 participants separated from service, with plan assets. The separated participants are entitled to the income earned from their assets but are not eligible to share in subsequent Plan contributions or forfeitures. The value of the assets of separated participants was $211,777 at December 31, 2015.

NOTE 10 - FAIR VALUE MEASUREMENTS

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

December 31, 2015	Total	Assets at Fair Value (Level 2)
Mutual Funds:		
Lifestyle Funds	$ 655,165	$ 655,165
Aggressive Growth Funds	125,757	125,757
Growth Funds	109,397	109,397
Growth & Income Funds	87,724	87,724
Income Funds	46,009	46,009
Conservative Funds	191,339	191,339
Total Assets at Fair Value	**$ 1,215,391**	**$ 1,215,391**

December 31, 2014	Total	Assets at Fair Value (Level 2)
Mutual Funds:		
Lifestyle Funds	$ 644,131	$ 644,131
Aggressive Growth Funds	113,595	113,595
Growth Funds	89,770	89,770
Growth & Income Funds	78,871	78,871
Income Funds	40,688	40,688
Conservative Funds	169,709	169,709
Total Assets at Fair Value	**$ 1,136,764**	**$ 1,136,764**

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

NOTE 10 - FAIR VALUE MEASUREMENTS (Continued)

Level 2 Fair Value Measurement

As more fully disclosed in Note 2, the Plan's mutual fund shares are held in the Custodian's pooled separate account, which, in turn, purchases shares of mutual funds. Therefore, the mutual funds held in the Custodian's pooled separate account are not actively traded, although significant other observable inputs are available. Thus, the fair value of the mutual funds are determined by the Custodian based on the quoted market price of identical or similar assets or liabilities in active markets and inputs other than quoted prices that are observable for the asset or liability, as of December 31, 2015. In the year ended December 31, 2014, the fair value of the mutual funds was based on the fair value of similar types of investments, subject to any applicable surrender charges. The change in basis of fair value determination was made to better reflect the method of the Custodian. The change in determination to the 2014 fair value of asset did not change the fair value of the assets or net assets available for benefits as of and for the year ended December 31, 2014.

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

NOTE 11 - SUBSEQUENT EVENTS

The Plan's trustees have evaluated events and transactions that occurred during the period from January 1, 2016 through October 10, 2016, which is the date the financial statements were available to be issued, for possible disclosure and recognition in the financial statements.

The Plan was selected for examination by the United States Department of Labor (DOL), during the 2016 plan year. The examination covers the period from January 1, 2014 through the date of the DOL's field exam in 2016. The examination has not been closed as of October 10, 2016, the date the financial statements were available to be issued. The Plan's trustees do not expect that the DOL will have any significant findings or assess any penalties as a result of this examination; accordingly, no amounts have been accrued as of December 31, 2015 on the statement of net assets available for benefits.

VISTA HOSPITALITY 401(K) RETIREMENT SAVINGS PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SCHEDULE H (FORM 5500) - PART IV, LINE 4i
DECEMBER 31, 2015

(a)	(b)	(c)			(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Number of Shares, Maturing Date, Collateral, Par, or Maturity Value			Cost	Current Value
	Cash:					
*	John Hancock	Cash			$ 4,279	$ 4,279
					$ 4,279	$ 4,279
	Mutual Funds:					
*	John Hancock	JNY Royce Opportunity	1,052.637619	Shares	$ 26,194	$ 26,460
*	John Hancock	International Value Fund	882.069524	Shares	20,537	18,486
*	John Hancock	Intl Equity Index Fund	302.153341	Shares	4,867	4,848
*	John Hancock	PIMCO Global Bond	235.117518	Shares	4,234	4,028
*	John Hancock	PIMCO Real Return	51.860316	Shares	995	946
*	John Hancock	Franklin Small-Mid Growth	173.930998	Shares	12,255	12,748
*	John Hancock	JNY Small Cap Growth Fund	869.232183	Shares	10,279	17,377
*	John Hancock	JNY Value Fund	28.910852	Shares	1,431	1,379
*	John Hancock	JNY Oppenheimer Global	466.626417	Shares	23,484	28,423
*	John Hancock	The Growth Fund of America	1,036.929441	Shares	42,632	60,281
*	John Hancock	Fidelity Advisor Total Bond	66.582455	Shares	710	699
*	John Hancock	JNY500 Index Fund	1,270.692788	Shares	29,948	37,826
*	John Hancock	JPMorgan US Equity Fund	1,998.622583	Shares	28,973	29,319
*	John Hancock	JNY Mid Cap Index Fund	471.745514	Shares	17,440	18,418
*	John Hancock	JNY Stable Value Fund	147,341.354185	Shares	187,752	191,339
*	John Hancock	Washington Mutual Investors	122.088287	Shares	5,678	7,333
*	John Hancock	Investment Company of America	710.625314	Shares	32,126	42,566
*	John Hancock	JNY High Yield Fund	272.174706	Shares	6,469	6,626
*	John Hancock	T Rowe Price Spectrum Income	267.293087	Shares	7,366	7,386
*	John Hancock	Total Bond Market Fund	1,474.868364	Shares	23,489	26,324
*	John Hancock	DFA US Small Cap Fund	20.053102	Shares	705	761
*	John Hancock	EuroPacific Growth Fund	97.160560	Shares	6,009	6,212
*	John Hancock	JNY Lifestyle Aggressive	2,035.934295	Shares	47,770	50,312
*	John Hancock	JNY Lifestyle Growth	5,294.850883	Shares	138,654	149,575
*	John Hancock	JNY Lifestyle Balanced	13,119.929646	Shares	315,744	379,063
*	John Hancock	JNY Lifestyle Moderate	2,143.691388	Shares	59,937	62,830
*	John Hancock	JNY Lifestyle Conservative	516.882406	Shares	12,431	13,385
*	John Hancock	JNY Small Cap Index	351.579664	Shares	10,551	10,441
					$ 1,078,660	$ 1,215,391
	Notes Receivable from Participants:					
	Notes Receivable from Participants:	Notes Receivable from Participants at rates of 3.25%	Mature 2016-2020		$ 26,619	$ 26,619

* Party-In-Interest

See the accompanying notes to financial statements.

VISTA HOSPITALITY 401(K) RETIREMENT SAVINGS PLAN
SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)
SCHEDULE H (FORM 5500) - PART IV, LINE 4i
DECEMBER 31, 2015

(a) Identity of Issue, Borrower, Lessor, or Similar Party	(b) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(c) Cost of Acquisitions	(d) Proceeds of Dispositions
* John Hancock Life Insurance Company of New York - See Attachment A		$ 266,448	$ 172,061
		$ 266,448	$ 172,061

* Party-In-Interest

See the accompanying notes to financial statements.

VISTA HOSPITALITY 401(K) RETIREMENT SAVINGS PLAN
SCHEDULE OF REPORTABLE TRANSACTIONS
SCHEDULE H (FORM 5500) - PART IV, LINE 4j
DECEMBER 31, 2015

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

Transaction type codes:

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

See the accompanying notes to financial statements.

ATTACHMENT A

John Hancock

5% of Reportable Transactions Summary Report For Contract Number 82386
THE TRUSTEES OF VISTA HOSPITALITY 401(K)
Audit Year Ending DECEMBER 31, 2015

	Purchases		Sales			
Purchases	Transactions	Purchase Price	Trans.	Selling Price	Transaction Cost	Net Gain/(loss)
Guaranteed Funds						
Oppenheimer Global	0	$0.00			$0.00	
Total	0	$0.00			$0.00	
Investment Funds						
Total Bond Market Fund	85	$4,427.18			$4,427.18	
DFA U.S. Small Cap Fund	0	$0.00			$0.00	
EuroPacific Growth Fund	52	$786.08			$786.08	
The Growth Fund of America	113	$5,401.12			$5,401.12	
Fidelity Advisor Total Bond	21	$858.87			$858.87	
High Yield Fund	84	$743.59			$743.59	
Intl Equity Index Fund	103	$1,312.89			$1,312.89	
International Value Fund	56	$1,520.89			$1,520.89	
T. Rowe Price Spectrum Inc	100	$891.11			$891.11	
500 Index Fund	74	$5,102.60			$5,102.60	
JPMorgan US Equity Fund	28	$28,981.23			$28,981.23	
JH LS Agg Active Strategy	95	$19,366.01			$19,366.01	
JH LS Bal Active Strategy	110	$62,219.21			$62,219.21	
JH LS Con Active Strategy	58	$3,656.72			$3,656.72	
JH LS Grow Active Strategy	122	$49,172.10			$49,172.10	
JH LS Mod Active Strategy	97	$25,973.83			$25,973.83	
Mid Cap Index Fund	74	$6,715.45			$6,715.45	
John Hancock Stable Val	72	$20,157.13			$20,157.13	
Royce Opportunity	82	$8,096.72			$8,096.72	
PIMCO Global Bond	84	$743.59			$743.59	
PIMCO Real Return	53	$294.51			$294.51	
Franklin Small-Mid Growth	79	$2,185.56			$2,185.56	
Small Cap Index Fund	26	$4,226.10			$4,226.10	
Small Cap Growth Fund	26	$1,291.46			$1,291.46	
PIMCO Total Return	64	$289.74			$289.74	
Davis New York Venture	88	$4,353.51			$4,353.51	
Investment Company of America	61	$4,402.66			$4,402.66	
Value Fund	26	$420.42			$420.42	
Washington Mutual Investors	94	$861.08			$861.08	
Oppenheimer Global	61	$1,996.30			$1,996.30	
Total	2,088	$266,447.66			$266,447.66	

	Purchases		Sales			
Sales	Transactions	Purchase Price	Trans.	Selling Price	Transaction Cost	Net Gain/(loss)
Guaranteed Funds						
Oppenheimer Global			0	$0.00	$0.00	
Total			0	$0.00	$0.00	

John Hancock

5% of Reportable Transactions Summary Report For Contract Number 82386

THE TRUSTEES OF VISTA HOSPITALITY 401(K)

Audit Year Ending DECEMBER 31, 2015

	Purchases		Sales			
Sales	Transactions	Purchase Price	Trans.	Selling Price	Transaction Cost	Net Gain/(loss)
Investment Funds						
Total Bond Market Fund			13	$195.61-	$172.76-	$22.85
DFA U.S. Small Cap Fund			1	$54.43-	$47.26-	$7.17
EuroPacific Growth Fund			0	$0.00	$0.00	$0.00
The Growth Fund of America			2	$87.22-	$59.32-	$27.90
Fidelity Advisor Total Bond			1	$148.30-	$149.22-	$0.92-
High Yield Fund			1	$140.06-	$131.42-	$8.64
Intl Equity Index Fund			0	$0.00	$0.00	$0.00
International Value Fund			1	$91.62-	$89.33-	$2.29
T. Rowe Price Spectrum Inc			2	$195.08-	$190.89-	$4.19
500 Index Fund			2	$246.13-	$183.86-	$62.27
JPMorgan US Equity Fund			3	$8.00-	$7.82-	$0.18
JH LS Agg Active Strategy			21	$23,586.05-	$20,869.15-	$2,716.90
JH LS Bal Active Strategy			20	$79,573.76-	$61,539.63-	$18,034.13
JH LS Con Active Strategy			3	$2,086.27-	$1,854.43-	$231.84
JH LS Grow Active Strategy			16	$20,479.52-	$17,837.46-	$2,642.06
JH LS Mod Active Strategy			17	$13,622.49-	$12,628.06-	$994.43
Mid Cap Index Fund			2	$97.20-	$81.70-	$15.50
John Hancock Stable Val			2	$147.31-	$145.24-	$2.07
Royce Opportunity			12	$24.00-	$21.36-	$2.64
PIMCO Global Bond			1	$141.88-	$149.29-	$7.41-
PIMCO Real Return			1	$142.85-	$148.54-	$5.69-
Franklin Small-Mid Growth			3	$917.36-	$794.15-	$123.21
Small Cap Index Fund			0	$0.00	$0.00	$0.00
Small Cap Growth Fund			1	$56.99-	$27.71-	$29.28
PIMCO Total Return			1	$772.98-	$699.09-	$73.89
Davis New York Venture			13	$28,589.54-	$22,467.13-	$6,122.41
Investment Company of America			1	$111.50-	$76.96-	$34.54
Value Fund			1	$88.72-	$79.20-	$9.52
Washington Mutual Investors			3	$297.71-	$220.69-	$77.02
Oppenheimer Global			1	$158.35-	$125.13-	$33.22
Total			145	$172,060.93-	$140,796.80-	$31,264.13

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

ATTACHMENT B

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

GROUP TOTALS BY
MONEY TYPE AND INVESTMENT ACCOUNT

MONEY TYPE	OPENING BALANCE JAN/01/2015	CONTRIBUTION	NET GAIN/LOSS*	FORFEITURES	WITHDRAWALS	TRANSFERS	CLOSING BALANCE DEC/31/2015
GROUP TOTALS							
EE ELECTIVE DEFERRAL							
TOTAL RETN	384.31	164.59	0.10	0.00	0.00	-549.00	0.00
LS-CONSERV	10,548.97	3,134.94	-209.32	0.00	-1,154.94	-650.00	11,669.65
LS-MODERAT	42,723.63	20,244.26	-1,088.94	0.00	-2,951.81	-8,361.03	50,566.11
LS-BALANCE	339,700.13	48,391.31	-4,058.60	0.00	-64,658.87	355.41	319,729.38
LS-GROWTH	106,663.91	38,750.50	-2,626.46	0.00	-16,203.70	3,929.51	130,513.76
LS-AGGRESS	46,628.42	16,328.76	-553.94	0.00	-18,316.02	-1,342.61	42,744.61
STBL VALUE	159,775.43	18,275.41	1,525.33	0.00	0.00	-30.83	179,545.34
TOT BMKT	19,733.56	3,972.66	-125.34	0.00	0.00	-44.53	23,536.35
FID TOTAL	0.00	50.55	-9.28	0.00	0.00	505.78	547.05
SPECTRUM I	5,825.07	681.06	-179.56	0.00	0.00	-73.52	6,253.05
REAL RTRN	630.59	157.94	-29.50	0.00	0.00	-37.77	721.26
NY VENTURE	17,921.07	2,879.97	475.97	0.00	0.00	-21,277.01	0.00
GLOBAL BD	3,134.58	573.94	-153.41	0.00	0.00	-36.80	3,518.31
VS HIYLD	5,787.19	573.94	-538.09	0.00	0.00	-34.98	5,788.06
AF WASHMUT	5,684.51	628.40	-47.38	0.00	0.00	-75.54	6,189.99
INV CO AM	32,949.46	3,853.23	-784.38	0.00	0.00	0.00	36,018.31
IDX 500	28,718.95	4,635.90	101.85	0.00	0.00	-92.58	33,364.12
JPM USE	0.00	806.58	267.01	0.00	0.00	21,791.87	22,865.46
GROWTH	44,015.88	4,287.98	2,090.12	0.00	0.00	483.20	50,877.18
VS VALUE	930.18	357.35	-118.35	0.00	0.00	0.00	1,169.18
IDX MID	11,243.97	6,031.09	-630.65	0.00	0.00	-36.34	16,608.07
EUROPAC	4,893.83	728.00	-106.33	0.00	0.00	0.00	5,515.50
GLOBAL	20,185.74	1,705.92	642.09	0.00	0.00	0.00	22,533.75
SM-MD GRTH	9,080.51	1,642.58	-276.92	0.00	0.00	-555.16	9,891.01
IDX SMALL	6,256.42	3,900.00	-518.85	0.00	0.00	0.00	9,637.57
US SML CAP	657.08	0.00	-27.77	0.00	0.00	0.00	629.31
IDX INTL	2,944.47	660.15	-278.16	0.00	0.00	520.52	3,846.98
VS SM GRTH	13,997.19	1,086.79	-1,389.53	0.00	0.00	0.00	13,694.45
VS IT VL	15,769.79	1,332.91	-1,409.35	0.00	0.00	0.00	15,693.35
OPPORTUNTY	18,315.78	6,444.22	-3,280.69	0.00	0.00	568.62	22,047.93
LOAN SA 1	21,193.47	0.00	692.83	0.00	-994.08	-589.83	20,302.39
LOAN SA 2	2,891.68	0.00	60.84	0.00	-2,416.68	4,034.26	4,570.10

* May include fees, charges and applicable credits

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

CONTINUED ...

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

GROUP TOTALS BY
MONEY TYPE AND INVESTMENT ACCOUNT

MONEY TYPE	OPENING BALANCE JAN/01/2015	CONTRIBUTION	NET GAIN/LOSS*	FORFEITURES	WITHDRAWALS	TRANSFERS	CLOSING BALANCE DEC/31/2015
GROUP TOTALS (... CONTINUED)							
LOAN SA 3	0.00	0.00	4.79	0.00	0.00	1,436.63	1,441.42
LOAN SA 9	122.03	0.00	0.15	0.00	0.00	-122.18	0.00
LOAN SA 11	0.00	0.00	20.71	0.00	0.00	283.91	304.62
SUBTOTAL	999,307.80	192,280.93	-12,559.01	0.00	-106,696.10	0.00	1,072,333.62
IRA ROLLOVER							
LS-BALANCE	0.00	0.00	-84.19	0.00	0.00	4,363.05	4,278.86
NY VENTURE	1,185.07	0.00	30.98	0.00	0.00	-1,216.05	0.00
INV CO AM	781.93	0.00	-16.53	0.00	0.00	0.00	765.40
JPM USE	0.00	0.00	15.51	0.00	0.00	1,216.05	1,231.56
GROWTH	1,181.53	0.00	55.25	0.00	0.00	0.00	1,236.78
GLOBAL	1,166.15	0.00	39.65	0.00	0.00	0.00	1,205.80
SM-MD GRTH	791.70	0.00	-19.32	0.00	0.00	0.00	772.38
VS SM GRTH	1,192.88	0.00	-110.74	0.00	0.00	0.00	1,082.14
VS IT VL	749.29	0.00	-61.54	0.00	0.00	0.00	687.75
OPPORTUNTY	808.89	0.00	-115.16	0.00	0.00	0.00	693.73
SUBTOTAL	7,857.44	0.00	-266.09	0.00	0.00	4,363.05	11,954.40

* May include fees, charges and applicable credits

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

CONTINUED ...

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

GROUP TOTALS BY
MONEY TYPE AND INVESTMENT ACCOUNT

MONEY TYPE	OPENING BALANCE JAN/01/2015	CONTRIBUTION	NET GAIN/LOSS*	FORFEITURES	WITHDRAWALS	TRANSFERS	CLOSING BALANCE DEC/31/2015
GROUP TOTALS (... CONTINUED)							
ER MATCHING CONTRIB							
TOTAL RETN	98.72	42.20	0.11	0.00	0.00	-141.03	0.00
LS-CONSERV	1,500.83	521.76	-28.29	0.00	-55.87	-223.46	1,714.97
LS-MODERAT	9,076.57	4,055.43	-276.76	0.00	-519.26	-72.31	12,263.67
LS-BALANCE	61,300.08	7,909.36	-711.90	0.00	-11,866.51	-1,576.51	55,054.52
LS-GROWTH	17,210.74	5,511.25	-464.08	0.00	-1,055.70	-2,141.38	19,060.83
LS-AGGRESS	8,555.86	2,545.02	-132.17	0.00	-1,828.88	-1,572.31	7,567.52
STBL VALUE	9,933.72	1,865.24	94.98	0.00	-100.00	0.00	11,793.94
TOT BMKT	2,498.14	349.44	-60.24	0.00	0.00	0.00	2,787.34
FID TOTAL	0.00	13.21	-2.36	0.00	0.00	141.03	151.88
SPECTRUM I	1,077.27	88.49	-32.49	0.00	0.00	0.00	1,133.27
REAL RTRN	201.83	31.49	-8.42	0.00	0.00	0.00	224.90
NY VENTURE	4,399.53	514.83	83.09	0.00	0.00	-4,997.45	0.00
GLOBAL BD	467.22	64.57	-22.18	0.00	0.00	0.00	509.61
VS HIYLD	849.98	64.57	-76.95	0.00	0.00	0.00	837.60
AF WASHMUT	1,031.37	120.45	-9.30	0.00	0.00	0.00	1,142.52
INV CO AM	5,358.11	549.43	-125.60	0.00	0.00	0.00	5,781.94
IDX 500	4,022.12	425.42	14.45	0.00	0.00	0.00	4,461.99
JPM USE	0.00	169.28	54.83	0.00	0.00	4,997.45	5,221.56
GROWTH	7,248.72	576.14	342.37	0.00	0.00	0.00	8,167.23
VS VALUE	167.64	63.07	-21.21	0.00	0.00	0.00	209.50
IDX MID	1,211.40	667.88	-69.08	0.00	0.00	0.00	1,810.20
EUROPAC	651.04	58.08	-12.24	0.00	0.00	0.00	696.88
GLOBAL	4,255.32	290.38	137.77	0.00	0.00	0.00	4,683.47
SM-MD GRTH	1,853.21	294.69	-63.29	0.00	0.00	0.00	2,084.61
IDX SMALL	520.77	326.10	-43.29	0.00	0.00	0.00	803.58
US SML CAP	138.23	0.00	-5.84	0.00	0.00	0.00	132.39
IDX INTL	940.45	132.22	-71.20	0.00	0.00	0.00	1,001.47
VS SM GRTH	2,657.86	204.67	-261.74	0.00	0.00	0.00	2,600.79
VS IT VL	2,104.79	187.98	-187.46	0.00	0.00	0.00	2,105.31
OPPORTUNTY	3,212.26	1,083.88	-577.96	0.00	0.00	0.00	3,718.18

* May include fees, charges and applicable credits

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

CONTINUED ...

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

GROUP TOTALS BY
MONEY TYPE AND INVESTMENT ACCOUNT

MONEY TYPE	OPENING BALANCE JAN/01/2015	CONTRIBUTION	NET GAIN/LOSS*	FORFEITURES	WITHDRAWALS	TRANSFERS	CLOSING BALANCE DEC/31/2015
GROUP TOTALS (... CONTINUED)							
SUBTOTAL	152,543.78	28,726.53	-2,536.45	0.00	-15,426.22	-5,585.97	157,721.67
UM MATCHING CONTRIB							
LS-CONSERV	0.00	0.00	0.00	-223.46	0.00	223.46	0.00
LS-MODERAT	0.00	0.00	0.00	-72.31	0.00	72.31	0.00
LS-BALANCE	221.29	0.00	6.58	-1,804.38	0.00	1,576.51	0.00
LS-GROWTH	0.00	0.00	0.00	-2,141.38	0.00	2,141.38	0.00
LS-AGGRESS	0.00	0.00	0.00	-1,572.31	0.00	1,572.31	0.00
NY VENTURE	104.54	0.00	3.78	-108.32	0.00	0.00	0.00
AF WASHMUT	107.13	0.00	2.81	-109.94	0.00	0.00	0.00
INV CO AM	108.15	0.00	3.35	-111.50	0.00	0.00	0.00
IDX 500	109.07	0.00	3.20	-112.27	0.00	0.00	0.00
GROWTH	32.01	0.00	1.41	-33.42	0.00	0.00	0.00
VS VALUE	85.78	0.00	2.94	-88.72	0.00	0.00	0.00
IDX MID	42.45	0.00	1.93	-44.38	0.00	0.00	0.00
GLOBAL	148.94	0.00	9.41	-158.35	0.00	0.00	0.00
SM-MD GRTH	107.45	0.00	6.46	-113.91	0.00	0.00	0.00
US SML CAP	53.24	0.00	1.19	-54.43	0.00	0.00	0.00
VS SM GRTH	54.77	0.00	2.22	-56.99	0.00	0.00	0.00
VS IT VL	87.50	0.00	4.12	-91.62	0.00	0.00	0.00
SUBTOTAL	1,262.32	0.00	49.40	-6,897.69	0.00	5,585.97	0.00

* May include fees, charges and applicable credits

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

CONTINUED ...

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

GROUP TOTALS BY
MONEY TYPE AND INVESTMENT ACCOUNT

MONEY TYPE	OPENING BALANCE JAN/01/2015	CONTRIBUTION	NET GAIN/LOSS*	FORFEITURES	WITHDRAWALS	TRANSFERS	CLOSING BALANCE DEC/31/2015
GROUP TOTALS (... CONTINUED)							
ACCOUNT TOTAL							
TOTAL RETN	483.03	206.79	0.21	0.00	0.00	-690.03	0.00
LS-CONSERV	12,049.80	3,656.70	-237.61	-223.46	-1,210.81	-650.00	13,384.62
LS-MODERAT	51,800.20	24,299.69	-1,365.70	-72.31	-3,471.07	-8,361.03	62,829.78
LS-BALANCE	401,221.50	56,300.67	-4,848.11	-1,804.38	-76,525.38	4,718.46	379,062.76
LS-GROWTH	123,874.65	44,261.75	-3,090.54	-2,141.38	-17,259.40	3,929.51	149,574.59
LS-AGGRESS	55,184.28	18,873.78	-686.11	-1,572.31	-20,144.90	-1,342.61	50,312.13
STBL VALUE	169,709.15	20,140.65	1,620.31	0.00	-100.00	-30.83	191,339.28
TOT BMKT	22,231.70	4,322.10	-185.58	0.00	0.00	-44.53	26,323.69
FID TOTAL	0.00	63.76	-11.64	0.00	0.00	646.81	698.93
SPECTRUM I	6,902.34	769.55	-212.05	0.00	0.00	-73.52	7,386.32
REAL RTRN	832.42	189.43	-37.92	0.00	0.00	-37.77	946.16
NY VENTURE	23,610.21	3,394.80	593.82	-108.32	0.00	-27,490.51	0.00
GLOBAL BD	3,601.80	638.51	-175.59	0.00	0.00	-36.80	4,027.92
VS HIYLD	6,637.17	638.51	-615.04	0.00	0.00	-34.98	6,625.66
AF WASHMUT	6,823.01	748.85	-53.87	-109.94	0.00	-75.54	7,332.51
INV CO AM	39,197.65	4,402.66	-923.16	-111.50	0.00	0.00	42,565.65
IDX 500	32,850.14	5,061.32	119.50	-112.27	0.00	-92.58	37,826.11
JPM USE	0.00	975.86	337.35	0.00	0.00	28,005.37	29,318.58
GROWTH	52,478.14	4,864.12	2,489.15	-33.42	0.00	483.20	60,281.19
VS VALUE	1,183.60	420.42	-136.62	-88.72	0.00	0.00	1,378.68
IDX MID	12,497.82	6,698.97	-697.80	-44.38	0.00	-36.34	18,418.27
EUROPAC	5,544.87	786.08	-118.57	0.00	0.00	0.00	6,212.38
GLOBAL	25,756.15	1,996.30	828.92	-158.35	0.00	0.00	28,423.02
SM-MD GRTH	11,832.87	1,937.27	-353.07	-113.91	0.00	-555.16	12,748.00
IDX SMALL	6,777.19	4,226.10	-562.14	0.00	0.00	0.00	10,441.15
US SML CAP	848.55	0.00	-32.42	-54.43	0.00	0.00	761.70
IDX INTL	3,884.92	792.37	-349.36	0.00	0.00	520.52	4,848.45
VS SM GRTH	17,902.70	1,291.46	-1,759.79	-56.99	0.00	0.00	17,377.38
VS IT VL	18,711.37	1,520.89	-1,654.23	-91.62	0.00	0.00	18,486.41
OPPORTUNTY	22,336.93	7,528.10	-3,973.81	0.00	0.00	568.62	26,459.84
LOAN SA 1	21,193.47	0.00	692.83	0.00	-994.08	-589.83	20,302.39
LOAN SA 2	2,891.68	0.00	60.84	0.00	-2,416.68	4,034.26	4,570.10

* May include fees, charges and applicable credits

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

CONTINUED ...

John Hancock

PLAN ADMINISTRATOR REPORT
YEAR-TO-DATE: JAN/01/2015 TO DEC/31/2015

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

GROUP TOTALS BY
MONEY TYPE AND INVESTMENT ACCOUNT

MONEY TYPE	OPENING BALANCE JAN/01/2015	CONTRIBUTION	NET GAIN/LOSS*	FORFEITURES	WITHDRAWALS	TRANSFERS	CLOSING BALANCE DEC/31/2015
GROUP TOTALS (... CONTINUED)							
LOAN SA 3	0.00	0.00	4.79	0.00	0.00	1,436.63	1,441.42
LOAN SA 9	122.03	0.00	0.15	0.00	0.00	-122.18	0.00
LOAN SA 11	0.00	0.00	20.71	0.00	0.00	283.91	304.62
GRP TOTAL	1,160,971.34	221,007.46	-15,312.15	-6,897.69	-122,122.32	4,363.05	1,242,009.69

LOAN REPAYMENTS 12,547.83

Plan Administrator:
This report has been produced from records maintained by John Hancock New York.
While every effort has been made to ensure its accuracy, we ask you to review it carefully upon receipt.
If you find any discrepancy or have any questions, please contact your Client Service Representative immediately at 1-800-574-5557 or FAX (866)377-9577. Thank you.

* May include fees, charges and applicable credits

TRANSFERS includes Rollovers, Existing Balance Changes, Unvested Money Transfers, Loan Issues and Repayments.
CASH/LAST QUARTER ACCRUAL BASIS

PRODUCTION DATE(R): APR/01/2016

VISTA HOSPITALITY 401(K) RETIREMENT SAVINGS PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SCHEDULE H (FORM 5500) - PART IV, LINE 4i
DECEMBER 31, 2015

(a)	(b)	(c)			(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Number of Shares, Maturing Date, Collateral, Par, or Maturity Value			Cost	Current Value
	Cash:					
*	John Hancock	Cash			$ 4,279	$ 4,279
					$ 4,279	**$ 4,279**
	Mutual Funds:					
*	John Hancock	JNY Royce Opportunity	1,052.637619	Shares	$ 26,194	$ 26,460
*	John Hancock	International Value Fund	882.069524	Shares	20,537	18,486
*	John Hancock	Intl Equity Index Fund	302.153341	Shares	4,867	4,848
*	John Hancock	PIMCO Global Bond	235.117518	Shares	4,234	4,028
*	John Hancock	PIMCO Real Return	51.860316	Shares	995	946
*	John Hancock	Franklin Small-Mid Growth	173.930998	Shares	12,255	12,748
*	John Hancock	JNY Small Cap Growth Fund	869.232183	Shares	10,279	17,377
*	John Hancock	JNY Value Fund	28.910852	Shares	1,431	1,379
*	John Hancock	JNY Oppenheimer Global	466.626417	Shares	23,484	28,423
*	John Hancock	The Growth Fund of America	1,036.929441	Shares	42,632	60,281
*	John Hancock	Fidelity Advisor Total Bond	66.582455	Shares	710	699
*	John Hancock	JNY500 Index Fund	1,270.692788	Shares	29,948	37,826
*	John Hancock	JPMorgan US Equity Fund	1,998.622583	Shares	28,973	29,319
*	John Hancock	JNY Mid Cap Index Fund	471.745514	Shares	17,440	18,418
*	John Hancock	JNY Stable Value Fund	147,341.354185	Shares	187,752	191,339
*	John Hancock	Washington Mutual Investors	122.088287	Shares	5,678	7,333
*	John Hancock	Investment Company of America	710.625314	Shares	32,126	42,566
*	John Hancock	JNY High Yield Fund	272.174706	Shares	6,469	6,626
*	John Hancock	T Rowe Price Spectrum Income	267.293087	Shares	7,366	7,386
*	John Hancock	Total Bond Market Fund	1,474.868364	Shares	23,489	26,324
*	John Hancock	DFA US Small Cap Fund	20.053102	Shares	705	761
*	John Hancock	EuroPacific Growth Fund	97.160560	Shares	6,009	6,212
*	John Hancock	JNY Lifestyle Aggressive	2,035.934295	Shares	47,770	50,312
*	John Hancock	JNY Lifestyle Growth	5,294.850883	Shares	138,654	149,575
*	John Hancock	JNY Lifestyle Balanced	13,119.929646	Shares	315,744	379,063
*	John Hancock	JNY Lifestyle Moderate	2,143.691388	Shares	59,937	62,830
*	John Hancock	JNY Lifestyle Conservative	516.882406	Shares	12,431	13,385
*	John Hancock	JNY Small Cap Index	351.579664	Shares	10,551	10,441
					$ 1,078,660	**$ 1,215,391**
	Notes Receivable from Participants:					
	Notes Receivable from Participants:	Notes Receivable from Participants at rates of 3.25%	Mature 2016-2020		$ 26,619	$ 26,619

* Party-In-Interest

See the accompanying notes to financial statements.

VISTA HOSPITALITY 401(K) RETIREMENT SAVINGS PLAN
SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)
SCHEDULE H (FORM 5500) - PART IV, LINE 4i
DECEMBER 31, 2015

(a) Identity of Issue, Borrower, Lessor, or Similar Party	(b) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(c) Cost of Acquisitions	(d) Proceeds of Dispositions
* John Hancock Life Insurance Company of New York - See Attachment A		$ 266,448	$ 172,061
		$ 266,448	$ 172,061

* Party-In-Interest

See the accompanying notes to financial statements.

ATTACHMENT A

John Hancock

5% of Reportable Transactions Summary Report For Contract Number 82386

THE TRUSTEES OF VISTA HOSPITALITY 401(K)

Audit Year Ending DECEMBER 31, 2015

	Purchases		Sales			
Purchases	Transactions	Purchase Price	Trans.	Selling Price	Transaction Cost	Net Gain/(loss)
Guaranteed Funds						
Oppenheimer Global	0	$0.00			$0.00	
Total	0	$0.00			$0.00	
Investment Funds						
Total Bond Market Fund	85	$4,427.18			$4,427.18	
DFA U.S. Small Cap Fund	0	$0.00			$0.00	
EuroPacific Growth Fund	52	$786.08			$786.08	
The Growth Fund of America	113	$5,401.12			$5,401.12	
Fidelity Advisor Total Bond	21	$858.87			$858.87	
High Yield Fund	84	$743.59			$743.59	
Intl Equity Index Fund	103	$1,312.89			$1,312.89	
International Value Fund	56	$1,520.89			$1,520.89	
T. Rowe Price Spectrum Inc	100	$891.11			$891.11	
500 Index Fund	74	$5,102.60			$5,102.60	
JPMorgan US Equity Fund	28	$28,981.23			$28,981.23	
JH LS Agg Active Strategy	95	$19,366.01			$19,366.01	
JH LS Bal Active Strategy	110	$62,219.21			$62,219.21	
JH LS Con Active Strategy	58	$3,656.72			$3,656.72	
JH LS Grow Active Strategy	122	$49,172.10			$49,172.10	
JH LS Mod Active Strategy	97	$25,973.83			$25,973.83	
Mid Cap Index Fund	74	$6,715.45			$6,715.45	
John Hancock Stable Val	72	$20,157.13			$20,157.13	
Royce Opportunity	82	$8,096.72			$8,096.72	
PIMCO Global Bond	84	$743.59			$743.59	
PIMCO Real Return	53	$294.51			$294.51	
Franklin Small-Mid Growth	79	$2,185.56			$2,185.56	
Small Cap Index Fund	26	$4,226.10			$4,226.10	
Small Cap Growth Fund	26	$1,291.46			$1,291.46	
PIMCO Total Return	64	$289.74			$289.74	
Davis New York Venture	88	$4,353.51			$4,353.51	
Investment Company of America	61	$4,402.66			$4,402.66	
Value Fund	26	$420.42			$420.42	
Washington Mutual Investors	94	$861.08			$861.08	
Oppenheimer Global	61	$1,996.30			$1,996.30	
Total	2,088	$266,447.66			$266,447.66	

	Purchases		Sales			
Sales	Transactions	Purchase Price	Trans.	Selling Price	Transaction Cost	Net Gain/(loss)
Guaranteed Funds						
Oppenheimer Global			0	$0.00	$0.00	
Total			0	$0.00	$0.00	

John Hancock

5% of Reportable Transactions Summary Report For Contract Number 82386
THE TRUSTEES OF VISTA HOSPITALITY 401(K)
Audit Year Ending DECEMBER 31, 2015

	Purchases		Sales			
Sales	Transactions	Purchase Price	Trans.	Selling Price	Transaction Cost	Net Gain/(loss)
Investment Funds						
Total Bond Market Fund			13	$195.61-	$172.76-	$22.85
DFA U.S. Small Cap Fund			1	$54.43-	$47.26-	$7.17
EuroPacific Growth Fund			0	$0.00	$0.00	$0.00
The Growth Fund of America			2	$87.22-	$59.32-	$27.90
Fidelity Advisor Total Bond			1	$148.30-	$149.22-	$0.92-
High Yield Fund			1	$140.06-	$131.42-	$8.64
Intl Equity Index Fund			0	$0.00	$0.00	$0.00
International Value Fund			1	$91.62-	$89.33-	$2.29
T. Rowe Price Spectrum Inc			2	$195.08-	$190.89-	$4.19
500 Index Fund			2	$246.13-	$183.86-	$62.27
JPMorgan US Equity Fund			3	$8.00-	$7.82-	$0.18
JH LS Agg Active Strategy			21	$23,586.05-	$20,869.15-	$2,716.90
JH LS Bal Active Strategy			20	$79,573.76-	$61,539.63-	$18,034.13
JH LS Con Active Strategy			3	$2,086.27-	$1,854.43-	$231.84
JH LS Grow Active Strategy			16	$20,479.52-	$17,837.46-	$2,642.06
JH LS Mod Active Strategy			17	$13,622.49-	$12,628.06-	$994.43
Mid Cap Index Fund			2	$97.20-	$81.70-	$15.50
John Hancock Stable Val			2	$147.31-	$145.24-	$2.07
Royce Opportunity			12	$24.00-	$21.36-	$2.64
PIMCO Global Bond			1	$141.88-	$149.29-	$7.41-
PIMCO Real Return			1	$142.85-	$148.54-	$5.69-
Franklin Small-Mid Growth			3	$917.36-	$794.15-	$123.21
Small Cap Index Fund			0	$0.00	$0.00	$0.00
Small Cap Growth Fund			1	$56.99-	$27.71-	$29.28
PIMCO Total Return			1	$772.98-	$699.09-	$73.89
Davis New York Venture			13	$28,589.54-	$22,467.13-	$6,122.41
Investment Company of America			1	$111.50-	$76.96-	$34.54
Value Fund			1	$88.72-	$79.20-	$9.52
Washington Mutual Investors			3	$297.71-	$220.69-	$77.02
Oppenheimer Global			1	$158.35-	$125.13-	$33.22
Total			145	$172,060.93-	$140,796.80-	$31,264.13

VISTA HOSPITALITY 401(K) RETIREMENT SAVINGS PLAN
SCHEDULE OF REPORTABLE TRANSACTIONS
SCHEDULE H (FORM 5500) - PART IV, LINE 4j
DECEMBER 31, 2015

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

Transaction type codes:

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

See the accompanying notes to financial statements.

ATTACHMENT B

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

GROUP TOTALS BY
MONEY TYPE AND INVESTMENT ACCOUNT

MONEY TYPE	OPENING BALANCE JAN/01/2015	CONTRIBUTION	NET GAIN/LOSS*	FORFEITURES	WITHDRAWALS	TRANSFERS	CLOSING BALANCE DEC/31/2015
GROUP TOTALS							
EE ELECTIVE DEFERRAL							
TOTAL RETN	384.31	164.59	0.10	0.00	0.00	-549.00	0.00
LS-CONSERV	10,548.97	3,134.94	-209.32	0.00	-1,154.94	-650.00	11,669.65
LS-MODERAT	42,723.63	20,244.26	-1,088.94	0.00	-2,951.81	-8,361.03	50,566.11
LS-BALANCE	339,700.13	48,391.31	-4,058.60	0.00	-64,658.87	355.41	319,729.38
LS-GROWTH	106,663.91	38,750.50	-2,626.46	0.00	-16,203.70	3,929.51	130,513.76
LS-AGGRESS	46,628.42	16,328.76	-553.94	0.00	-18,316.02	-1,342.61	42,744.61
STBL VALUE	159,775.43	18,275.41	1,525.33	0.00	0.00	-30.83	179,545.34
TOT BMKT	19,733.56	3,972.66	-125.34	0.00	0.00	-44.53	23,536.35
FID TOTAL	0.00	50.55	-9.28	0.00	0.00	505.78	547.05
SPECTRUM I	5,825.07	681.06	-179.56	0.00	0.00	-73.52	6,253.05
REAL RTRN	630.59	157.94	-29.50	0.00	0.00	-37.77	721.26
NY VENTURE	17,921.07	2,879.97	475.97	0.00	0.00	-21,277.01	0.00
GLOBAL BD	3,134.58	573.94	-153.41	0.00	0.00	-36.80	3,518.31
VS HIYLD	5,787.19	573.94	-538.09	0.00	0.00	-34.98	5,788.06
AF WASHMUT	5,684.51	628.40	-47.38	0.00	0.00	-75.54	6,189.99
INV CO AM	32,949.46	3,853.23	-784.38	0.00	0.00	0.00	36,018.31
IDX 500	28,718.95	4,635.90	101.85	0.00	0.00	-92.58	33,364.12
JPM USE	0.00	806.58	267.01	0.00	0.00	21,791.87	22,865.46
GROWTH	44,015.88	4,287.98	2,090.12	0.00	0.00	483.20	50,877.18
VS VALUE	930.18	357.35	-118.35	0.00	0.00	0.00	1,169.18
IDX MID	11,243.97	6,031.09	-630.65	0.00	0.00	-36.34	16,608.07
EUROPAC	4,893.83	728.00	-106.33	0.00	0.00	0.00	5,515.50
GLOBAL	20,185.74	1,705.92	642.09	0.00	0.00	0.00	22,533.75
SM-MD GRTH	9,080.51	1,642.58	-276.92	0.00	0.00	-555.16	9,891.01
IDX SMALL	6,256.42	3,900.00	-518.85	0.00	0.00	0.00	9,637.57
US SML CAP	657.08	0.00	-27.77	0.00	0.00	0.00	629.31
IDX INTL	2,944.47	660.15	-278.16	0.00	0.00	520.52	3,846.98
VS SM GRTH	13,997.19	1,086.79	-1,389.53	0.00	0.00	0.00	13,694.45
VS IT VL	15,769.79	1,332.91	-1,409.35	0.00	0.00	0.00	15,693.35
OPPORTUNTY	18,315.78	6,444.22	-3,280.69	0.00	0.00	568.62	22,047.93
LOAN SA 1	21,193.47	0.00	692.83	0.00	-994.08	-589.83	20,302.39
LOAN SA 2	2,891.68	0.00	60.84	0.00	-2,416.68	4,034.26	4,570.10

* May include fees, charges and applicable credits

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

CONTINUED ...

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

GROUP TOTALS BY
MONEY TYPE AND INVESTMENT ACCOUNT

MONEY TYPE	OPENING BALANCE JAN/01/2015	CONTRIBUTION	NET GAIN/LOSS*	FORFEITURES	WITHDRAWALS	TRANSFERS	CLOSING BALANCE DEC/31/2015
GROUP TOTALS (... CONTINUED)							
LOAN SA 3	0.00	0.00	4.79	0.00	0.00	1,436.63	1,441.42
LOAN SA 9	122.03	0.00	0.15	0.00	0.00	-122.18	0.00
LOAN SA 11	0.00	0.00	20.71	0.00	0.00	283.91	304.62
SUBTOTAL	999,307.80	192,280.93	-12,559.01	0.00	-106,696.10	0.00	1,072,333.62
IRA ROLLOVER							
LS-BALANCE	0.00	0.00	-84.19	0.00	0.00	4,363.05	4,278.86
NY VENTURE	1,185.07	0.00	30.98	0.00	0.00	-1,216.05	0.00
INV CO AM	781.93	0.00	-16.53	0.00	0.00	0.00	765.40
JPM USE	0.00	0.00	15.51	0.00	0.00	1,216.05	1,231.56
GROWTH	1,181.53	0.00	55.25	0.00	0.00	0.00	1,236.78
GLOBAL	1,166.15	0.00	39.65	0.00	0.00	0.00	1,205.80
SM-MD GRTH	791.70	0.00	-19.32	0.00	0.00	0.00	772.38
VS SM GRTH	1,192.88	0.00	-110.74	0.00	0.00	0.00	1,082.14
VS IT VL	749.29	0.00	-61.54	0.00	0.00	0.00	687.75
OPPORTUNTY	808.89	0.00	-115.16	0.00	0.00	0.00	693.73
SUBTOTAL	7,857.44	0.00	-266.09	0.00	0.00	4,363.05	11,954.40

* May include fees, charges and applicable credits

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

CONTINUED ...

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

GROUP TOTALS BY
MONEY TYPE AND INVESTMENT ACCOUNT

MONEY TYPE	OPENING BALANCE JAN/01/2015	CONTRIBUTION	NET GAIN/LOSS*	FORFEITURES	WITHDRAWALS	TRANSFERS	CLOSING BALANCE DEC/31/2015
GROUP TOTALS (... CONTINUED)							
ER MATCHING CONTRIB							
TOTAL RETN	98.72	42.20	0.11	0.00	0.00	-141.03	0.00
LS-CONSERV	1,500.83	521.76	-28.29	0.00	-55.87	-223.46	1,714.97
LS-MODERAT	9,076.57	4,055.43	-276.76	0.00	-519.26	-72.31	12,263.67
LS-BALANCE	61,300.08	7,909.36	-711.90	0.00	-11,866.51	-1,576.51	55,054.52
LS-GROWTH	17,210.74	5,511.25	-464.08	0.00	-1,055.70	-2,141.38	19,060.83
LS-AGGRESS	8,555.86	2,545.02	-132.17	0.00	-1,828.88	-1,572.31	7,567.52
STBL VALUE	9,933.72	1,865.24	94.98	0.00	-100.00	0.00	11,793.94
TOT BMKT	2,498.14	349.44	-60.24	0.00	0.00	0.00	2,787.34
FID TOTAL	0.00	13.21	-2.36	0.00	0.00	141.03	151.88
SPECTRUM I	1,077.27	88.49	-32.49	0.00	0.00	0.00	1,133.27
REAL RTRN	201.83	31.49	-8.42	0.00	0.00	0.00	224.90
NY VENTURE	4,399.53	514.83	83.09	0.00	0.00	-4,997.45	0.00
GLOBAL BD	467.22	64.57	-22.18	0.00	0.00	0.00	509.61
VS HIYLD	849.98	64.57	-76.95	0.00	0.00	0.00	837.60
AF WASHMUT	1,031.37	120.45	-9.30	0.00	0.00	0.00	1,142.52
INV CO AM	5,358.11	549.43	-125.60	0.00	0.00	0.00	5,781.94
IDX 500	4,022.12	425.42	14.45	0.00	0.00	0.00	4,461.99
JPM USE	0.00	169.28	54.83	0.00	0.00	4,997.45	5,221.56
GROWTH	7,248.72	576.14	342.37	0.00	0.00	0.00	8,167.23
VS VALUE	167.64	63.07	-21.21	0.00	0.00	0.00	209.50
IDX MID	1,211.40	667.88	-69.08	0.00	0.00	0.00	1,810.20
EUROPAC	651.04	58.08	-12.24	0.00	0.00	0.00	696.88
GLOBAL	4,255.32	290.38	137.77	0.00	0.00	0.00	4,683.47
SM-MD GRTH	1,853.21	294.69	-63.29	0.00	0.00	0.00	2,084.61
IDX SMALL	520.77	326.10	-43.29	0.00	0.00	0.00	803.58
US SML CAP	138.23	0.00	-5.84	0.00	0.00	0.00	132.39
IDX INTL	940.45	132.22	-71.20	0.00	0.00	0.00	1,001.47
VS SM GRTH	2,657.86	204.67	-261.74	0.00	0.00	0.00	2,600.79
VS IT VL	2,104.79	187.98	-187.46	0.00	0.00	0.00	2,105.31
OPPORTUNTY	3,212.26	1,083.88	-577.96	0.00	0.00	0.00	3,718.18

* May include fees, charges and applicable credits

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

CONTINUED ...

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

GROUP TOTALS BY
MONEY TYPE AND INVESTMENT ACCOUNT

MONEY TYPE	OPENING BALANCE JAN/01/2015	CONTRIBUTION	NET GAIN/LOSS*	FORFEITURES	WITHDRAWALS	TRANSFERS	CLOSING BALANCE DEC/31/2015
GROUP TOTALS (... CONTINUED)							
SUBTOTAL	152,543.78	28,726.53	-2,536.45	0.00	-15,426.22	-5,585.97	157,721.67
UM MATCHING CONTRIB							
LS-CONSERV	0.00	0.00	0.00	-223.46	0.00	223.46	0.00
LS-MODERAT	0.00	0.00	0.00	-72.31	0.00	72.31	0.00
LS-BALANCE	221.29	0.00	6.58	-1,804.38	0.00	1,576.51	0.00
LS-GROWTH	0.00	0.00	0.00	-2,141.38	0.00	2,141.38	0.00
LS-AGGRESS	0.00	0.00	0.00	-1,572.31	0.00	1,572.31	0.00
NY VENTURE	104.54	0.00	3.78	-108.32	0.00	0.00	0.00
AF WASHMUT	107.13	0.00	2.81	-109.94	0.00	0.00	0.00
INV CO AM	108.15	0.00	3.35	-111.50	0.00	0.00	0.00
IDX 500	109.07	0.00	3.20	-112.27	0.00	0.00	0.00
GROWTH	32.01	0.00	1.41	-33.42	0.00	0.00	0.00
VS VALUE	85.78	0.00	2.94	-88.72	0.00	0.00	0.00
IDX MID	42.45	0.00	1.93	-44.38	0.00	0.00	0.00
GLOBAL	148.94	0.00	9.41	-158.35	0.00	0.00	0.00
SM-MD GRTH	107.45	0.00	6.46	-113.91	0.00	0.00	0.00
US SML CAP	53.24	0.00	1.19	-54.43	0.00	0.00	0.00
VS SM GRTH	54.77	0.00	2.22	-56.99	0.00	0.00	0.00
VS IT VL	87.50	0.00	4.12	-91.62	0.00	0.00	0.00
SUBTOTAL	1,262.32	0.00	49.40	-6,897.69	0.00	5,585.97	0.00

* May include fees, charges and applicable credits

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

CONTINUED ...

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

GROUP TOTALS BY
MONEY TYPE AND INVESTMENT ACCOUNT

MONEY TYPE	OPENING BALANCE JAN/01/2015	CONTRIBUTION	NET GAIN/LOSS*	FORFEITURES	WITHDRAWALS	TRANSFERS	CLOSING BALANCE DEC/31/2015
GROUP TOTALS (... CONTINUED)							
ACCOUNT TOTAL							
TOTAL RETN	483.03	206.79	0.21	0.00	0.00	-690.03	0.00
LS-CONSERV	12,049.80	3,656.70	-237.61	-223.46	-1,210.81	-650.00	13,384.62
LS-MODERAT	51,800.20	24,299.69	-1,365.70	-72.31	-3,471.07	-8,361.03	62,829.78
LS-BALANCE	401,221.50	56,300.67	-4,848.11	-1,804.38	-76,525.38	4,718.46	379,062.76
LS-GROWTH	123,874.65	44,261.75	-3,090.54	-2,141.38	-17,259.40	3,929.51	149,574.59
LS-AGGRESS	55,184.28	18,873.78	-686.11	-1,572.31	-20,144.90	-1,342.61	50,312.13
STBL VALUE	169,709.15	20,140.65	1,620.31	0.00	-100.00	-30.83	191,339.28
TOT BMKT	22,231.70	4,322.10	-185.58	0.00	0.00	-44.53	26,323.69
FID TOTAL	0.00	63.76	-11.64	0.00	0.00	646.81	698.93
SPECTRUM I	6,902.34	769.55	-212.05	0.00	0.00	-73.52	7,386.32
REAL RTRN	832.42	189.43	-37.92	0.00	0.00	-37.77	946.16
NY VENTURE	23,610.21	3,394.80	593.82	-108.32	0.00	-27,490.51	0.00
GLOBAL BD	3,601.80	638.51	-175.59	0.00	0.00	-36.80	4,027.92
VS HIYLD	6,637.17	638.51	-615.04	0.00	0.00	-34.98	6,625.66
AF WASHMUT	6,823.01	748.85	-53.87	-109.94	0.00	-75.54	7,332.51
INV CO AM	39,197.65	4,402.66	-923.16	-111.50	0.00	0.00	42,565.65
IDX 500	32,850.14	5,061.32	119.50	-112.27	0.00	-92.58	37,826.11
JPM USE	0.00	975.86	337.35	0.00	0.00	28,005.37	29,318.58
GROWTH	52,478.14	4,864.12	2,489.15	-33.42	0.00	483.20	60,281.19
VS VALUE	1,183.60	420.42	-136.62	-88.72	0.00	0.00	1,378.68
IDX MID	12,497.82	6,698.97	-697.80	-44.38	0.00	-36.34	18,418.27
EUROPAC	5,544.87	786.08	-118.57	0.00	0.00	0.00	6,212.38
GLOBAL	25,756.15	1,996.30	828.92	-158.35	0.00	0.00	28,423.02
SM-MD GRTH	11,832.87	1,937.27	-353.07	-113.91	0.00	-555.16	12,748.00
IDX SMALL	6,777.19	4,226.10	-562.14	0.00	0.00	0.00	10,441.15
US SML CAP	848.55	0.00	-32.42	-54.43	0.00	0.00	761.70
IDX INTL	3,884.92	792.37	-349.36	0.00	0.00	520.52	4,848.45
VS SM GRTH	17,902.70	1,291.46	-1,759.79	-56.99	0.00	0.00	17,377.38
VS IT VL	18,711.37	1,520.89	-1,654.23	-91.62	0.00	0.00	18,486.41
OPPORTUNTY	22,336.93	7,528.10	-3,973.81	0.00	0.00	568.62	26,459.84
LOAN SA 1	21,193.47	0.00	692.83	0.00	-994.08	-589.83	20,302.39
LOAN SA 2	2,891.68	0.00	60.84	0.00	-2,416.68	4,034.26	4,570.10

* May include fees, charges and applicable credits

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

CONTINUED ...

John Hancock

PLAN ADMINISTRATOR REPORT
YEAR-TO-DATE: JAN/01/2015 TO DEC/31/2015

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

GROUP TOTALS BY
MONEY TYPE AND INVESTMENT ACCOUNT

MONEY TYPE	OPENING BALANCE JAN/01/2015	CONTRIBUTION	NET GAIN/LOSS*	FORFEITURES	WITHDRAWALS	TRANSFERS	CLOSING BALANCE DEC/31/2015
GROUP TOTALS (... CONTINUED)							
LOAN SA 3	0.00	0.00	4.79	0.00	0.00	1,436.63	1,441.42
LOAN SA 9	122.03	0.00	0.15	0.00	0.00	-122.18	0.00
LOAN SA 11	0.00	0.00	20.71	0.00	0.00	283.91	304.62
GRP TOTAL	1,160,971.34	221,007.46	-15,312.15	-6,897.69	-122,122.32	4,363.05	1,242,009.69

LOAN REPAYMENTS 12,547.83

Plan Administrator:
This report has been produced from records maintained by John Hancock New York.
While every effort has been made to ensure its accuracy, we ask you to review it carefully upon receipt.
If you find any discrepancy or have any questions, please contact your Client Service Representative immediately at 1-800-574-5557 or FAX (866)377-9577. Thank you.

* May include fees, charges and applicable credits

TRANSFERS includes Rollovers, Existing Balance Changes, Unvested Money Transfers, Loan Issues and Repayments.
CASH/LAST QUARTER ACCRUAL BASIS PRODUCTION DATE(R): APR/01/2016