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 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

2017

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
YOSEMITE MOTELS SALARY SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1990

2a Plan sponsor's name (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)
YOSEMITE MANAGEMENT GROUP, LLC

1205 FREEDOM BLVD., SUITE 2
WATSONVILLE, CA 95076

2b Employer Identification Number (EIN) 77-0488685

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

2d Business code (see instructions) 721110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/02/2018	MAX BUSHMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/02/2018	MAX BUSHMAN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [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 or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	196
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)**	174
a(2) Total number of active participants at the end of the plan year	**6a(2)**	146
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	26
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	172
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	172
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	59
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
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)	[ ]		**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 2017 Form M-1 annual report. If the plan was not required to file the 2017 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

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
YOSEMITE MOTELS SALARY SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
77-0488685

Part I **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

(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
01-0233346	65838	111292	59	01/01/2017	12/31/2017

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
3955	550

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
CAPFINANCIAL SECURITIES LLC
4208 SIX FORKS RD.
SUITE 1700
RALEIGH, NC 27609

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
3955			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
ALL VALLEY ADMINISTRATORS, LLC
7525 N CEDAR AVE
SUITE 109
FRESNO, CA 93720

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
	550	TPA RELATED FEES	5

(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**	0
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	1445980

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. Specify nature of costs.			**10b**	

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 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

2017

This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
YOSEMITE MOTELS SALARY SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
77-0488685

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

a Name of MTIA, CCT, PSA, or 103-12 IE: JH LS BALANCED ACTIVE STRATEGY

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS CO

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)
01-0233346-000	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: 2050 ACTIVE STRATEGY

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS CO

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)
01-0233346-000	P	6045

a Name of MTIA, CCT, PSA, or 103-12 IE: 2040 ACTIVE STRATEGY

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS CO

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)
01-0233346-000	P	28342

a Name of MTIA, CCT, PSA, or 103-12 IE: 2035 ACTIVE STRATEGY

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS CO

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)
01-0233346-000	P	16568

a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER MODERATE LS

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS CO

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)
01-0233346-000	P	5163

a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO SMALL CAP GROWTH

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS CO

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)
01-0233346-000	P	7359

a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP STOCK FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS CO

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)
01-0233346-000	P	16536

a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP INDEX FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS CO

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 37294

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS CO

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1230665

a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE SPECTRUM INC

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS CO

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11167

a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO SMALL CAP GROWTH

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS CO

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 44905

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS CO

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10569

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS CO

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8793

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS CO

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7173

a Name of MTIA, CCT, PSA, or 103-12 IE: 500 INDEX FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS CO

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7399

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS CO

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 629

a Name of MTIA, CCT, PSA, or 103-12 IE: TOTAL STOCK MARKET INDEX

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS CO

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7373

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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

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

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
YOSEMITE MOTELS SALARY SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
77-0488685

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	991791	73991
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2394	3746
(2) Participant contributions	1b(2)	1050	44
(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)	289588	202462
(7) Loans (other than to participants)	1c(7)	1399736	986413
(8) Participant loans	1c(8)	13650	124244
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	910041	1445980
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	59268	5171

			(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	3667518	2842051
	Liabilities			
g	Benefit claims payable	1g	0	
h	Operating payables	1h	0	
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	8418	6668
k	Total liabilities (add all amounts in lines 1g through1j)	1k	8418	6668
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	3659100	2835383

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)	64522	
	(B) Participants	2a(1)(B)	168265	
	(C) Others (including rollovers)	2a(1)(C)	0	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		232787
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)	4018	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		4018
	(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)		0
	(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)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	41273	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		41273

		(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)		172426
(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		50
d Total income. Add all **income** amounts in column (b) and enter total	2d		450554
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1269119	
(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)		1269119
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	1342	
(4) Other	2i(4)	3810	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		5152
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1274271
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-823717
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: LAVORATO AND DARLING, INC. **(2)** EIN: 94-2557084

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	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	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		4000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g	X		1188558
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

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 sections 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

2017

This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
YOSEMITE MOTELS SALARY SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
77-0488685

Part I Distributions

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

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

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

EIN(s): 77-0488685 01-0233346

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

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

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

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): _____

---

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):

YOSEMITE MOTELS SALARY SAVINGS PLAN
FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2017 AND 2016

LAVORATO & DARLING, INC
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

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

We have audited the accompanying financial statements of the Yosemite Motels Salary Savings Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, 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 the 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 our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain evidence about the amount and disclosures in the financial statements. The procedures selected depend on the auditor's judgement, including the assessment of the risk of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion
In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Yosemite Motels Salary Savings Plan as of December 31, 2017 and 2016, and the changes in net assets available for benefits for the years then ended in accordance with accounting principles genreally accepted in the United States of Amreica.

Report on Supplemental Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Nonexempt Transactions and Assets (Held at End of Year, as of December 31, 2017), together referred to as supplemental information, are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates to the underlying accounting and other records used to prepare the financial statements. The information has been subject to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with U.S. generally accepted auditing standards. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole

Lavorato & Darling, Inc.

Lavorato & Darling Inc.
Certified Public Accountants
Salinas, Ca.

September 28, 2018

YOSEMITE MOTELS SALARY SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

as of December 31, 2017 and 2016

Assets

	December 31, 2017	December 31, 2016
Cash	$ 79,162	$ 991,793
Investments, at fair value:		
Pooled separate accounts and common collective funds	1,445,244	910,040
Notes receivable from participants	124,980	13,649
Trustee-directed investment in notes receivable	927,805	1,399,736
Trustee-directed investments in real estate held-for-sale	260,097	348,856
Total investments	2,758,126	2,672,281
Receivables:		
Participant contributions receivable	981	1,050
Employer contributions receivables	3,790	2,394
Total receivables	4,771	3,444
Total assets	$ 2,842,059	$ 3,667,518

Liabilities

Payables	$ 6,676	$ 8,418
Total liabilities	6,676	8,418
Net assets available for benefits	$ 2,835,383	$ 3,659,100

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

YOSEMITE MOTELS SALARY SAVINGS PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

for the years ended December 31, 2017 and 2016

	Year Ended December 31,	
	2017	**2016**
Additions		
Investment Income:		
Net appreciation\(depreciation) in fair value of trustee-directed investments	$ (3,812)	$ (31,686)
Net appreciation\(depreciation) in fair value of pooled separate accounts and common collective funds	170,995	49,495
Interest on notes receivable	47,952	50,723
Gain on the Sale of property	0	19,999
Loan origination fees and other income	0	244
Total investment income	215,135	88,775
Contributions		
Participants	169,297	151,599
Employer	64,858	64,941
Total contributions	234,155	216,540
Total additions	449,290	305,315
Deductions:		
Benefits paid directly to participants	1,269,119	154,218
Administrative expenses & other expenses	3,888	68,008
Total deductions	1,273,007	222,226
Net increase\(decrease)	(823,717)	83,089
Net assets available for benefits:		
Beginning of year	3,659,100	3,576,011
End of year	$ 2,835,383	$ 3,659,100

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

Note 1 Description of plan

General

The Yosemite Motels Salary Savings Plan is a defined contribution plan established for the benefit of eligible employees of Sterling Pacific Lending, Inc. and Yosemite Management Group, LLC, (collectively known as the "Companies", "Employers" or "Plan Sponsors") as members of a controlled group. The Plan was established on January 1, 1990. The terms of the Plan have since been amended effective January 1, 2009. Subsequent amendments were made in 2013, 2015 and 2016 to address additional specific changes to the Plan. The Plan is a self-administered plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

The Plan has a Board of Trustees as appointed by the Plan Sponsors to manage the operations and administration of the Plan. The Board of Trustees is responsible for keeping accurate and complete records with regard to the Plan's operations, informing participants of changes or amendments to the Plan, ensuring that the Plan conforms to the law and to government regulations, and providing participants with any reports and documents required by law.

The Plan was amended effective June 1, 2013, to allow distribution of benefits in installment payments. The Plan will now allow an in-service withdrawal from employee rollover benefits at any time upon request and hardship withdrawals shall be allowed from all sources, subject to limitations imposed by regulations.

The Plan was amended effective September 1, 2013, to include an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at 3.5% of eligible compensation and their contributions invested in a designated balance fund until changed by the participant. Participants should refer to the Plan documents for a more complete description of the Plan's Provisions

The Plan was amended effective January 1, 2015 to meet the requirements of the Pension Protection Act of 2006 ("PPA '06"), the Heroes Earning Assistance and Relief Tax Act of 2008 ("Heart"), the emergency Economic Stabilization Act of 2008 ("EESA"), the Workers, Retiree, and Employer Recovery Act of 2008 ("WRERA"), as well as the required changes from the 2010 Cumulative List of Changes in Plan Qualification Requirements described in section 4 of Revenue Procedure 2005-66 as modified by Revenue Procedure 2007-44. The Plan was also amended to allow Roth deferrals effective on April 1, 2015

The Plan was amended effective January 1, 2016 to include a participant loan program as part of such Plan and Trust. All loans granted or renewed on or after the 1st day of January, 2016 shall be made in accordance with the provisions specified in the Plan and under loan Policy. The Plan intends this loan program to comply with all applicable requirements under the Internal Revenue Code and the Department of Labor. Violating the terms of this policy may cause a loan to be treated as a taxable distribution from the plan.

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

Administration

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

Note 1 Description of plan (continued)

Participant accounts

Separate accounts are maintained for each participant. Each participants account is credited with the participants contribution, the Companies matching contribution, the Companies discretionary employer contribution, and actual income or loss on investments. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined in the Plan documents. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Contributions

Participants contributions to the Plan are elective deferrals, wholly vested in, and invested in accordance with the participants instructions. Participants may elect to make salary deferrals up to the maximum dollar amount allowed annually as defined by the Internal Revenue Code (IRC). 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 defined contribution plans (rollovers). During the 2017 and 2016 Plan years, the Companies provided safe harbor matching contributions in the amount equal to 100% of the participant's elective contribution up to the first 3.5% of the participants compensation and 50% of the elective contribution of the next 2% of compensation. These matching contributions totaled $ 61,213 and $ 62,506 for the years ended December 31, 2017 and 2016 respectively. There were no discretionary employer contributions in 2017 and 2016.

Participant loans

Participant loans are permitted under the Plan as of January 1, 2016. All loans shall be made in accordance with the provisions specified in the Plan and under loan Policy. The Plan intends this loan program to comply with all applicable requirements under the Internal Revenue Code and the Department of Labor. Violating the terms of this policy may cause a loan to be treated as a taxable distribution from the plan.

Vesting

Participant and safe harbor contributions and earnings thereon are fully vested at all times. Vesting in other matching contributions plus earnings thereon is based on years of continuous service. Participants are 100% vested upon reaching age 65, upon death, in the event they become permanently disabled, or upon Plan termination, regardless of the participant's vested percentage at the time of termination. If employment terminates by early retirement, resignation, or discharge prior to normal retirement age, participants are 20% vested for each year of qualified service beginning with the second year of service, resulting in 100% vesting after six years of service. For the years ended December 31, 2017 and 2016, all employer contributions were safe harbor contributions and were, therefore, fully vested

Payment of benefits

In-service distributions of employee rollovers may be requested at any time. Upon reaching the age of 59 1/2 years, termination of employment or retirement, participants may elect to receive a distribution of their vested interest in their account as a lump-sum payment, in installments, or they may select an alternative method of payment if permitted by the Plan at the time of the distribution. Upon termination, if the participants or beneficiary's vested account balance is $5,000 or less, the Plan allows the distribution of the vested account balance to an Individual Retirement Account ("IRA") for the participant's benefit. If the vested balance is $1,000 or less, it will be distributed as a lump-sum amount without the participants consent.

Note 1 Description of plan (continued)

Forfeited accounts

Forfeited accounts may be used to pay plan administrative expenses and to reduce employer contributions. There were no forfeitures of participant accounts for the years ended December 31, 2017 and 2016.

Note 2 Summary of significant accounting policies

Basis of accounting

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

Use of estimates

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

Expenses

The Companies pay certain expenses incurred for administration of the Plan. The Companies incurred expenses of $ 34,362 and $ 27,126 for the years ended December 31, 2017 and 2016 for the administration of the Plan. Investment related expenses are included in net appreciation in fair value of investments. Fees related to transfer of account balances from the prior custodian to current custodian are charged directly to the participants account and are included in administrative expenses.

Investment valuation and income recognition

The Plan's 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 date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisor and custodian. See notes 3 and 4 for discussion of the fair value measurement.

Pooled separate accounts and common collective funds

The Plan's pooled separate accounts and common collective fund investments are stated at the fair value of the underlying assets. (see Note 3)

Purchases and sales of these funds are recorded on a trade-date basis. Interest income on these investments is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation and depreciation includes the Plan's realized and unrealized gains and losses on investments.

Note 2 Summary of significant accounting policies (continued)

Trustee-directed investments in notes receivable

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

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

Trustee-directed investments in notes receivable

It is the policy of management to consider the terms, payment history, collateral value, and real estate market conditions in establishing the estimated fair market value of notes receivable. Any impairment of these notes is charged to net depreciation in fair value. Interest is not accrued beyond the estimated fair value of these notes. The Plan did not recognize $40,652 and $17,057 in interest income during 2017 and 2016 associated with impaired notes. When notes are deemed impaired, the specific note carrying value is adjusted. Management has determined the cumulative impairment for notes to be $708,460 and $720,695 as of December 31, 2017 and 2016, which is included in notes receivable balances on the statement of net assets available for benefits.

Trustee-directed investments in real estate held-for-sale

To collect on notes receivable, the Plan occasionally obtains collateral in the form of real estate. The real estate is tested for impairment using comparable sales until a reasonable sales price can be obtained when the property is sold.

Loan origination fees

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

Payment of Benefits

Benefits are recorded when paid.

Note 3 Fair value measurement

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

Level 1 Quoted prices in active markets - The Plan holds no investments at this level.

Note 3 Fair value measurement (continued)

Level 2	Other observable inputs - The Plan's investments in pooled separate accounts and common collective funds are valued at Net Asset Value which is based on the fair value of the underlying investments held by the fund less its liabilities. The underlying investments consist of equity securities and fixed income securities, which are stated at fair value. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment advisor reserves the right to temporarily delay withdrawal for a reasonable period of time from the trust in order to ensure that securities liquidation will be carried out in an orderly business manner. (See Note 4)
Level 3	Unobservable inputs - The Plan's trustee-directed investments in notes receivable are valued at the stated note amount plus accrued interest, less an impairment allowance so as not to exceed the estimated collectible value. The collectible value is determined by estimating the fair market value of the collateral using the comparable sales method less estimated selling costs. Real estate held for sale is valued using the comparable sales method less estimated selling costs. (See note 2, Trustee-directed investments in notes receivable, and Note 4.)

Note 4 Investment at fair value

The Plan's investments in 2017 and 2016 included pooled separate accounts, common collective funds, and trustee-directed investments, which consist of collateralized notes receivable, unsecured notes receivable, and real estate held for sale.

By direction of employees, all contributions to the Plan are invested by the employees. Under the ancillary trustee John Hancock, Plan participants may allocate their account balances between 40 pooled separate accounts called "sub-accounts" and 7 guaranteed interest accounts. Plan participants may also allocate their funds in the trustee-directed investment account.

The John Hancock investments are certified to the Plan by John Hancock as complete and accurate for the years ended December 31, 2017 and 2016

Note 4 Investment at fair value (continued)

The following table presents investments at fair value at December 31, 2017 and 2016

	2017	2016
Investments at fair value level 2 (see Note 3)		
Pooled and common collective funds:		
John Hancock Retirement through 2050 Active	$ 6,045	$ 4,793
John Hancock Retirement through 2040 Active	28,342	21,259
John Hancock Lifestyle Balance Active	0	795,274
John Hancock IDX MID Active	37,294	2,779
John Hancock Retirement through Small Growth Active	44,905	3,706
John Hancock Retirement through 2035 Active	16,568	8,667
John Hancock Lifestyle Moderate Active	5,163	1,344
John Hancock AF AM Balance Activities	1,230,665	60,370
John Hancock VS MC ST Active	16,536	5,895
John Hancock Loan SA I	124,244	13,650
John Hancock Spectrum I	11,167	5,952
John Hancock IDX Total	7,373	0
John Hancock World	629	0
John Hancock IDX 500	7,399	0
John Hancock SMCP GR IN	7,359	0
John Hancock IDX Small	7,173	0
John Hancock Opertunity	8,793	0
John Hancock VS MIDVAL	10,568	0
	$ 1,570,224	$ 923,689
Investments at fair value level 3 (see Note 3)		
Trustee-directed investments in notes receivable:		
Dry Creek Land, LP	$ 306,202	$ 421,834
Paul Miller	139,981	148,476
DCL Investment, LLC	0	182,659
Michael and Jennifer Miller	173,806	169,910
Amir Jafari	0	51,741
Ignacio Serrano, Santiago and Amy Saldate	126,873	126,873
Gopal Das	73,505	101,510
Dwight Hannah	85,312	85,312
Seventh Street Land East, LLC	0	46,425
Barron Brouillette	0	42,934
Daniel Mitchell	22,126	22,062
	$ 927,805	$ 1,399,736

Note 4 Investment at fair value (continued)

Trustee-directed investments in real estate held for sale:		
10120 Kaanapali Court, Chowchilla, CA.	$ 125,000	$ 125,000
Mendocino & Manning LLC	58,609	59,268
8805 San Joaquin	76,488	76,488
14th & Front Street	0	88,100
	260,097	348,856
Total investments at fair value level 3	1,187,902	1,748,592
Total investments at fair value	$ 2,758,126	$ 2,672,281

The following table sets forth a summary of changes in the fair value of the Plan's level 3 assets for the years ended December 31, 2017 and 2016:

	Notes Receivable	
	2017	**2016**
Balance, beginning of year	$ 1,748,592	$ 2,742,269
Interest income and appreciation or depreciation in fair value net	44,140	19,036
Borrower payments and new investments, net	(604,831)	(1,012,713)
Balance, end of year	$ 1,187,901	$ 1,748,592

The Plan's investments in mutual funds, pooled separate accounts, and common collective funds held during the years ended 2017 and 2016 are as follows:

	2017	**2016**
Pooled separate account and common collective funds	$ 170,995	$ 49,495

The following table represents the Plan's level 3 investment, the valuation techniques used to measure the fair value of these investments, and the significant unobservable inputs and the ranges of value for those inputs:

Instruments	Fair Value	Principal Valuation Technique	Unobservable Inputs	Range (Weight Average)
Trustee investments in notes receivable and real estate held for sale	$ 1,187,902	Notes are valued at the stated note amount plus accrued interest, less an impairment allowance. The fair market value of the underlying collateral and real estate held for sale is determined by the comparable sales method less estimated selling costs	Precise collateral value	80%-120% (100%)
			Real Estate market conditions	n/a
			Probability of default	5%-75% (23%)
			Impairment severity	5%-35% (20%)

Note 5 Related party transactions and prohibited transactions

Included in payables at December 31, 2017 is $ 1,977.50 of taxes withheld for 2017 distributions which had not been remitted to taxing authorities. Subsequently, in 2018, these taxes were remitted to the taxing authorities.

Sterling Pacific Lending, Inc. (Sterling) and Yosemite Management Group, LLC are held under common ownership. Sterling is a real property lender specializing in commercial and residential loans. Sterling services trustee-directed investments in notes receivable to facilitate payment collection, though no fee is charged for loan servicing.

During the year ended December 31, 2017, the Plan made no untimely deposits.

Certain plan investments are managed by John Hancock Insurance Company who qualifies as party-in-interest custodian. Other parties-in-interest include the third-party administrator who processes participant data; participants who contribute or withdraw funds; trustees and the investment committee who direct investments in notes receivable and real estate held-for-sale. These transactions are considered exempt party-in-interest transactions.

Note 6 Risk and uncertainties

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

Note 7 Tax Status

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

U.S. generally accepted accounting principles require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the plan has taken an uncertain position not likely to be sustained upon examination by taxing authorities and government agencies. The Plan is subject to routine audits by taxing authorities.

Note 8 Plan termination

Although it has not expressed any intent to do so, the Employers 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 the Employers elect to terminate the Plan or discontinue operation of their businesses, the entire interest of the participants shall vest 100% immediately and be non-forfeitable.

Note 9 Subsequent Events

The Plan did not have any subsequent events through September 28, 2018, the date the financial statements were available to be issued.

YOSEMITE MOTELS SALARY SAVINGS PLAN

EIN # 77-0488685

Schedule G - part III

Schedule of Nonexempt Transactions

PN 001

December 31, 2017

(a)	(b)	(c)
Identity of party involved	Relationship to plan, employer, or other party-in-interest	Description of transactions including maturity date, rate of interest, collateral, par or maturity value
Yosemite Motels Salary Savings Plan	Plan	As of December 31, 2017, taxes witheld on distributions of $ 1,977.50 for 2017 had not been remitted to the taxing authority. In 2018, $ 1,977.50 was remitted leaving an unremitted balance of $-0-

See accompanying independent auditors report.

YOSEMITE MOTELS SALARY SAVINGS PLAN

EIN # 77-0488685

Schedule H, Line 4i

Schedule of Assets (Held at End of Year)

PN 001

December 31, 2017

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost **	(e) Current Value
*	John Hancock Insurance Company USA	JH Retirement through 2050 Active Strategy		6,045
*	John Hancock Insurance Company USA	JH Retirement through 2040 Active Strategy		28,342
*	John Hancock Insurance Company USA	JH IDX MID Active Stragey		37,294
*	John Hancock Insurance Company USA	JH Small Growth Active Strategy		44,905
*	John Hancock Insurance Company USA	JH Retirement through 2035 Active Strategy		16,568
*	John Hancock Insurance Company USA	JH Lifestyle Moderate Activties Strategy		5,163
*	John Hancock Insurance Company USA	JH AF AM Balance Activties Strategy		1,230,665
*	John Hancock Insurance Company USA	JH VS MC ST Active strategy		16,536
*	John Hancock Insurance Company USA	JH Loan SA 1		124,244
*	John Hancock Insurance Company USA	JH Spectrum I		11,167
*	John Hancock Insurance Company USA	JH IDX Total		7,373
*	John Hancock Insurance Company USA	JH World		629
*	John Hancock Insurance Company USA	JH IDX 500		7,399
*	John Hancock Insurance Company USA	JH SMCP GR IN		7,359
*	John Hancock Insurance Company USA	JH Index Small		7,173
*	John Hancock Insurance Company USA	JH Opportunity		8,793
*	John Hancock Insurance Company USA	JH VS MIDVAL		10,569
	Rabobank	Cash		79,162
	Dry Creek Land, LP	Note Receivable - Interest -only Pmts 09/01/2017 - 4.25% - Real Estate -Par		19,788
	Dry Creek Land, LP	Note Receivable - Interest -only Pmts 09/01/2017 - 4.25% - Real Estate -Par		120,151
	Gopal Das	Note Receivable - Interest -only Pmts 01/01/2016 4.25% - Real Estate -Par		73,505
	Dry Creek Land, LP	Note Receivable - Interest -only Pmts 09/01/2017 - 4.25% - Real Estate -Par		46,154
	Dry Creek Land, LP	Note Receivable - Interest -only Pmts 09/01/2017 - 4.25% - Real Estate -Par		35,560
	Dry Creek Land, LP	Note Receivable - Interest -only Pmts 09/01/2017 - 4.25% - Real Estate -Par		46,407
	Dry Creek Land, LP	Note Receivable - Interest -only Pmts 09/01/2017 - 4.25% - Real Estate -Par		38,142

See accompanying independent auditors report.

YOSEMITE MOTELS SALARY SAVINGS PLAN

EIN # 77-0488685

Schedule H, Line 4i
Schedule of Assets (Held at End of Year)
PN 001
December 31, 2017

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost **	(e) Current Value
	Michael Terrance Miller and Jennifer Alice Miller	Note Receivable - Interest -only Pmts 10/01/2017 7.00% - Real Estate -Par		173,806
	Ignacio Serrano Jr.,Santiago Saldate, and Amy Saldate	Note Receivable - Interest -only Pmts 06/01/2016 12.50% - Real Estate -Par		126,873
	Dwight Hannah	Note Receivable - Interest -only Pmts 03/01/2016 - 11.50% - Real Estate -Par		85,312
	Paul Miller	Note Receivable - Interest -only Pmts 03/01/2030 - 3.00% - Real Estate -Par		139,981
	Daniel Mitchell	Note Receivable - Interest -only Pmts Due on Demand 10.0% - Unsecured		22,126
	10120 Kannapali Court, Chowchilla, Ca	Real estate held-for-sale - Par		125,000
	Mendocino & Manning, LLC	Real estate held-for-sale - Par		58,609
	8805 San Joaquin,	Real estate held-for-sale - Par		76,487
	Total cash and investments			$ 2,837,287

* Party of Interest
** Cost information my be ommitted with respect to participant directed transactions under an individual account plan

See accompanying independent auditors report.

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 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

2017

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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.)
- [x] a single-employer plan;
- [ ] a DFE (specify) ___

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

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

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

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

1a Name of plan
YOSEMITE MOTELS SALARY SAVINGS PLAN

1b Three-digit plan number (PN) ► 001

1c Effective date of plan 01/01/1990

2a Plan sponsor's name (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)

YOSEMITE MANAGEMENT GROUP, LLC

1205 FREEDOM BLVD., SUITE 2

US WATSONVILLE CA 95076

2b Employer Identification Number (EIN)
77-0488685

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

2d Business code (see instructions)
721110

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

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

SIGN HERE	[signature]	10/2/18	Max Bushman
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	[signature]	10/2/18	Gerald Fischer
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [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 or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN and the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan name	**4b** EIN **4d** PN	
5 Total number of participants at the beginning of the plan year	**5**	196
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)**	174
a(2) Total number of active participants at the end of the plan year	**6a(2)**	146
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	26
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	172
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	172
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	59
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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) [ ] 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 filling requirements? (See instructions and 29 CFR 2520.101-2.) . . ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2017 Form M-1 annual report. If the plan was not required to file the 2017 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)	Insurance Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	2017 This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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

Part I **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

(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
01-0233346	65838	111292	59	1/1/2017	12/31/2017

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
3,955	550

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

CapFinancial Securities LLC
4208 Six Forks Rd.
Suite 1700
US Raleigh NC 27609

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3,955			3

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

All Valley Administrators, LLC
7525 N Cedar Ave
Suite 109
US Fresno CA 93720

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	550	TPA Related Fees	5

(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	0
5	Current value of plan's interest under this contract in separate accounts at year end	5	1,445,980

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 on 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 organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in 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 D (Form 5500)	DFE/Participating Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	2017 This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan	B Three-digit plan number (PN) ►
YOSEMITE MOTELS SALARY SAVINGS PLAN	001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)
YOSEMITE MANAGEMENT GROUP, LLC	77-0488685

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

a Name of MTIA, CCT, PSA, or 103-12 IE:	JH LS Balanced Active Strategy		
b Name of sponsor of entity listed in (a):	John Hancock Life Ins Co		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
a Name of MTIA, CCT, PSA, or 103-12 IE:	2050 Active Strategy		
b Name of sponsor of entity listed in (a):	John Hancock Life Ins Co		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	6,045
a Name of MTIA, CCT, PSA, or 103-12 IE:	2040 Active Strategy		
b Name of sponsor of entity listed in (a):	John Hancock Life Ins Co		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	28,342
a Name of MTIA, CCT, PSA, or 103-12 IE:	2035 Active Strategy		
b Name of sponsor of entity listed in (a):	John Hancock Life Ins Co		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	16,568
a Name of MTIA, CCT, PSA, or 103-12 IE:	JH Multimanager Moderate LS		
b Name of sponsor of entity listed in (a):	John Hancock Life Ins Co		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	5,163
a Name of MTIA, CCT, PSA, or 103-12 IE:	Invesco Small Cap Growth		
b Name of sponsor of entity listed in (a):	John Hancock Life Ins Co		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	7,359
a Name of MTIA, CCT, PSA, or 103-12 IE:	Mid Cap Stock Fund		
b Name of sponsor of entity listed in (a):	John Hancock Life Ins Co		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	16,536

a Name of MTIA, CCT, PSA, or 103-12 IE: Mid Cap Index Fund			
b Name of sponsor of entity listed in (a): John Hancock Life Ins Co			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	37,294
a Name of MTIA, CCT, PSA, or 103-12 IE: American Balanced Fund			
b Name of sponsor of entity listed in (a): John Hancock Life Ins Co			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1,230,665
a Name of MTIA, CCT, PSA, or 103-12 IE: T Rowe Price Spectrum Inc			
b Name of sponsor of entity listed in (a): John Hancock Life Ins Co			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	11,167
a Name of MTIA, CCT, PSA, or 103-12 IE: Invesco Small Cap Growth			
b Name of sponsor of entity listed in (a): John Hancock Life Ins Co			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	44,905
a Name of MTIA, CCT, PSA, or 103-12 IE: Mid Value Fund			
b Name of sponsor of entity listed in (a): John Hancock Life Ins Co			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	10,569
a Name of MTIA, CCT, PSA, or 103-12 IE: Royce Opportunity			
b Name of sponsor of entity listed in (a): John Hancock Life Ins Co			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	8,793
a Name of MTIA, CCT, PSA, or 103-12 IE: Small Cap Index			
b Name of sponsor of entity listed in (a): John Hancock Life Ins Co			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	7,173
a Name of MTIA, CCT, PSA, or 103-12 IE: 500 Index Fund			
b Name of sponsor of entity listed in (a): John Hancock Life Ins Co			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	7,399
a Name of MTIA, CCT, PSA, or 103-12 IE: Templeton World			
b Name of sponsor of entity listed in (a): John Hancock Life Ins Co			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	629
a Name of MTIA, CCT, PSA, or 103-12 IE: Total Stock Market Index			
b Name of sponsor of entity listed in (a): John Hancock Life Ins Co			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	7,373

Part II Information on Participating Plans (to be completed by DFEs)
(Complete as many entries as needed to report all participating plans)

a Plan name

b Name of plan sponsor | c EIN-PN

a Plan name

b Name of plan sponsor | c EIN-PN

a Plan name

b Name of plan sponsor | c EIN-PN

a Plan name

b Name of plan sponsor | c EIN-PN

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b Name of plan sponsor | c EIN-PN

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)	Financial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	2017 This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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

Part I 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	991,791	73,991
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2,394	3,746
(2) Participant contributions	1b(2)	1,050	44
(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)	289,588	202,462
(7) Loans (other than to participants)	1c(7)	1,399,736	986,413
(8) Participant loans	1c(8)	13,650	124,244
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	910,041	1,445,980
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	59,268	5,171

		(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	3,667,518	2,842,051
Liabilities			
g Benefit claims payable	1g	0	
h Operating payables	1h	0	
i Acquisition indebtedness	1i		
j Other liabilities	1j	8,418	6,668
k Total liabilities (add all amounts in lines 1g through 1j)	1k	8,418	6,668
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	3,659,100	2,835,383

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), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	64,522	
(B) Participants	2a(1)(B)	168,265	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		232,787
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)	4,018	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		4,018
(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)		0
(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)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	41,273	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		41,273

		(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)		172,426
(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		50
d Total income. Add all **income** amounts in column (b) and enter total	2d		450,554
Expenses			
e Benefit payments and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1,269,119	
(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)		1,269,119
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	1,342	
(4) Other	2i(4)	3,810	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		5,152
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1,274,271
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		(823,717)
l Transfers of assets:			
(1) To plan	2l(1)		
(2) From plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☒ Unqualified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

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

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

(1) Name: Lavorato and Darling, Inc. (2) EIN: 94-2557084

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, PSAs, and MTIAs 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 do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year faliures 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	Amount
c	Were all loans 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 the plan covered by a fidelity bond?	4e	X		4,000,000
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		1,188,558
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

5b If, during the 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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____ (See instructions.)

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

For the [illegible] beginning 01/01/2017 and ending 12/31/2017

Name [illegible]

YOSEM [illegible] LS SALARY SAVINGS PLAN

Employ [illegible] cation Number | Three-digit plan number ► 001

77-04 [illegible]

(a)	(b) [illegible]	sue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Jo [illegible]	ck Ins Co USA	Pooled Assets; Mutual Funds		1,445,980
	Ra [illegible]		Cash		73,991
	Me [illegible]	& Manning	Mutual Funds		58,609
	Th [illegible]	y Notes	Int between 3% - 15%		0
	Re [illegible]	e			1,128,769
	JH [illegible]	pant Loans	Int between 4.5% - 6%		124,244

S ULE R
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 sections 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

2017

This Form is Open to Public Inspection.

For calen ear 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name	B Three-digit plan number (PN) ►
YOSEMI ELS SALARY SAVINGS PLAN	001

C Plan sp ame as shown on line 2a of Form 5500	D Employer Identification Number (EIN)
YOSEMI AGEMENT GROUP, LLC	77-0488685

Part I butions

All refer istributions relate only to payments of benefits during the plan year.

1	Tota instr istributions paid in property other than in cash or the forms of property specified in the instructions	1	0
2	Ente payo 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 id the greatest dollar amounts of benefits): EIN 77-0488685 01-0233346		
	Prof plans, ESOPs, and stock bonus plans, skip line 3.		
3	Num y ticipants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

4	Is t inistrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?		☐ Yes	☐ No	☐ N/A
	If the defined benefit plan, go to line 8.				
5	If a v he minimum funding standard for a prior year is being amortized in this plan instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____				
	If yo ed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.				
6	a minimum required contribution for this plan year (include any prior year accumulated funding not waived)	6a			
	b mount contributed by the employer to the plan for this plan year	6b			
	c e amount in line 6b from the amount in line 6a. Enter the result inus sign to the left of a negative amount)	6c			
	If yo ted line 6c, skip lines 8 and 9.				
7	Will um funding amount reported on line 6c be met by the funding deadline?		☐ Yes	☐ No	☐ N/A
8	If a c actuarial cost method was made for this plan year pursuant to a revenue procedure or other auth ding automatic approval for the change or a class ruling letter, does the plan sponsor or plan adm gree with the change?		☐ Yes	☐ No	☐ N/A

Part II endments

9	If this ed benefit pension plan, were any amendments adopted during this plan year sed or decreased the value of benefits? If yes, check the appropriate box. k the "No" box	☐ Increase	☐ Decrease	☐ Both	☐ No

Part IV SOPs (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 ted employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11	a ESOP hold any preferred stock?	☐ Yes	☐ No
	b P has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? ctions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12	Does P 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 Ente… dolla… …ing information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in …structions. *Complete as many entries as needed to report all applicable employers.*

a …contributing employer

b c Dollar amount contributed by employer

d …ctive bargaining agreement expires *(if employer contributes under more than one collective bargaining agreement, check box* ☐ *…structions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

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

a …ontributing employer

b c Dollar amount contributed by employer

d …ctive bargaining agreement expires *(if employer contributes under more than one collective bargaining agreement, check box* ☐ *…structions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

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

a …ontributing employer

b c Dollar amount contributed by employer

d …ctive bargaining agreement expires *(if employer contributes under more than one collective bargaining agreement, check box* ☐ *…structions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

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

a …ontributing employer

b c Dollar amount contributed by employer

d …ctive bargaining agreement expires *(if employer contributes under more than one collective bargaining agreement, check box* ☐ *…structions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

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

a …ontributing employer

b c Dollar amount contributed by employer

d …ctive bargaining agreement expires *(if employer contributes under more than one collective bargaining agreement, check box* ☐ *…structions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

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

a …ontributing employer

b c Dollar amount contributed by employer

d …ctive bargaining agreement expires *(if employer contributes under more than one collective bargaining agreement, check box* ☐ *…structions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

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

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

a ...nt year. 14a

b ...year immediately preceding the current plan year 14b

c ...nd preceding plan year 14c

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

a ...sponding number for the plan year immediately preceding the current plan year 15a

b ...sponding number for the second preceding plan year 15b

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

a ...umber of employers who withdrew during the preceding plan year 16a

b ...is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be ...against such withdrawn employers 16b

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

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

18 ...s 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 ...s under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental ...be included as an attachment . . . . . ☐

19 ...mber of participants is 1,000 or more, complete lines (a) through (c)

...percentage of plan assets held as:

_____% Investment-Grade Debt: _____ % High-Yield Debt: _____ % Real Estate: _____ % Other: _____%

...e average duration of the combined investment-grade and high-yeild debt:

...ars ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

...ation measure was used to calculate line 19(b)?

...ve duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

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

For the plan year beginning **01/01/2017** and ending **12/31/2017**

Name of plan
YOSEMITE MOTELS SALARY SAVINGS PLAN

Employer Identification Number
77-0488685

Three-digit plan number ► **001**

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	John Hancock Ins Co USA	Pooled Assets; Mutual Funds		1,445,980
	Rabobank	Cash		73,991
	Mendocino & Manning	Mutual Funds		58,609
	Third Party Notes	Int between 3% - 15%		0
	Real Estate			1,128,769
	JH Participant Loans	Int between 4.5% - 6%		124,244