

Form 5500-SF Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Short Form Annual Return/Report of Small Employee Benefit Plan This form is required to be filed 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-SF.	OMB Nos. 1210-0110 1210-0089 <div style="border: 1px solid black; padding: 5px; text-align: center;">2013</div> This Form is Open to Public Inspection
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Part I Annual Report Identification Information			
For calendar plan year 2013 or fiscal plan year beginning <u>06/01/2013</u> and ending <u>05/31/2014</u>			
A	This return/report is for:	☒ a single-employer plan ☐ a multiple-employer plan (not multiemployer) ☐ a one-participant plan	
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	Check box if filing under:	☐ Form 5558 ☐ automatic extension ☐ DFVC program ☐ special extension (enter description)	

Part II Basic Plan Information —enter all requested information			
1a	Name of plan <u>MAYFAIR MALL RETIREMENT INCOME PLAN FOR EMPLOYEES REPRESENTED BY LOCAL #1</u>	1b	Three-digit plan number (PN) ► <u>003</u>
		1c	Effective date of plan <u>06/01/1970</u>
2a	Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>GGPLP</u> <u>110 N. WACKER DRIVE</u> <u>CHICAGO, IL 60606-1511</u>	2b	Employer Identification Number (EIN) <u>41-1746121</u>
		2c	Sponsor's telephone number <u>312-960-5763</u>
		2d	Business code (see instructions) <u>531390</u>
3a	Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address	3b	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.	4b	EIN
a	Sponsor's name	4c	PN
5a	Total number of participants at the beginning of the plan year	5a	<u>33</u>
b	Total number of participants at the end of the plan year	5b	<u>32</u>
c	Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).....	5c	
6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)..... ☒ Yes ☐ No		
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... ☒ Yes ☐ No		
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.		
c	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☒ Yes ☐ No ☐ Not determined		

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.	12/16/2014	FILED WITH AN AUTHORIZED SIGNATURE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)			Preparer's telephone number (optional)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	853076	1006058
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	853076	1006058
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	67500	
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	108513	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		176013
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	18031	
e Certain deemed and/or corrective distributions (see instructions)	8e		
f Administrative service providers (salaries, fees, commissions)	8f	5000	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		23031
i Net income (loss) (subtract line 8h from line 8c)	8i		152982
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1B

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

Part V Compliance Questions

10 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? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a	X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b	X	
c Was the plan covered by a fidelity bond?	10c	X	500000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d	X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	X	
f Has the plan failed to provide any benefit when due under the plan?	10f	X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i		

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	☒ Yes ☐ No
11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39	11a 0
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .. (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	☐ Yes ☒ No
a 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 letter ruling granting the waiver. Month Day Year	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	
b Enter the minimum required contribution for this plan year	12b

c Enter the amount contributed by the employer to the plan for this plan year	12c	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount).....	12d	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?	☐ Yes ☐ No ☐ N/A	

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year?	☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☐ Yes ☒ No
c 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.)	
13c(1) Name of plan(s):	13c(2) EIN(s)
	13c(3) PN(s)

Part VIII Trust Information (optional)

14a Name of trust	14b Trust's EIN

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 06/01/2013 and ending 05/31/2014

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>MAYFAIR MALL RETIREMENT INCOME PLAN FOR EMPLOYEES REPRESENTED BY LOCAL #1</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>GGPLP</u>	D Employer Identification Number (EIN) <u>41-1746121</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500

Part I	Basic Information
1 Enter the valuation date: Month _____ Day _____ Year _____	
2 Assets:	
a Market value	2a <u>853047</u>
b Actuarial value	2b <u>812793</u>
3 Funding target/participant count breakdown:	
a For retired participants and beneficiaries receiving payment.....	3a <u>8</u> <u>168109</u>
b For terminated vested participants.....	3b <u>19</u> <u>236199</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>15898</u>
(2) Vested benefits	3c(2) <u>466540</u>
(3) Total active.....	3c(3) <u>6</u> <u>482438</u>
d Total.....	3d <u>33</u> <u>886746</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b
5 Effective interest rate	5 <u>6.23</u> %
6 Target normal cost	6 <u>11481</u>

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		<u>12/05/2014</u>
Signature of actuary		Date
<u>SHERYL BOGOLUB, A.S.A., E.A.</u>		<u>14-05538</u>
Type or print name of actuary		Most recent enrollment number
<u>AON CONSULTING, INC.</u>		<u>312-381-4875</u>
Firm name		Telephone number (including area code)
<u>200 EAST RANDOLPH STREET SUITE 1400</u> <u>CHICAGO, IL 60601-6436</u>		
Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2013
v. 130118

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>18.37</u> %		
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		93
b Interest on (a) using prior year's effective interest rate of <u>5.19</u> % except as otherwise provided (see instructions)		5
c Total available at beginning of current plan year to add to prefunding balance		98
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages		
14 Funding target attainment percentage	14	91.66 %
15 Adjusted funding target attainment percentage	15	91.66 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	80.00 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
08/30/2013	8400				
11/14/2013	8400				
03/04/2014	8400				
05/21/2014	42300				
			Totals ►	18(b)	67500
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	64365
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No	
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No	
c If line 20a is "Yes," see instructions and complete the following table as applicable:		

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.94%	2nd segment: 6.15%	3rd segment: 6.76 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....	31a	11481	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	73953	25522	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	37003	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	37003	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	64365	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	27362	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

► File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2013**This Form is Open to Public
Inspection**

For calendar plan year 2013 or fiscal plan year beginning 06/01/2013 and ending 05/31/2014

► Round off amounts to nearest dollar.

► Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan

Mayfair Mall Retirement Income Plan for Employees Represented

B Three-digit
plan number (PN) ►

003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF

GGPLP

D Employer Identification Number (EIN)

41-1746121

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B**F** Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500**Part I Basic Information****1** Enter the valuation date: Month 6 Day 1 Year 2013**2** Assets:**a** Market value **2a** 853,047**b** Actuarial value **2b** 812,793**3** Funding target/participant count breakdown:

(1) Number of participants

(2) Funding Target

a For retired participants and beneficiaries receiving payment **3a** 8 168,109**b** For terminated vested participants **3b** 19 236,199**c** For active participants:(1) Non-vested benefits **3c(1)** 15,898(2) Vested benefits **3c(2)** 466,540(3) Total active **3c(3)** 6 482,438**d** Total **3d** 33 886,746**4** If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐**a** Funding target disregarding prescribed at-risk assumptions **4a****b** Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor **4b****5** Effective interest rate **5** 6.23 %**6** Target normal cost **6** 11,481**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

**SIGN
HERE**

Sheryl Bogolub

Signature of actuary

Sheryl Bogolub, A.S.A., E.A.

Type or print name of actuary

Aon Consulting, Inc.

Firm name

200 East Randolph Street Suite 1400

Chicago

IL 60601-6436

Address of the firm

12/05/2014

Date

14-05538

Most recent enrollment number

(312) 381-4875

Telephone number (including area code)

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2013
v. 130118

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>18.37</u> %		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		93
b	Interest on (a) using prior year's effective interest rate of <u>5.19</u> % except as otherwise provided (see instructions)		5
c	Total available at beginning of current plan year to add to prefunding balance		98
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	91.66 %
15	Adjusted funding target attainment percentage	15	91.66 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	80.00 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
08/30/2013	8,400				
11/14/2013	8,400				
03/04/2014	8,400				
05/21/2014	42,300				
Totals ▶			18(b)	67,500	18(c)
					0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	64,365

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:				
1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used	
4.94 %	6.15 %	6.76 %		
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment		☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment		☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment		☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment		27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)		31a	11,481
b Excess assets, if applicable, but not greater than line 31a		31b	0
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		73,953	25,522
b Waiver amortization installment		0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..		34	37,003
		Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement		0	0
36 Additional cash requirement (line 34 minus line 35)		36	37,003
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37	64,365
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	27,362
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39	0
40 Unpaid minimum required contributions for all years		40	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected			
☐ 2 plus 7 years ☐ 15 years			
b Eligible plan year(s) for which the election in line 41a was made			
☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011			
42 Amount of acceleration adjustment		42	
43 Excess installment acceleration amount to be carried over to future plan years		43	

Schedule SB Attachment (Form 5500)—2013 Plan Year
 Mayfair Mall Retirement Income Plan for Employees Represented by Local #1
 EIN: 41-1746121 PN: 003

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2013

Date	Amount	Days to Discount to 6/1/2013 at 6.23%	Interest Adjusted Contribution
August 30, 2013	\$ 8,400	90	\$ 8,276
November 14, 2013	8,400	166	8,172
March 4, 2014	8,400	276	8,025
May 21, 2014	<u>42,300</u>	354	<u>39,892</u>
Total Contribution	\$ 67,500		\$ 64,365

Schedule SB Attachment (Form 5500)—2013 Plan Year
Mayfair Mall Retirement Income Plan for Employees Represented by Local #1
EIN: 41-1746121 PN: 003

Schedule SB, line 22—Description of Weighted Average Retirement Age
All active participants are assumed to retire at age 62.

Schedule SB Attachment (Form 5500)—2013 Plan Year
Mayfair Mall Retirement Income Plan for Employees Represented by Local #1
EIN: 41-1746121 PN: 003

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of February 2013), each adjusted as needed to fall within the 25-year average interest rate corridor under MAP-21
1st Segment Rate	4.94%
2nd Segment Rate	6.15%
3rd Segment Rate	6.76%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of February 2013), without regard to the MAP-21 interest rate corridor
1st Segment Rate	1.58%
2nd Segment Rate	4.34%
3rd Segment Rate	5.38%
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 65
Mortality Rates	
Healthy and Disabled	2013 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)
Withdrawal Rates	See Table 2
Disability Rates	None
Decrement Timing	Beginning of year decrements, with 100% retirement occurring at the beginning of year
Surviving Spouse Benefit	It is assumed that 60% of males and 90% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$205,000.

Schedule SB Attachment (Form 5500)—2013 Plan Year
Mayfair Mall Retirement Income Plan for Employees Represented by Local #1
EIN: 41-1746121 PN: 003

Valuation of Plan Assets	<p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p>
Expected Return on Assets	
2011 Plan Year	7.50%, limited to 6.46%
2012 Plan Year	7.50%, limited to 6.13%
Trust Expenses Included in Target Normal Cost	\$6,250 (assumed to be equal to the prior year administrative expenses)
Actuarial Method	Standard unit credit cost method
Valuation Date	June 1, 2013

Schedule SB Attachment (Form 5500)—2013 Plan Year
Mayfair Mall Retirement Income Plan for Employees Represented by Local #1
EIN: 41-1746121 PN: 003

Table 1

Retirement Rates

<u>Age</u>	<u>Rate</u>
62	100%

Schedule SB Attachment (Form 5500)—2013 Plan Year
 Mayfair Mall Retirement Income Plan for Employees Represented by Local #1
 EIN: 41-1746121 PN: 003

Table 2

Withdrawal Rates

Age	Male	Female	Age	Male	Female
15	0.00%	0.00%	45	2.90%	3.40%
16	0.00%	0.00%	46	2.50%	3.00%
17	0.00%	0.00%	47	2.20%	2.60%
18	11.10%	22.70%	48	1.90%	2.20%
19	11.10%	22.70%	49	1.50%	1.80%
20	11.10%	22.70%	50	1.20%	1.50%
21	11.00%	22.20%	51	0.80%	1.10%
22	10.90%	21.60%	52	0.50%	0.80%
23	10.70%	21.00%	53	0.30%	0.50%
24	10.40%	20.30%	54	0.10%	0.20%
25	10.10%	19.50%	55	0.00%	0.00%
26	9.80%	18.70%	56	0.00%	0.00%
27	9.50%	17.80%	57	0.00%	0.00%
28	9.20%	16.80%	58	0.00%	0.00%
29	8.90%	15.70%	59	0.00%	0.00%
30	8.60%	14.60%	60	0.00%	0.00%
31	8.30%	13.30%	61	0.00%	0.00%
32	8.00%	12.10%	62	0.00%	0.00%
33	7.60%	10.90%	63	0.00%	0.00%
34	7.20%	9.80%	64	0.00%	0.00%
35	6.80%	8.80%	65	0.00%	0.00%
36	6.50%	8.00%	66	0.00%	0.00%
37	6.10%	7.30%	67	0.00%	0.00%
38	5.70%	6.70%	68	0.00%	0.00%
39	5.30%	6.10%	69	0.00%	0.00%
40	4.90%	5.60%	70	0.00%	0.00%
41	4.50%	5.10%	71	0.00%	0.00%
42	4.00%	4.60%	72	0.00%	0.00%
43	3.60%	4.20%	73	0.00%	0.00%
44	3.20%	3.80%	74	0.00%	0.00%

Schedule SB Attachment (Form 5500)—2013 Plan Year
Mayfair Mall Retirement Income Plan for Employees Represented by Local #1
EIN: 41-1746121 PN: 003

Schedule SB, Part V—Summary of Plan Provisions

The following summary describes principal plan provisions assumed in calculating the cost of your pension plan.

Eligibility	All employees who are members of Service Employees International Union, Local #1.
Normal Retirement Date	Age 65 for all participants.
Normal Retirement Benefit	The normal retirement benefit is \$252 times years of credited service.
Credited Service	Participants earn a year of service for each 12-month period for which they are credited with at least 1,000 hours of service.
Delayed Retirement	A participant may continue in the employment of the employer after his normal retirement date. In such event he will receive at actual retirement his normal retirement benefit calculated as of his actual retirement date.
Early Retirement Benefit	Early retirement is permitted prior to normal retirement age after attainment of age 62 and completion of 15 years of service. The benefit is determined in the same manner as the normal retirement benefit, but is based on service at the early retirement date.
Disability Retirement Benefit	There are no disability retirement benefits payable under the plan.
Death Benefit	In the event of an active married participant's death on or before the earliest retirement age, the surviving spouse shall receive a benefit based on the participant's vested accrued benefit as of the date of death, but payable as if the participant had separated from service on the date of death, survived to the earliest retirement age, elected a joint and 50% survivor annuity, and died on the day after the earliest retirement age.

Schedule SB Attachment (Form 5500)—2013 Plan Year
Mayfair Mall Retirement Income Plan for Employees Represented by Local #1
EIN: 41-1746121 PN: 003

In the event of an active married participant's death after the attainment of age 62 and the completion of 15 years of credited service, but prior to normal retirement date, it will be assumed the participant had retired on the day prior to death and elected a joint and 50% survivor benefit.

Severance Benefit

A participant who terminates service for any reason other than retirement or death after completion of five years of service will be eligible for a vested deferred pension commencing at normal retirement age. The benefit is the regular benefit based on service at date of termination.

Normal Form of Payment

The normal form of payment for a participant who is not married is a single life annuity paid in monthly installments for the life of the participant. The normal form of payment for a participant who is married is a 50% qualified joint and survivor annuity.

Additional Information

The above description is a summary only; for additional details, reference should be made to the formal Plan document.

Plan Changes Since the Prior Year

The funding and plan reporting valuations reflect the following plan change:

- The benefit multiplier increased from \$222 to \$252 as of June 1, 2013.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Schedule SB Attachment (Form 5500)—2013 Plan Year
 Mayfair Mall Retirement Income Plan for Employees Represented by Local #1
 EIN: 41-1746121 PN: 003

Schedule SB, line 26—Schedule of Active Participant Data as of June 1, 2013

Attained Age	Number of Participants Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39										
40-44										
45-49										
50-54				1			1			
55-59			1							
60-64										
65-69					1					1
70+										1

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Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installments	Valuation Date Established	Remaining Years in Amortization Period	Amortization Amount
Shortfall	\$9,300	June 1, 2008	2	\$4,762
Shortfall	\$28,109	June 1, 2009	3	\$9,825
Shortfall	\$12,502	June 1, 2010	4	\$3,355
Shortfall	\$51,375	June 1, 2011	5	\$11,289
Shortfall	\$38,675	June 1, 2012	6	\$7,307
Shortfall	(\$66,008)	June 1, 2013	7	(\$11,016)

Schedule SB Attachment (Form 5500)—2013 Plan Year
Mayfair Mall Retirement Income Plan for Employees Represented by Local #1
EIN: 41-1746121 PN: 003

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2013

Date	Amount	Days to Discount to 6/1/2013 at 6.23%	Interest Adjusted Contribution
August 30, 2013	\$ 8,400	90	\$ 8,276
November 14, 2013	8,400	166	8,172
March 4, 2014	8,400	276	8,025
May 21, 2014	<u>42,300</u>	354	<u>39,892</u>
Total Contribution	\$ 67,500		\$ 64,365

Schedule SB Attachment (Form 5500)—2013 Plan Year
Mayfair Mall Retirement Income Plan for Employees Represented by Local #1
EIN: 41-1746121 PN: 003

Schedule SB, line 22—Description of Weighted Average Retirement Age
All active participants are assumed to retire at age 62.

Schedule SB Attachment (Form 5500)—2013 Plan Year
 Mayfair Mall Retirement Income Plan for Employees Represented by Local #1
 EIN: 41-1746121 PN: 003

Schedule SB, line 26—Schedule of Active Participant Data as of June 1, 2013

Attained Age	Number of Participants									
	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39										
40-44										
45-49										
50-54				1			1			
55-59			1							
60-64										
65-69					1					1
70+										1

N-6

Schedule SB Attachment (Form 5500)—2013 Plan Year
 Mayfair Mall Retirement Income Plan for Employees Represented by Local #1
 EIN: 41-1746121 PN: 003

Schedule SB, line 32—Schedule of Amortization Bases

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Shortfall	\$51,375	June 1, 2011	5	\$11,289
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Shortfall	(\$66,008)	June 1, 2013	7	(\$11,016)

Schedule SB Attachment (Form 5500)—2013 Plan Year
Mayfair Mall Retirement Income Plan for Employees Represented by Local #1
EIN: 41-1746121 PN: 003

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of February 2013), each adjusted as needed to fall within the 25-year average interest rate corridor under MAP-21
1st Segment Rate	4.94%
2nd Segment Rate	6.15%
3rd Segment Rate	6.76%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of February 2013), without regard to the MAP-21 interest rate corridor
1st Segment Rate	1.58%
2nd Segment Rate	4.34%
3rd Segment Rate	5.38%
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 65
Mortality Rates	
Healthy and Disabled	2013 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)
Withdrawal Rates	See Table 2
Disability Rates	None
Decrement Timing	Beginning of year decrements, with 100% retirement occurring at the beginning of year
Surviving Spouse Benefit	It is assumed that 60% of males and 90% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$205,000.

Schedule SB Attachment (Form 5500)—2013 Plan Year
Mayfair Mall Retirement Income Plan for Employees Represented by Local #1
EIN: 41-1746121 PN: 003

Valuation of Plan Assets	<p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p>
Expected Return on Assets	
2011 Plan Year	7.50%, limited to 6.46%
2012 Plan Year	7.50%, limited to 6.13%
Trust Expenses Included in Target Normal Cost	\$6,250 (assumed to be equal to the prior year administrative expenses)
Actuarial Method	Standard unit credit cost method
Valuation Date	June 1, 2013

Schedule SB Attachment (Form 5500)—2013 Plan Year
Mayfair Mall Retirement Income Plan for Employees Represented by Local #1
EIN: 41-1746121 PN: 003

Table 1

Retirement Rates

<u>Age</u>	<u>Rate</u>
62	100%

Schedule SB Attachment (Form 5500)—2013 Plan Year
 Mayfair Mall Retirement Income Plan for Employees Represented by Local #1
 EIN: 41-1746121 PN: 003

Table 2

Withdrawal Rates

Age	Male	Female	Age	Male	Female
15	0.00%	0.00%	45	2.90%	3.40%
16	0.00%	0.00%	46	2.50%	3.00%
17	0.00%	0.00%	47	2.20%	2.60%
18	11.10%	22.70%	48	1.90%	2.20%
19	11.10%	22.70%	49	1.50%	1.80%
20	11.10%	22.70%	50	1.20%	1.50%
21	11.00%	22.20%	51	0.80%	1.10%
22	10.90%	21.60%	52	0.50%	0.80%
23	10.70%	21.00%	53	0.30%	0.50%
24	10.40%	20.30%	54	0.10%	0.20%
25	10.10%	19.50%	55	0.00%	0.00%
26	9.80%	18.70%	56	0.00%	0.00%
27	9.50%	17.80%	57	0.00%	0.00%
28	9.20%	16.80%	58	0.00%	0.00%
29	8.90%	15.70%	59	0.00%	0.00%
30	8.60%	14.60%	60	0.00%	0.00%
31	8.30%	13.30%	61	0.00%	0.00%
32	8.00%	12.10%	62	0.00%	0.00%
33	7.60%	10.90%	63	0.00%	0.00%
34	7.20%	9.80%	64	0.00%	0.00%
35	6.80%	8.80%	65	0.00%	0.00%
36	6.50%	8.00%	66	0.00%	0.00%
37	6.10%	7.30%	67	0.00%	0.00%
38	5.70%	6.70%	68	0.00%	0.00%
39	5.30%	6.10%	69	0.00%	0.00%
40	4.90%	5.60%	70	0.00%	0.00%
41	4.50%	5.10%	71	0.00%	0.00%
42	4.00%	4.60%	72	0.00%	0.00%
43	3.60%	4.20%	73	0.00%	0.00%
44	3.20%	3.80%	74	0.00%	0.00%

Schedule SB Attachment (Form 5500)—2013 Plan Year
Mayfair Mall Retirement Income Plan for Employees Represented by Local #1
EIN: 41-1746121 PN: 003

Schedule SB, Part V—Summary of Plan Provisions

The following summary describes principal plan provisions assumed in calculating the cost of your pension plan.

Eligibility	All employees who are members of Service Employees International Union, Local #1.
Normal Retirement Date	Age 65 for all participants.
Normal Retirement Benefit	The normal retirement benefit is \$252 times years of credited service.
Credited Service	Participants earn a year of service for each 12-month period for which they are credited with at least 1,000 hours of service.
Delayed Retirement	A participant may continue in the employment of the employer after his normal retirement date. In such event he will receive at actual retirement his normal retirement benefit calculated as of his actual retirement date.
Early Retirement Benefit	Early retirement is permitted prior to normal retirement age after attainment of age 62 and completion of 15 years of service. The benefit is determined in the same manner as the normal retirement benefit, but is based on service at the early retirement date.
Disability Retirement Benefit	There are no disability retirement benefits payable under the plan.
Death Benefit	In the event of an active married participant's death on or before the earliest retirement age, the surviving spouse shall receive a benefit based on the participant's vested accrued benefit as of the date of death, but payable as if the participant had separated from service on the date of death, survived to the earliest retirement age, elected a joint and 50% survivor annuity, and died on the day after the earliest retirement age.

Schedule SB Attachment (Form 5500)—2013 Plan Year
Mayfair Mall Retirement Income Plan for Employees Represented by Local #1
EIN: 41-1746121 PN: 003

In the event of an active married participant's death after the attainment of age 62 and the completion of 15 years of credited service, but prior to normal retirement date, it will be assumed the participant had retired on the day prior to death and elected a joint and 50% survivor benefit.

Severance Benefit

A participant who terminates service for any reason other than retirement or death after completion of five years of service will be eligible for a vested deferred pension commencing at normal retirement age. The benefit is the regular benefit based on service at date of termination.

Normal Form of Payment

The normal form of payment for a participant who is not married is a single life annuity paid in monthly installments for the life of the participant. The normal form of payment for a participant who is married is a 50% qualified joint and survivor annuity.

Additional Information

The above description is a summary only; for additional details, reference should be made to the formal Plan document.

Plan Changes Since the Prior Year

The funding and plan reporting valuations reflect the following plan change:

- The benefit multiplier increased from \$222 to \$252 as of June 1, 2013.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Form 5500-SF

Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty CorporationShort Form Annual Return/Report of Small Employee
Benefit Plan

This form is required to be filed 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-SF.

OMB Nos. 1210-0110
1210-0089

2013

This Form is Open to Public
Inspection

Part I Annual Report Identification Information

For calendar plan year 2013 or fiscal plan year beginning	06/01/2013	and ending	05/31/2014
A This return/report is for:	☒ a single-employer plan	☐ a multiple-employer plan (not multiemployer)	☐ a one-participant plan
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 Check box if filing under:	☐ Form 5558	☐ automatic extension	☐ DFVC program
	☐ special extension (enter description)		

Part II Basic Plan Information—enter all requested information

1a Name of plan Mayfair Mall Retirement Income Plan for Employees Represented by Local #1	1b Three-digit plan number (PN) ▶ 003
	1c Effective date of plan 06/01/1970
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) GGPLP 110 N. Wacker Drive Chicago IL 60606-1511	2b Employer Identification Number (EIN) 41-1746121
	2c Sponsor's telephone number (312) 960-5763
	2d Business code (see instructions) 531390
3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address	3b Administrator's EIN
	3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name	4b EIN
	4c PN
5a Total number of participants at the beginning of the plan year	5a 33
b Total number of participants at the end of the plan year	5b 32
c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	5c
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	☒ Yes ☐ No
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	☒ Yes ☐ No
If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	
c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	☒ Yes ☐ No ☐ Not determined

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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	<i>Kathleen Courtis, S.V.P.</i>	12/15/14	Kathleen Courtis
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)			Preparer's telephone number (optional)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	853,076	1,006,058
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	853,076	1,006,058
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	67,500	
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	108,513	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		176,013
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	18,031	
e Certain deemed and/or corrective distributions (see instructions)	8e		
f Administrative service providers (salaries, fees, commissions)	8f	5,000	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		23,031
i Net income (loss) (subtract line 8h from line 8c)	8i		152,982
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics

- 9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1B
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10 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? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		500,000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	☒ Yes ☐ No	
11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39	11a	0
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .. (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	☐ Yes ☒ No	
a 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 letter ruling granting the waiver. Month Day Year		
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		
b Enter the minimum required contribution for this plan year	12b	

c Enter the amount contributed by the employer to the plan for this plan year	12c	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount).....	12d	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?.....	☐ Yes ☐ No ☐ N/A	

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year?	☐ Yes	☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a	
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☐ Yes ☒ No	
c 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.)		
13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

Part VIII Trust Information (optional)

14a Name of trust	14b Trust's EIN