Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2014

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
JAMBOREE MANAGEMENT 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1997

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
JAMBOREE REALTY CORPORATION DBA JAMBOREE MANAGEMENT

22982 MILL CREEK DRIVE
LAGUNA HILLS, CA 92653

2b Employer Identification Number (EIN)
95-3780991

2c Plan Sponsor's telephone number
949-380-0300

2d Business code (see instructions)
531310

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.	10/16/2015	RICHARD TUCKER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number (optional)

3a Plan administrator's name and address ☐ Same as Plan Sponsor

JAMBOREE REALTY CORPORATION DBA JAMBOREE MANAGEMENT

22982 MILL CREEK DRIVE
LAGUNA HILLS, CA 92653

3b Administrator's EIN
95-3780991

3c Administrator's telephone number
949-380-0300

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

5	Total number of participants at the beginning of the plan year	**5**	185
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)**	212
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	180
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	17
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	197
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	197
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	63
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 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

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
JAMBOREE MANAGEMENT 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
JAMBOREE REALTY CORPORATION DBA JAMBOREE MANAGEMENT

D Employer Identification Number (EIN)
95-3780991

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

ING LIFE INSURANCE AND ANNUITY 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
71-0294708	86509	GH4857	68	01/01/2014	12/31/2014

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
12462	0

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

FINANCIAL TELESIS INC / JHW FINANCI
4340 REDWOOD HWY STE A-23
SAN RAFAEL, CA 94903

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
12462			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	583420
5	Current value of plan's interest under this contract in separate accounts at year end	5	2034752

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	325390
c	Additions: (1) Contributions deposited during the year	7c(1)	192533		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	10640		
	(4) Transferred from separate account	7c(4)	343609		
	(5) Other (specify below)	7c(5)	34428		
	▶ LOAN REPAYMENTS				
	(6)Total additions			7c(6)	581210
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	906600
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	76275		
	(2) Administration charge made by carrier	7e(2)	250		
	(3) Transferred to separate account	7e(3)	235823		
	(4) Other (specify below)	7e(4)	10800		
	▶ LOAN DISBURSEMENTS				
	(5) Total deductions			7e(5)	323148
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	583452

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2014** **This Form is Open to Public Inspection.**

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
JAMBOREE MANAGEMENT 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
JAMBOREE REALTY CORPORATION DBA JAMBOREE MANAGEMENT

D Employer Identification Number (EIN)
95-3780991

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

ING LIFE INSURANCE AND ANNUITY CO

71-0294708

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
60 66 66 64 65	SERVICE PROVIDER	0	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

ING MUTUAL FUNDS

95-4516049

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52 63	INVESTMENT PRODUCT PROVI	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
JAMBOREE MANAGEMENT 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
JAMBOREE REALTY CORPORATION DBA JAMBOREE MANAGEMENT

D Employer Identification Number (EIN)
95-3780991

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: MAP V SEPARATE ACCT D CONTRACT

b Name of sponsor of entity listed in (a): ING LIFE INSURANCE & ANNUITY 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)
71-0294708-000	P	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

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

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
JAMBOREE MANAGEMENT 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
JAMBOREE REALTY CORPORATION DBA JAMBOREE MANAGEMENT

D Employer Identification Number (EIN)
95-3780991

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	44808	34811
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	2022813	2034752
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	325360	583420
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	2392981	2652983
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	362
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	362
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	2392981	2652621

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)	0	
(B) Participants	2a(1)(B)	192533	
(C) Others (including rollovers)	2a(1)(C)	10978	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		203511
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	2463	
(F) Other	2b(1)(F)	10640	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		13103
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(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)	0	
(B) Other	2b(5)(B)	119725	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		119725

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		0
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		336339
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	76449	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		76449
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: **(1)** Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	250	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		250
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		76699
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		259640
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: LESLEY, THOMAS, SWARTZ & POSTMA, IN **(2)** EIN: 95-3869890

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		1175246
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		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

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

Part V Trust Information (optional)

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
JAMBOREE MANAGEMENT 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
JAMBOREE REALTY CORPORATION DBA JAMBOREE MANAGEMENT

D Employer Identification Number (EIN)
95-3780991

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): _____ _____

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

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

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

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

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

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

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

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

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

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

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

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

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

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

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

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

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

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

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

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

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: 0.0% 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):

Jamboree Management 401(k) Plan

Report, Financial Statements and Supplemental Schedules

December 31, 2014 and 2013 and Year Ended December 31, 2014

Jamboree Management 401(k) Plan

Index to Financial Statements and Supplemental Schedules

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LTSP

LESLEY, THOMAS, SCHWARZ & POSTMA, INC.
CERTIFIED PUBLIC ACCOUNTANTS
A Professional Accountancy Corporation

Principals
John Postma II
Thomas R. Madigan
Mark D. Murphy
Doris D. Farinacci
Mark A. Simurda
Cyndi M. LeBerthon

Independent Auditor's Report

To the Plan Administrator of the
Jamboree Management 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Jamboree Management 401(k) Plan, which are comprised of the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statement of changes in net assets available for benefits for the year ended December 31, 2014, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Voya Retirement Insurance and Annuity Company ("Voya") formerly known as ING Life Insurance and Annuity Company, an investment contract issuer, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that Voya holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from Voya as of December 31, 2014 and 2013, and for the year ended December 31, 2014, that the information provided to the plan administrator by Voya is complete and accurate.

Disclaimer of Opinion

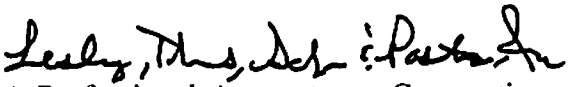
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter – Supplemental Schedules

The supplemental schedules of (1) Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2014 and (2) Schedule H, Line 4a – Schedule of Delinquent Participant Contributions for the year ended December 31, 2014 are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the investment contract issuer, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.



A Professional Accountancy Corporation
Newport Beach, California
October 15, 2015

Jamboree Management 401(k) Plan
Statements of Net Assets Available for Benefits

	December 31,	
	2014	**2013**
Assets		
Investments, at fair value		
Insurance contracts		
Pooled separate accounts	$ 2,034,752	$ 2,022,813
Guaranteed interest account	615,347	338,260
Total investments	2,650,099	2,361,073
Receivables		
Notes receivable from participants	34,811	44,808
Total assets	2,684,910	2,405,881
Liability		
Excess contributions payable	362	-
Net assets available for benefits	$ 2,684,548	$ 2,405,881

See the accompanying notes to these financial statements

Jamboree Management 401(k) Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2014

Additions to net assets attributed to:	
Investment income	
Net appreciation in fair value of investments	$ 138,752
Interest income	10,640
Total investment income	149,392
Interest income on notes receivable from participants	2,463
Contributions	
Participants	192,533
Rollover contributions	10,978
Total contributions	203,511
Total additions to net assets	355,366
Deductions from net assets attributed to:	
Benefits paid to participants	76,449
Administrative expenses	250
Total deductions from net assets	76,699
Net increase in net assets available for benefits	278,667
Net assets available for benefits, beginning of year	2,405,881
Net assets available for benefits, end of year	$ 2,684,548

See the accompanying notes to these financial statements

Note 1. Description of the Plan

The following description of the Jamboree Management 401(k) Plan, (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for a more comprehensive description of the Plan's provisions.

General

The Plan was adopted on January 1, 1997 by Jamboree Realty Corporation dba Jamboree Management (the "Company" or "Employer"). The Plan is a tax qualified defined contribution plan covering all employees of the Company. The Plan has a pre-tax salary reduction provision as defined under Section 401(k) of the Internal Revenue Code ("IRC"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Participant Eligibility

All employees of the Company are eligible to participate in the Plan, including employees of certain related businesses and leased employees, except for certain members of a collective bargaining unit and non-resident aliens. Eligible employees must be twenty-one years or older and have completed 3 months of service to participate. Participants may enter the Plan on the January 1st or July 1st coinciding with or next following the date the eligibility requirements are met.

Contributions

The Company's eligible participants may contribute from 1% up to 100% or a certain dollar amount of their pretax compensation, as defined by the Plan, subject to the limitations as defined by the IRC, each year on a pre-tax basis by salary reduction. An additional catch up contribution is allowed for participants who were age 50 by year end in accordance with, and subject to the limitation of the IRC.

The Company may make a discretionary profit sharing and a discretionary matching contribution. For the year ended December 31, 2014, the Company did not elect to make a discretionary profit sharing or matching contribution.

The Plan allows rollover contributions, which consist of a transfer from another qualified plan, if the contribution complies with the requirements set forth by the IRC.

Participant Accounts

Participants direct the investment of all contributions to their account into various investment options offered by the Plan. Each participant's account is credited with the participant's salary deferral contribution and Plan earnings less an allocation of investment and operating expenses charged to the Plan. Allocations are based on participant earnings or account balances, as defined by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Note 1. Description of the Plan (continued)

Vesting

Participants are immediately 100% vested in their contributions plus actual earnings thereon, immediately upon entry to the Plan. Participants become vested in their discretionary profit sharing and matching Company contribution account and any earnings on the discretionary profit sharing and matching contributions as follows:

Periods of Service For Vesting	Percent Vested
Less than 2 years	0%
2 years but less than 3	20%
3 years but less than 4	40%
4 years but less than 5	60%
5 years but less than 6	80%
6 or more years	100%

Payment of Benefits

Participants may elect to withdraw all or a portion of their contributions for reasons of retirement, death, complete and total disability, financial hardship (as defined) or termination of their employment with the Company in a lump sum payment as soon as administratively possible following participants' requests for distribution. Any withdrawals by participants prior to leaving the Company and prior to normal retirement age of 65 are not allowed.

Employees who receive hardship distributions are excluded from participating in the Plan for a six-month period.

The Plan allows automatic rollovers to an individual retirement account ("IRA"), if the terminated participant's account balance is less than $5,000 but greater than $1,000. Unless the terminated participant elects to rollover the account balance or to receive the distribution directly, the Plan administrator can distribute the entire balance to an IRA designated by the Plan administrator. Additionally, a participant's total vested benefit of less than $1,000 is subject to an involuntary cash-out distribution even if the participant does not consent to a distribution. Withdrawals due to terminated participants are recorded on the date distributions are made.

Forfeitures

Forfeitures are created when participants terminate employment before becoming entitled to their full benefits under the Plan. The forfeited amounts may be used to reduce Company contributions or to pay certain operating expenses of the Plan. There were no forfeitures used during the year end December 31, 2014. As of December 31, 2014 and 2013, there were no forfeited non-vested accounts.

Note 1. Description of the Plan (continued)

Plan Administrative Expenses

The Plan is administered by the Company. As of December 31, 2014 and 2013, the assets of the Plan were maintained under the custody of Voya Retirement Insurance and Annuity Company, an investment contract issuer. The Company provides or pays for certain accounting, legal, administrative and management services without charge to the Plan. Fees related to the withdrawals of notes receivable from participants and certain fees relating to distributions are charged directly to participants' accounts and are included in administrative fees. Investment related expenses and certain recordkeeping fees are included in net appreciation of fair value of investments.

Note 2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements for the Plan have been prepared using the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America and present the net assets available for benefits and the changes in those net assets. The net assets of the Plan are allocated entirely to individual participants' accounts.

Valuation of Investments

All investments are carried at fair value or an approximation of 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. See Note 6 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest is accrued as earned.

Use of Estimates

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

Notes Receivable from Participants

The Plan allows participants to borrow from their accounts from $1,000 up to a maximum of $50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and must be repaid at a fixed interest rate which is commensurate with local prevailing rates as determined periodically by the Plan. Generally, loans must be repaid within five years, unless the loan was for the purchase of a principal residence. In which case, the repayment period may be extended. Principal and interest are paid ratably through payroll deductions.

Note 2. Summary of Significant Accounting Policies (continued)

Delinquent or defaulted notes receivables from participants are written off as "deemed" distributions at the end of the quarter following the quarter in which the default occurs. The Plan classifies participant loans as notes receivable from participants in the statements of net assets available for benefits and measures them at their unpaid principal balance plus any accrued but unpaid interest. The Plan's certification from Voya Retirement Insurance and Annuity Company does not extend to the notes receivable from participants.

Non-Distributed Benefits

The Plan does not accrue non-distributed benefits related to participants who have withdrawn from the Plan, but recognizes such benefits as a deduction from net assets in the period in which such benefits are paid.

Subsequent Events

Subsequent events have been evaluated through October 15, 2015, the date the financial statements were available for issuance.

Note 3. Insurance Contracts

Pooled Separate Accounts

The Plan participates in contracts with Voya Retirement Insurance and Annuity Company ("Voya") whereby the assets of the Plan are pooled with those of other unrelated plans. The Plan owns units of participation in the fair value of the account's underlying assets. Voya holds these assets in trust for the participating plans.

Voya actively monitors fund transfer and reallocation activity within its pooled separate account products to identify excessive trading. Voya currently defines excessive trading as more than one purchase and sale of the same fund within a 60 calendar day period, referred to as a "round-trip." Two or more round-trips involving the same fund within a 60 calendar day period or six round-trips within a twelve month period would meet Voya's definition of excessive trading. Participants found to be in violation of Voya excessive trading policy may have their trading privileges suspended for six months.

Guaranteed Interest Account

The Plan participates in a contract with Voya whereby the assets of the Plan are part of the general assets of Voya. This contract is identified and accounted for as a guaranteed interest account. The guaranteed interest account provides guaranteed interest rates for specified periods of time as determined or allowed by the contract. The rate credited is the rate in effect on the day when each deposit is directed to the funds.

The guarantee made with regard to the guaranteed interest account is supported by Voya's general account. There are no reserves against contract value for credit risk of contract issuer or otherwise.

Note 3. Insurance Contracts (continued)

The guaranteed interest account promises contract value for a benefit event (termination, death, disability and retirement). However there are possible market value adjustments when funds are withdrawn prior to their maturity and therefore the contract is not considered a fully benefit-responsive contract.

Note 4. Investments

The following presents investments at December 31, 2014 and 2013 that represent 5% or more of the Plan's net assets:

	December 31,	
	2014	**2013**
Pooled separate accounts		
Eaton Vance Large-Cap Value Fund – Class R Shares	$ ---*	$ 202,318
Voya Fidelity VIP Contrafund Portfolio – Service Class	$ 189,859	$ ---*
Voya Fidelity VIP Contrafund Portfolio – Service Class	$ 328,759	$ 259,046
Voya Oppenheimer Global Portfolio – Initial Class	$ 314,438	$ 299,816
Voya T. Rowe Price Diversified Mid Cap Growth Portfolio	$ 184,349	$ 204,590
Voya Retirement Conservative Portfolio – Adviser Class	$ 131,189	$ 150,385
Voya T. Rowe Price Growth Equity Portfolio – Initial Class	$ 155,836	$ 124,372
Guaranteed interest account		
Voya Fixed Account	$ 615,347	$ 338,260

* *Investment does not represent 5% or more of the Plan's net assets at the respective year end.*

During the year ended December 31, 2014, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value, by investment type, as follows:

	Year Ended December 31, 2014
Net appreciation in fair market value of investments	
Pooled separate accounts	$ 119,725
Guaranteed interest account	19,027
	$ 138,752

Note 5. Information Certified by an Investment Contract Issuer

The plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified by Voya Retirement Insurance and Annuity Company, the investment contract issuer of the Plan, as complete and accurate, except for comparing such information certified by the investment contract issuer to information included in the Plan's financial statements and supplemental schedule:

a) Investments

	December 31,	
	2014	**2013**
Pooled separate accounts	$ 2,034,752	$ 2,022,813
Guaranteed interest account	$ 615,347	$ 338,260

b) Investment income and other additions

	Year Ended December 31, 2014
Net appreciation in fair value of investments	$ 138,752
Interest income	$ 10,640

c) Supplemental Schedule:
Schedule H, Line 4i – Schedule of Assets (Held At End of Year)*

** Except for the notes receivable from participants, which are not certified by the investment contract issuer. The notes receivable from participants are participant loans allowed under the related regulations. They are included as investments on the supplemental schedule, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.*

Note 6. Fair Value Measurements

Fair value measurements are based on a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets.

Note 6. Fair Value Measurements (continued)

Level 2 – Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means;

  If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of December 31, 2014 and 2013.

Pooled separate accounts: These investments are public investment securities valued using the Net Asset Value ("NAV") provided by the investment custodian. The NAV is quoted on a private market that is not active, however, the unit price is based on the underlying investments. A majority of the investments held by each fund are traded on an active market.

Guaranteed interest account: The Voya Fixed Account is available through an annuity contract issued by Voya Retirement Insurance and Annuity Company. These investments are valued by discounting the related cash flows based on the composite yield in effect, current yields of similar investments, and the number of years the contract has been in place.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Note 6. Fair Value Measurements (continued)

The following are the Plan's financial instruments carried at fair value categorized by the fair value hierarchy as of December 31, 2014 and 2013:

December 31, 2014	Fair Value Measurements Using Input Type			
	Level 1	Level 2	Level 3	Total
Pooled separate accounts				
Asset allocation funds (a)	$ ---	$ 486,127	$ ---	$ 486,127
Bond funds (b)	---	121,553	---	121,553
Global/international funds (c)	---	364,597	---	364,597
Large cap growth funds (d)	---	155,836	---	155,836
Large cap value funds (e)	---	518,618	---	518,618
Small/mid/specialty funds (f)	---	326,795	---	326,795
Money market fund (g)	---	61,226	---	61,226
Guaranteed interest account	---	---	615,347	615,347
	$ ---	$ 2,034,752	$ 615,347	$ 2,650,099

December 31, 2013	Fair Value Measurements Using Input Type			
	Level 1	Level 2	Level 3	Total
Pooled separate accounts				
Asset allocation funds (a)	$ ---	$ 518,134	$ ---	$ 518,134
Bond funds (b)	---	72,588	---	72,588
Global/international funds (c)	---	375,391	---	375,391
Large cap growth funds (d)	---	124,372	---	124,372
Large cap value funds (e)	---	508,974	---	508,974
Small/mid/specialty funds (f)	---	383,231	---	383,231
Money market fund (g)	---	40,123	---	40,123
Guaranteed interest account	---	---	338,260	338,260
	$ ---	$ 2,022,813	$ 338,260	$ 2,361,073

The following additional information presents the investment strategy relative to Plan investments reported on net asset value at December 31, 2014 and 2013:

(a) Asset allocation funds - These funds are also known as "LifeStyle" or "LifeCycle" funds. They invest in a combination of assets such as aggressive stocks, international stocks, large-company stocks, government bonds, foreign bonds or money markets. The allocation percentage to each asset type may be fixed, bounded by a range, or determined at the discretion of the manager. Managers of these funds review market conditions regularly and refine the asset allocation mixture they believe will achieve the best risk adjusted performance based on the stated objectives and "target" allocations of the particular fund. Different contracts can be based on risk tolerance or length of time to investment goal.

Note 6. Fair Value Measurements (continued)

(b) Bond funds – These funds are invested fixed income securities that have been determined to be appropriate for its investment goal. Investors here are primarily seeking income or growth of income, with less emphasis on capital appreciation. Funds in this asset class vary greatly in their risk profiles. The issuer, credit quality of the underlying investments, and the average duration of the portfolio play important roles in determining the risk profile of the fund. Fixed-income funds those that have significant investments in below-investment grade bonds ("junk bonds") or bonds of foreign issuers would be categorized as high yield or international bonds. Portfolios consisting of investment grade corporate bonds, mortgages, government bonds and, to a lesser degree, preferred stock, foreign or convertible bonds typically land in the intermediate term bond category. Shorter duration and high credit quality funds are typically categorized as short term bond or short term government funds.

(c) Global / international funds - There are three main types of funds in this category. International funds can have an investment style of Foreign Large Value, Foreign Large Blend, Foreign Large Growth, Foreign Small/Mid Value or Foreign Small/Mid Growth. These funds invest in stocks of companies outside of the United States. Global funds have an investment style of World Stock. These funds invest in stocks of companies in the United States and developed countries outside of the United States. Emerging Markets funds invest in securities of developing countries and demonstrate the greatest volatility of performance due to the unstable nature of their economies, political structures and currencies. International investing may provide greater diversification benefits to a U.S.-based portfolio than investing in domestic securities alone. However, foreign investing does involve additional risks not present in U.S. securities.

(d) Large cap growth funds - These funds invest primarily in stocks of larger U.S. companies employing an investment style of growth. A growth fund invests in the stocks of companies that are growing rapidly. Growth companies tend to reinvest all or most of their profits for research and development rather than pay dividends. Growth funds are focused on generating capital gains rather than income. Funds emphasizing growth stocks will typically have higher price/earnings ratios and make little or no dividend payments. Large capitalization companies tend to be more established, with lower relative volatility, than more aggressive small and mid-cap stock funds.

(e) Large cap value funds – These funds seek long-term growth of capital or a combination of growth and income by investing primarily in stocks of larger, mature companies. The investment styles exhibited are “value” and "blend." Stocks are selected for price appreciation and for the value of the current income provided through dividends. These funds generally exhibit a lower level of price volatility, due to the types of companies they favor, such as those able to pay dividends along with more older, mature companies.

(f) Small/mid/specialty funds - These funds are in this category, employing investment styles of growth, value, or a blend of growth and value. These funds seek capital appreciation by investing primarily in stocks of small and medium-sized companies. Generally, these companies are striving to develop new products or markets and have above-average earnings growth potential. Because of their smaller size, these companies may face greater business risk, and investments in these funds generally carry much higher risk than other domestic equity funds. "Specialty" or "sector" funds invest in stocks of companies in a particular industry. This narrow focus can significantly increase the risk and volatility of such funds.

Note 6. Fair Value Measurements (continued)

(g) Money market fund - A holding account to preserve principal and provide short term investing.

The pooled separate account investment funds are subject to the redemption frequency of one transaction per every sixty day period. There are no other redemption restrictions, redemption notice requirements, or unfunded commitments related to the pooled separate account investment funds as of December 31, 2014 and 2013.

The following sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2014:

	Year Ended December 31, 2014
Guaranteed interest account	
Beginning balance	$ 338,260
Interest credited	10,640
Purchases	257,512
Administration fees	(50)
Net investment gains or (losses)	19,027
Settlements	(10,042)
Ending Balance	$ 615,347

Quantitative Information about Level 3 Fair Value Measurements

The fair value of the Guaranteed Interest Account is based on significant unobservable inputs, including the interest rate of the applicable investment contract. Significant fluctuations in any of the inputs in isolation could result in a significantly different fair value measurement.

The following table provides quantitative information about the significant unobservable inputs used for recurring fair value measurements categorized within Level 3 as of December 31, 2014:

	Valuation Techniques	Unobservable Inputs	Range Of Inputs
Guaranteed interest account	Discounted cash flow	Fixed credited rate	3.00%
		Applicable rate (1)	1.96%
		Completed contract years	6

Note 6. Fair Value Measurements (continued)

The following table provides quantitative information about the significant unobservable inputs used for recurring fair value measurements categorized within Level 3 as of December 31, 2013:

	Valuation Techniques	Unobservable Inputs	Range Of Inputs
Guaranteed interest account	Discounted cash flow	Fixed credited rate	3.00%
		Applicable rate (1)	2.24%
		Completed contract years	5

(1) The applicable rate is the interest rate for a 7 year Treasury Bond derived by interpolating between 5 year and 10 year Treasury Bond rates as found in the Citigroup Global Markets, Inc. Bond Market Roundup (if unavailable, a similar service will be utilized) for the week prior to the surrender.

Note 7. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Note 8. Tax Status

The Plan adopted a prototype plan that obtained a favorable tax opinion letter dated July 2, 2009 in which the Internal Revenue Service stated that the Plan, as then designed, was in complete compliance with the applicable requirements of the IRC. The Plan has not been amended since receiving the opinion letter. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the positions taken by the Plan, and has concluded that as of December 31, 2014 and 2013, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan's tax returns generally remain open for Federal tax audits for three years from the filing date.

Note 9. Party-in-Interest Transactions

Certain Plan investments are units of pooled separate accounts managed by Voya Retirement Insurance and Annuity Company ("Voya"). The Plan also has an investment in a guaranteed interest account which is part of the general assets of Voya. Voya is the investment contract issuer that sponsors the investment contracts.

Fees incurred by the Plan for investment management services and certain recordkeeping fees are included in net appreciation in fair value of investments. These fees are paid to the investment fund manager and may include certain revenue sharing fees that are paid to Voya, other investment custodians and investment advisors.

Additionally, as noted in Note 1, certain administrative expenses related to participant initiated transactions are paid directly to Voya.

The Plan also allows for the issuance of notes receivable to participants in accordance with the related regulations.

These transactions qualify as party-in-interest transactions for which there are statutory exemptions.

Note 10. Plan Termination

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

Note 11. Plan Operational and Compliance Issues

The Plan has experienced certain operational and compliance issues including prohibited transactions. These issues primarily relate to late remittances of employee deferrals and loan payments (considered prohibited transactions) and administration errors in the application of the definition of compensation for determining employee deferrals.

The Plan Sponsor has self-corrected the late remittances in 2015. During the years ended December 31, 2014, 2013, 2012, 2011, 2010, 2009 and 2008, the plan sponsor inadvertently failed to deposit approximately $165,691, $185,000, 180,809, $134,529, $162,960, $163,642 and $182,615, respectively, of participant deferrals and loan payments within the required timeframe as defined by the regulations. The U.S. Department of Labor considers late deposits to be prohibited transactions. The plan sponsor deposited lost earnings on these deferrals into the Plan in August and October 2015.

Additionally, the Plan Sponsor is currently considering different options on how to best proceed in correcting the operational issues.

The Plan's management does not believe any of these issues will have a material impact on the Plan's financial statements or have any adverse effect on the Plan's tax status.

Note 12. Excess Contributions

Contributions received from participants for the plan years ended December 31, 2014 include $174 of excess contributions (net of corresponding gains and losses) that were distributed in August 2015 to certain active participants. The excess deferral contributions, originally contributed in the year ended December 31, 2014, were returned to comply with the participants' applicable maximum annual contributions permitted under the IRC. The respective amounts are included in the Plan's statements of net assets available for benefits as excess contributions payable at December 31, 2014. There are no excess contributions payable at December 31, 2013. Included in excess contributions payable at December 31, 2014 are $184 in excess loan payments to be returned to the respective participants.

Note 13. Form 5500 Reporting

The Form 5500 requires investments in guaranteed interest accounts to be reported at fair value not contract value. The Plan's Form 5500 has reported the investment in the Voya Fixed Account (guaranteed interest account) at contract value not fair value. The following is a schedule of the guaranteed interest account as reported on the Form 5500 with the fair value adjustment:

	December 31,	
	2014	**2013**
Guaranteed interest account		
Investment in guaranteed interest account per Form 5500	$ 583,420	$ 325,360
Fair value adjustment from contract value	31,927	12,900
	$ 615,347	$ 338,260

Due to timing differences, the financial statements for the years ending December 31, 2014 and 2013 reflect a difference in net assets available for benefits and a difference in the net increase in net assets available for benefits as compared to the Form 5500:

	December 31,	
	2014	**2013**
Net assets available for benefits per the financial statements	$ 2,684,548	$ 2,405,881
Fair value adjustment on guaranteed interest account	(31,927)	(12,900)
Net assets available for benefits per Form 5500	$ 2,656,621	$ 2,392,981

	Year Ended December 31, 2014
Net increase in net assets available for benefits per the financial statements	$ 278,667
Change in fair value adjustment on guaranteed interest account	(19,027)
Net increase in net assets available for benefits per the Form 5500	$ 259,640

Supplemental Schedules

Jamboree Management 401(k) Plan
Supplemental Schedule
December 31, 2014
FEIN: 95-3780991
Plan #001

Form 5500 Schedule H, Line 4i
Schedule of Assets (Held at End of Year)

(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
	Pooled Separate Accounts			
*	Voya Retirement Insurance and Annuity Co.	Columbia Small/Mid Cap Value Fund - Class K Shares	**	$ 22,962
*	Voya Retirement Insurance and Annuity Co.	Invesco Small Cap Value Fund - Class A	**	$ 23,448
*	Voya Retirement Insurance and Annuity Co.	MFS Value Fund - Class R2	**	$ 189,859
*	Voya Retirement Insurance and Annuity Co.	Voya Index Plus MidCap Portfolio - Class I	**	$ 12,275
*	Voya Retirement Insurance and Annuity Co.	Voya Index Plus SmallCap Portfolio - Class I	**	$ 13,809
*	Voya Retirement Insurance and Annuity Co.	Voya Intermediate Bond Portfolio - Class I	**	$ 121,553
*	Voya Retirement Insurance and Annuity Co.	Voya Money Market Portfolio - Class I	**	$ 61,226
*	Voya Retirement Insurance and Annuity Co.	Voya Retirement Conservative Portfolio - Adviser Cl	**	$ 131,189
*	Voya Retirement Insurance and Annuity Co.	Voya Retirement Growth Portfolio - Adviser Class	**	$ 61,529
*	Voya Retirement Insurance and Annuity Co.	Voya Retirement Moderate Growth Portfolio - Adviser Cl	**	$ 1,953
*	Voya Retirement Insurance and Annuity Co.	Voya Retirement Moderate Portfolio - Adviser Cl	**	$ 52,520
*	Voya Retirement Insurance and Annuity Co.	Voya SmallCap Opportunities Portfolio - Class I	**	$ 13,856
*	Voya Retirement Insurance and Annuity Co.	Voya Solution 2015 Portfolio - Adviser Class	**	$ 18,913
*	Voya Retirement Insurance and Annuity Co.	Voya Solution 2025 Portfolio - Adviser Class	**	$ 99,998
*	Voya Retirement Insurance and Annuity Co.	Voya Solution 2035 Portfolio - Adviser Class	**	$ 115,752
*	Voya Retirement Insurance and Annuity Co.	Voya Solution 2055 Portfolio - Adviser Class	**	$ 4,273
*	Voya Retirement Insurance and Annuity Co.	Voya Clarion Real Estate Portfolio - Service Class	**	$ 56,096
*	Voya Retirement Insurance and Annuity Co.	Voya Fidelity VIP Contrafund Portfolio - Service Class	**	$ 328,759
*	Voya Retirement Insurance and Annuity Co.	Voya Oppenheimer Global Portfolio - Initial Class	**	$ 314,438
*	Voya Retirement Insurance and Annuity Co.	Voya T. Rowe Price Div Mid Cap Grth Portfolio - Initial Cl	**	$ 184,349
*	Voya Retirement Insurance and Annuity Co.	Voya T. Rowe Price Grth Equity Portfolio - Initial Class	**	$ 155,836
*	Voya Retirement Insurance and Annuity Co.	Voya T. Rowe Price Int Stock Portfolio - Service Cl	**	$ 140
*	Voya Retirement Insurance and Annuity Co.	Voya Templeton Foreign Equity Portfolio - Initial Class	**	$ 50,019
	Guaranteed Interest Account			
*	Voya Retirement Insurance and Annuity Co.	Voya Fixed Account	**	$ 615,347
*	**Participant Notes Receivable**	Interest rates range from 4.25% to 6.50%	$0	$ 34,811

* *Party-in-interest*

** *Historical cost information is not required for participant directed investments*

Jamboree Management 401(k) Plan
Supplemental Schedule
Year Ended December 31, 2014
FEIN: 95-3780991
Plan#: 001

Form 5500 Schedule H, Line 4a
Schedule of Delinquent Participant Contributions

Participant Contributions Transferred Late To the Plan		Total That Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under Voluntary Fiduciary Correction Program (VFCP) and Prohibited Transaction Exemption (PTE) 2002- 51
Check Here ✕ If Late Participant Loan Repayments Are Included		Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
$ 182,615	A	$ -	$ 182,615	$ -	$ -
$ 163,642	B	$ -	$ 163,642	$ -	$ -
$ 162,960	C	$ -	$ 162,960	$ -	$ -
$ 134,529	D	$ -	$ 134,529	$ -	$ -
$ 180,809	E	$ -	$ 180,809	$ -	$ -
$ 185,000	F	$ -	$ 185,000	$ -	$ -
$ 165,691	G	$ -	$ 165,691	$ -	$ -

A 2008 delinquent contributions corrected in 2015.
B 2009 delinquent contributions corrected in 2015.
C 2010 delinquent contributions corrected in 2015.
D 2011 delinquent contributions corrected in 2015.
E 2012 delinquent contributions corrected in 2015.
F 2013 delinquent contributions corrected in 2015.
G 2014 delinquent contributions corrected in 2015.

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2014

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
JAMBOREE MANAGEMENT 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1997

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
JAMBOREE REALTY CORPORATION DBA JAMBOREE MANAGEMENT

22982 MILL CREEK DRIVE

LAGUNA HILLS CA 92653

2b Employer Identification Number (EIN)
95-3780991

2c Plan Sponsor's telephone number
949-380-0300

2d Business code (see instructions)
531310

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]	OCT 15, 2015	RICHARD TUCKER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	[signature]	OCT 15, 2015	RICHARD TUCKER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number (optional)

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

Name of Plan:

► JAMBOREE MANAGEMENT 401(K) PLAN

Employer Identification Number:► 95-3780991

For plan year (beginning/ending):► 12/31/2014 Plan number:► 1

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity	(d) Cost	(e) Current value
	Voya MONEY MARKET PORTFOLIO i-003			61226.28
	Voya INTERMEDIATE BOND PORT I-004			121552.66
	Voya INDEX PLUS LARGECAP PORTFOLIO I-35			0
	Voya INDEX PLUS SMALLCAP PORTFOLIO 1-052			13808.94
	Voya INDEX PLUS MIDCAP PORTFOLIO I-053			12275.43
	Voya SMAPPCAP OPPORTUNITIES PRT I-080			13856.17
	Voya TROWEPRICE GRWTH EQTY PORT I-111			155835.75
	Voya FIDELITY VIP CONTRAFUND PORT SRV-410			328759.04
	Voya OPPENHMR GLOBAL PORT I-432			314438.09
	Voya TROWEPRICE DRIVR MDCP GR TP I-449			184348.94
	MFS Value Fund R2-712			189858.68
	Voya FIXED ACCOUNT-741			583420.21
	Voya SOLUTION 2015 PORTFOLIO ADV-745			18912.94
	Voya SOLUTION 2025 PORTFOLIO ADV-749			99998.58
	Voya SOLUTION 2035 PORTFOLIO ADV-760			115752.09
	Voya SOLUTION INCOME PORTFOLIO ADV-766			0
	Voya TROWEPRICE INTL STK PORT SRV-770			139.55
	Voya CLARION REAL ESTATE PORT SRV-1019			56095.63
	Voya SOLUTION 2055 PORTFOLIO ADV-1169			4272.75
	INVESCO SMALL CAP VAL FND A -1302			23447.76
	Voya TEMPLETON FOREIGNEQTY PORT I-1586			50018.88
	Voya RETIREMENT CONSERVATIVE PRT ADV-1729			131189.41
	Voya RETIREMENT MODERATE PORT ADV-1730			52519.85
	Voya RETIREMENT MOD GROWTH PORT ADV-1731			1952.96
	Voya RETIRMENT GROWTH PORTFOLIO ADV-1732			61529.07
	COLUMBIA MED CP VAL OPPORTUNITY FND K-2028			22962.51
				2618172.17

