

Form 5500-SF Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Short Form Annual Return/Report of Small Employee Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500-SF.	OMB Nos. 1210-0110 1210-0089 2014 This Form is Open to Public Inspection
---	--	---

Part I Annual Report Identification Information	
For calendar plan year 2014 or fiscal plan year beginning <u>06/01/2014</u> and ending <u>05/31/2015</u>	
A This return/report is for:	☒ a single-employer plan ☐ a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions) ☐ a one-participant plan ☐ a foreign plan B This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months) C Check box if filing under: ☐ Form 5558 ☐ automatic extension ☐ DFVC program ☐ special extension (enter description)

Part II Basic Plan Information —enter all requested information																															
1a Name of plan <u>MAYFAIR MALL RETIREMENT INCOME PLAN FOR EMPLOYEES REPRESENTED BY LOCAL #1</u> 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>GGPLP</u> <u>110 N. WACKER DRIVE</u> <u>CHICAGO, IL 60606-1511</u> 3a Plan administrator's name and address ☒ Same as Plan Sponsor.	<table border="1"> <tr> <td>1b Three-digit plan number (PN) ►</td> <td><u>003</u></td> </tr> <tr> <td>1c Effective date of plan</td> <td><u>06/01/1970</u></td> </tr> <tr> <td>2b Employer Identification Number (EIN)</td> <td><u>41-1746121</u></td> </tr> <tr> <td>2c Sponsor's telephone number</td> <td><u>312-960-5763</u></td> </tr> <tr> <td>2d Business code (see instructions)</td> <td><u>531390</u></td> </tr> <tr> <td>3b Administrator's EIN</td> <td></td> </tr> <tr> <td>3c Administrator's telephone number</td> <td></td> </tr> </table> <table border="1"> <tr> <td>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.</td> <td>4b EIN</td> </tr> <tr> <td>a Sponsor's name</td> <td>4c PN</td> </tr> <tr> <td>5a Total number of participants at the beginning of the plan year</td> <td>5a <u>32</u></td> </tr> <tr> <td>b Total number of participants at the end of the plan year</td> <td>5b <u>32</u></td> </tr> <tr> <td>c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)</td> <td>5c</td> </tr> <tr> <td>d(1) Total number of active participants at the beginning of the plan year.....</td> <td>5d(1) <u>6</u></td> </tr> <tr> <td>d(2) Total number of active participants at the end of the plan year.....</td> <td>5d(2) <u>6</u></td> </tr> <tr> <td>e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....</td> <td>5e <u>0</u></td> </tr> </table>	1b Three-digit plan number (PN) ►	<u>003</u>	1c Effective date of plan	<u>06/01/1970</u>	2b Employer Identification Number (EIN)	<u>41-1746121</u>	2c Sponsor's telephone number	<u>312-960-5763</u>	2d Business code (see instructions)	<u>531390</u>	3b Administrator's EIN		3c Administrator's telephone number		4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.	4b EIN	a Sponsor's name	4c PN	5a Total number of participants at the beginning of the plan year	5a <u>32</u>	b Total number of participants at the end of the plan year	5b <u>32</u>	c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	5c	d(1) Total number of active participants at the beginning of the plan year.....	5d(1) <u>6</u>	d(2) Total number of active participants at the end of the plan year.....	5d(2) <u>6</u>	e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	5e <u>0</u>
1b Three-digit plan number (PN) ►	<u>003</u>																														
1c Effective date of plan	<u>06/01/1970</u>																														
2b Employer Identification Number (EIN)	<u>41-1746121</u>																														
2c Sponsor's telephone number	<u>312-960-5763</u>																														
2d Business code (see instructions)	<u>531390</u>																														
3b Administrator's EIN																															
3c Administrator's telephone number																															
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.	4b EIN																														
a Sponsor's name	4c PN																														
5a Total number of participants at the beginning of the plan year	5a <u>32</u>																														
b Total number of participants at the end of the plan year	5b <u>32</u>																														
c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	5c																														
d(1) Total number of active participants at the beginning of the plan year.....	5d(1) <u>6</u>																														
d(2) Total number of active participants at the end of the plan year.....	5d(2) <u>6</u>																														
e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	5e <u>0</u>																														

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

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	<u>12/17/2015</u>	<u>KATHLEEN COURTIS</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ☒ Yes ☐ No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) ☒ Yes ☐ No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☒ Yes ☐ No ☐ Not determined

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	1006058	1137702
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	1006058	1137702
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	87600	
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	66262	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		153862
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	17218	
e Certain deemed and/or corrective distributions (see instructions)	8e		
f Administrative service providers (salaries, fees, commissions)	8f	5000	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		22218
i Net income (loss) (subtract line 8h from line 8c)	8i		131644
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics

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

Part V Compliance Questions

10 During the plan year:	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a	☒	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b	☒	
c Was the plan covered by a fidelity bond?	10c	☒	500000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d	☒	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	☒	
f Has the plan failed to provide any benefit when due under the plan?	10f	☒	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	☒	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i		

Part VI Pension Funding Compliance

- 11** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) ☒ Yes ☐ No
- 11a** Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 **11a** 0
- 12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .. ☐ Yes ☒ No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)
- a** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

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

Part VII Plan Terminations and Transfers of Assets

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

Part VIII Trust Information (optional)

14a Name of trust	14b Trust's EIN

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection</div>
--	---	--

For calendar plan year 2014 or fiscal plan year beginning 06/01/2014 and ending 05/31/2015	
Round off amounts to nearest dollar.	
Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan MAYFAIR MALL RETIREMENT INCOME PLAN FOR EMPLOYEES REPRESENTED BY LOCAL #1	B Three-digit plan number (PN) 003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF GGPLP	D Employer Identification Number (EIN) 41-1746121
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 06 Day 01 Year 2014			
2	Assets:			
a	Market value	2a	1006058	
b	Actuarial value	2b	944009	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	8	161986	161986
b	For terminated vested participants	18	240233	240233
c	For active participants	6	512279	530055
d	Total	32	914498	932274
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	6.37%	
6	Target normal cost	6	10461	

Statement by Enrolled Actuary

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

SIGN HERE		12/03/2015
	Signature of actuary	Date
	SHERYL BOGOLUB, A.S.A., E.A.	14-05538
	Type or print name of actuary	Most recent enrollment number
	AON CONSULTING, INC.	312-381-4875
	Firm name	Telephone number (including area code)
	200 EAST RANDOLPH STREET SUITE 1400 CHICAGO, IL 60601-6436	
	Address of the firm	

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>12.73</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		27362
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.23</u> %		1705
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		29067
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages		
14 Funding target attainment percentage	14	101.25 %
15 Adjusted funding target attainment percentage	15	101.25 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	91.66 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
09/10/2014	9300				
11/17/2014	9300				
02/26/2015	9300				
03/19/2015	23000				
05/13/2015	13700				
06/12/2015	23000				
			Totals ▶	18(b)	87600
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	83463
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No	
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No	
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd

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

21 Discount rate:				
a Segment rates:	1st segment: 4.99 %	2nd segment: 6.32 %	3rd segment: 6.99 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....	31a	10461	
b Excess assets, if applicable, but not greater than line 31a	31b	10461	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	83463	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	83463	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection
---	--	---

For calendar plan year 2014 or fiscal plan year beginning 06/01/2014 and ending 05/31/2015

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

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

A Name of plan Mayfair Mall Retirement Income Plan for Employees Represented	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF GGPLP	D Employer Identification Number (EIN) 41-1746121	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500		

Part I Basic Information			
1 Enter the valuation date: Month <u>6</u> Day <u>1</u> Year <u>2014</u>			
2 Assets:			
a Market value		2a	1,006,058
b Actuarial value		2b	944,009
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	8	161,986	161,986
b For terminated vested participants.....	18	240,233	240,233
c For active participants.....	6	512,279	530,055
d Total.....	32	914,498	932,274
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a Funding target disregarding prescribed at-risk assumptions		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		4b	
5 Effective interest rate		5	6.37 %
6 Target normal cost		6	10,461

Statement by Enrolled Actuary

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

SIGN HERE	<div style="border-bottom: 1px solid black; padding-bottom: 5px;"> </div> <div style="text-align: center;"> Signature of actuary </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> Sheryl Bogolub, A.S.A., E.A. </div> <div style="text-align: center;"> Type or print name of actuary </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> Aon Consulting, Inc. </div> <div style="text-align: center;"> Firm name </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> 200 East Randolph Street Suite 1400 </div> <div style="text-align: center;"> Chicago </div> <div style="text-align: center;"> Address of the firm </div>	<div style="border-bottom: 1px solid black; padding-bottom: 5px; text-align: center;"> 12/03/2015 </div> <div style="text-align: center;"> Date </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px; text-align: center;"> 14-05538 </div> <div style="text-align: center;"> Most recent enrollment number </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px; text-align: center;"> (312) 381-4875 </div> <div style="text-align: center;"> Telephone number (including area code) </div>
------------------	---	---

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

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

Schedule SB (Form 5500) 2014
v. 140124

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>12.73%</u>	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		27362
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.23%</u>		1705
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		29067
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	101.25 %
15 Adjusted funding target attainment percentage	15	101.25 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	91.66 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
09/10/2014	9,300				
11/17/2014	9,300				
02/26/2015	9,300				
03/19/2015	23,000				
05/13/2015	13,700				
06/12/2015	23,000				
Totals ▶			18(b)	87,600	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	83,463

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No
c If line 20a is "Yes," see instructions and complete the following table as applicable:	

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:			
a Segment rates:	1st segment: 4.99 %	2nd segment: 6.32 %	3rd segment: 6.99 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 4
22 Weighted average retirement age			22 62
23 Mortality table(s) (see instructions)	☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute		

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....	31a	10,461	
b Excess assets, if applicable, but not greater than line 31a	31b	10,461	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	0	0	
b Waiver amortization installment.....	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	83,463	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	83,463	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

Schedule SB Attachment (Form 5500)—2014 Plan Year
 Mayfair Mall Retirement Income Plan for Employees Represented by Local #1
 EIN: 41-1746121 PN: 003

Schedule SB, line 19—Discounted Employer Contributions
 Year applied for contributions: 2014

Date	Amount	Days to Discount to 6/1/2014 at 6.37%	Interest Adjusted Contribution
September 10, 2014	\$ 9,300	101	\$ 9,142
November 17, 2014	9,300	169	9,038
February 26, 2015	9,300	270	8,885
March 19, 2015	23,000	291	21,895
May 13, 2015	13,700	346	12,921
June 12, 2015	23,000	376	21,582
Total Contribution	\$ 87,600		\$ 83,463

Schedule SB Attachment (Form 5500)—2014 Plan Year
Mayfair Mall Retirement Income Plan for Employees Represented by Local #1
EIN: 41-1746121 PN: 003

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

Schedule SB Attachment (Form 5500)—2014 Plan Year
Mayfair Mall Retirement Income Plan for Employees Represented by Local #1
EIN: 41-1746121 PN: 003

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of February 2014), each adjusted as needed to fall within the 25-year average interest rate corridor under HATFA
1st Segment Rate	4.99%
2nd Segment Rate	6.32%
3rd Segment Rate	6.99%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of February 2014), without regard to interest rate stabilization
1st Segment Rate	1.22%
2nd Segment Rate	4.06%
3rd Segment Rate	5.09%
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 65
Mortality Rates	
Healthy and Disabled	2014 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)
Withdrawal Rates	See Table 2
Disability Rates	None
Decrement Timing	Beginning of year decrements, with 100% retirement occurring at the beginning of year
Surviving Spouse Benefit	It is assumed that 60% of males and 90% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$210,000.

Schedule SB Attachment (Form 5500)—2014 Plan Year
Mayfair Mall Retirement Income Plan for Employees Represented by Local #1
EIN: 41-1746121 PN: 003

Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected Return on Assets

2012 Plan Year

7.50%, limited to 6.13%

2013 Plan Year

7.00%, limited to 6.76%

Trust Expenses Included in Target Normal Cost

\$5,000 (assumed to be equal to the prior year administrative expenses)

Actuarial Method

Standard unit credit cost method

Valuation Date

June 1, 2014

Schedule SB Attachment (Form 5500)—2014 Plan Year
Mayfair Mall Retirement Income Plan for Employees Represented by Local #1
EIN: 41-1746121 PN: 003

Table 1

Retirement Rates

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

Schedule SB Attachment (Form 5500)—2014 Plan Year
 Mayfair Mall Retirement Income Plan for Employees Represented by Local #1
 EIN: 41-1746121 PN: 003

Table 2

Withdrawal Rates

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

Schedule SB Attachment (Form 5500)—2014 Plan Year
Mayfair Mall Retirement Income Plan for Employees Represented by Local #1
EIN: 41-1746121 PN: 003

Schedule SB, Part V—Summary of Plan Provisions

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

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

Schedule SB Attachment (Form 5500)—2014 Plan Year
Mayfair Mall Retirement Income Plan for Employees Represented by Local #1
EIN: 41-1746121 PN: 003

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

Severance Benefit

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

Normal Form of Payment

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

Additional Information

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

Plan Changes Since the Prior Year

The funding, financial accounting, and plan reporting valuations do not reflect any plan changes.

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

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

Schedule SB Attachment (Form 5500)—2014 Plan Year
 Mayfair Mall Retirement Income Plan for Employees Represented by Local #1
 EIN: 41-1746121 PN: 003

Schedule SB, line 26—Schedule of Active Participant Data as of June 1, 2014

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

N-6

Schedule SB Attachment (Form 5500)—2014 Plan Year
 Mayfair Mall Retirement Income Plan for Employees Represented by Local #1
 EIN: 41-1746121 PN: 003

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2014

Date	Amount	Days to Discount to 6/1/2014 at 6.37%	Interest Adjusted Contribution
September 10, 2014	\$ 9,300	101	\$ 9,142
November 17, 2014	9,300	169	9,038
February 26, 2015	9,300	270	8,885
March 19, 2015	23,000	291	21,895
May 13, 2015	13,700	346	12,921
June 12, 2015	23,000	376	21,582
Total Contribution	\$ 87,600		\$ 83,463

Schedule SB Attachment (Form 5500)—2014 Plan Year
Mayfair Mall Retirement Income Plan for Employees Represented by Local #1
EIN: 41-1746121 PN: 003

Schedule SB, line 22—Description of Weighted Average Retirement Age

All active participants are assumed to retire at age 62.

Schedule SB Attachment (Form 5500)—2014 Plan Year
 Mayfair Mall Retirement Income Plan for Employees Represented by Local #1
 EIN: 41-1746121 PN: 003

Schedule SB, line 26—Schedule of Active Participant Data as of June 1, 2014

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

N-6

Schedule SB Attachment (Form 5500)—2014 Plan Year
Mayfair Mall Retirement Income Plan for Employees Represented by Local #1
EIN: 41-1746121 PN: 003

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of February 2014), each adjusted as needed to fall within the 25-year average interest rate corridor under HATFA
1st Segment Rate	4.99%
2nd Segment Rate	6.32%
3rd Segment Rate	6.99%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of February 2014), without regard to interest rate stabilization
1st Segment Rate	1.22%
2nd Segment Rate	4.06%
3rd Segment Rate	5.09%
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 65
Mortality Rates	
Healthy and Disabled	2014 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)
Withdrawal Rates	See Table 2
Disability Rates	None
Decrement Timing	Beginning of year decrements, with 100% retirement occurring at the beginning of year
Surviving Spouse Benefit	It is assumed that 60% of males and 90% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$210,000.

Schedule SB Attachment (Form 5500)—2014 Plan Year
Mayfair Mall Retirement Income Plan for Employees Represented by Local #1
EIN: 41-1746121 PN: 003

Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected Return on Assets

2012 Plan Year

7.50%, limited to 6.13%

2013 Plan Year

7.00%, limited to 6.76%

Trust Expenses Included in Target Normal Cost

\$5,000 (assumed to be equal to the prior year administrative expenses)

Actuarial Method

Standard unit credit cost method

Valuation Date

June 1, 2014

Schedule SB Attachment (Form 5500)—2014 Plan Year
Mayfair Mall Retirement Income Plan for Employees Represented by Local #1
EIN: 41-1746121 PN: 003

Table 1

Retirement Rates

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

Schedule SB Attachment (Form 5500)—2014 Plan Year
 Mayfair Mall Retirement Income Plan for Employees Represented by Local #1
 EIN: 41-1746121 PN: 003

Table 2

Withdrawal Rates

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

Schedule SB Attachment (Form 5500)—2014 Plan Year
Mayfair Mall Retirement Income Plan for Employees Represented by Local #1
EIN: 41-1746121 PN: 003

Schedule SB, Part V—Summary of Plan Provisions

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

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

Schedule SB Attachment (Form 5500)—2014 Plan Year
Mayfair Mall Retirement Income Plan for Employees Represented by Local #1
EIN: 41-1746121 PN: 003

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

Severance Benefit

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

Normal Form of Payment

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

Additional Information

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

Plan Changes Since the Prior Year

The funding, financial accounting, and plan reporting valuations do not reflect any plan changes.

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

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

Form 5500-SFDepartment of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Short Form Annual Return/Report of Small Employee
Benefit Plan**This form is required to be filed under sections 104 and 4065 of the Employee Retirement
Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal
Revenue Code (the Code).▶ **Complete all entries in accordance with the instructions to the Form 5500-SF.**OMB Nos. 1210-0110
1210-0089**2014****This Form is Open to
Public Inspection****Part I Annual Report Identification Information**

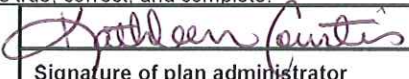
For calendar plan year 2014 or fiscal plan year beginning		06/01/2014	and ending	05/31/2015
A This return/report is for:	☒ a single-employer plan	☐ a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions)		
B This return/report is	☐ a one-participant plan	☐ a foreign plan		
	☐ the first return/report	☐ the final return/report		
	☐ an amended return/report	☐ a short plan year return/report (less than 12 months)		
C Check box if filing under:	☐ Form 5558	☐ automatic extension	☐ DFVC program	
	☐ special extension (enter description)			

Part II Basic Plan Information—enter all requested information

1a Name of plan Mayfair Mall Retirement Income Plan for Employees Represented by Local #1	1b Three-digit plan number (PN) ▶	003
	1c Effective date of plan	06/01/1970
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) GGPLP 110 N. Wacker Drive Chicago IL 60606-1511	2b Employer Identification Number (EIN) 41-1746121	
	2c Sponsor's telephone number (312) 960-5763	
	2d Business code (see instructions)	531390
3a Plan administrator's name and address ☒ Same as Plan Sponsor.	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name	4b EIN	
5a Total number of participants at the beginning of the plan year	5a	32
b Total number of participants at the end of the plan year	5b	32
c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	5c	
d(1) Total number of active participants at the beginning of the plan year	5d(1)	6
d(2) Total number of active participants at the end of the plan year	5d(2)	6
e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	5e	0

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

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE		12/16/15	Kathleen Curtis
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)..... ☒ Yes ☐ No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... ☒ Yes ☐ No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☒ Yes ☐ No ☐ Not determined

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets.....	7a	1,006,058	1,137,702
b Total plan liabilities.....	7b		
c Net plan assets (subtract line 7b from line 7a).....	7c	1,006,058	1,137,702
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers.....	8a(1)	87,600	
(2) Participants.....	8a(2)		
(3) Others (including rollovers).....	8a(3)		
b Other income (loss).....	8b	66,262	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).....	8c		153,862
d Benefits paid (including direct rollovers and insurance premiums to provide benefits).....	8d	17,218	
e Certain deemed and/or corrective distributions (see instructions)....	8e		
f Administrative service providers (salaries, fees, commissions).....	8f	5,000	
g Other expenses.....	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g).....	8h		22,218
i Net income (loss) (subtract line 8h from line 8c).....	8i		131,644
j Transfers to (from) the plan (see instructions).....	8j		

Part IV Plan Characteristics

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

Part V Compliance Questions

10 During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program).....	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.).....	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		500,000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

- 11** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500 and line 11a below)..... ☒ Yes ☐ No
- 11a** Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39..... **11a** 0
- 12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .. ☐ Yes ☒ No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)
- a** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

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

Part VII Plan Terminations and Transfers of Assets

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

Part VIII Trust Information (optional)

14a Name of trust	14b Trust's EIN