

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2015 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>	
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 ☒ 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:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>MIAMI MARLINS, L.P. 401(K) PLAN</u>	1b Three-digit plan number (PN) ▶ <u>002</u>
	1c Effective date of plan <u>02/16/2002</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>MIAMI MARLINS, L.P.</u> <u>501 MARLINS WAY</u> <u>MIAMI, FL 33125</u>	2b Employer Identification Number (EIN) <u>65-0967217</u> 2c Plan Sponsor's telephone number <u>305-480-1300</u> 2d Business code (see instructions) <u>711210</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 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	<u>Filed with authorized/valid electronic signature.</u>	<u>09/27/2016</u>	<u>SUSAN JAISON</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
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) <u>EJREYNOLDS, INC.</u> <u>EJREYNOLDS, INC.</u> <u>9050 PINES BOULEVARD, SUITE 110</u> <u>PEMBROKE PINES, FL 33024</u>			Preparer's telephone number <u>954-431-1774</u>

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

Form 5500 (2015)
v. 150123

3a Plan administrator's name and address ☐ Same as Plan Sponsor MIAMI MARLINS, L.P. 501 MARLINS WAY MIAMI, FL 33125	3b Administrator's EIN 65-0967217
	3c Administrator's telephone number 305-480-1300
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	5 336
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) 306
a(2) Total number of active participants at the end of the plan year	6a(2) 277
b Retired or separated participants receiving benefits.....	6b 3
c Other retired or separated participants entitled to future benefits.....	6c 22
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 302
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 0
f Total. Add lines 6d and 6e	6f 302
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g 155
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 5
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 3D 2T	
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) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ 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) ☒ 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) ☒ 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) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III	Form M-1 Compliance Information (to be completed by welfare benefit plans)
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11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

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

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

11c Enter the Receipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	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 <hr/> 2015 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2015 or fiscal plan year beginning **01/01/2015** and ending **12/31/2015**

A Name of plan MIAMI MARLINS, L.P. 401(K) PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 MIAMI MARLINS, L.P.	D Employer Identification Number (EIN) 65-0967217	

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.
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1 Coverage Information:

(a) Name of insurance carrier
JOHN HANCOCK LIFE INSURANCE COMPANY USA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
01-0233346	65838	15913	157	01/01/2015	12/31/2015

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 17891	(b) Total amount of fees paid 5224
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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

GWN SECURITIES
 11440 N. JOG ROAD
 PALM BEACH GARDENS, FL 33418

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
17891			3

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

EJREYNOLDS, INC.
 9050 PINES BOULEVARD
 SUITE 110
 PEMBROKE PINES, FL 33024

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	3899	CONTRACT MANAGEMENT ASSISTANCE	0

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

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

EJREYNOLDS, INC.

9050 PINES BOULEVARD
SUITE 110
PEMBROKE PINES, FL 33024

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	1325	TPA FEES	5

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

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

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

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

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

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

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

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

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	18212
5 Current value of plan's interest under this contract in separate accounts at year end	5	7398294

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. Specify nature of costs ▶	6d	

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	6586
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c Additions: (1) Contributions deposited during the year	7c(1)	911	
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	34	
(4) Transferred from separate account	7c(4)	10705	
(5) Other (specify below)	7c(5)	16	
▶ CREDITS TO PARTICIPANTS			

(6) Total additions **7c(6)** 11666

d Total of balance and additions (add lines 7b and 7c(6))	7d	18252
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e Deductions:			
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
(2) Administration charge made by carrier	7e(2)	40	
(3) Transferred to separate account	7e(3)		
(4) Other (specify below)	7e(4)		
▶			

(5) Total deductions **7e(5)** 40

f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	18212
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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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2015
		This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan MIAMI MARLINS, L.P. 401(K) PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 MIAMI MARLINS, L.P.	D Employer Identification Number (EIN) 65-0967217	

Part I	Service Provider Information (see instructions)
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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	
JOHN HANCOCK LIFE INSURANCE CO.	P.O. BOX 600 BUFFALO, NY 14201-0600
01-0233346	

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

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

JOHN HANCOCK LIFE INSURANCE CO.

P.O. BOX 600
BUFFALO, NY 14201-0600

01-0233346

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 28 59 60 62 63	RECORDKEEPER	658	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 ☐

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:

<p style="text-align: center;">SCHEDULE D (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p>	<p style="text-align: center;">DFE/Participating Plan Information</p> <p style="text-align: center; font-size: small;">This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p style="text-align: center; font-weight: bold;">▶ File as an attachment to Form 5500.</p>	<p style="text-align: center; font-size: small;">OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: large; font-weight: bold;">2015</p> <hr/> <p style="text-align: center; font-size: small; font-weight: bold;">This Form is Open to Public Inspection.</p>
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

<p>A Name of plan MIAMI MARLINS, L.P. 401(K) PLAN</p>	<p>B Three-digit plan number (PN) ▶ 002</p>	
<p>C Plan or DFE sponsor's name as shown on line 2a of Form 5500 MIAMI MARLINS, L.P.</p>	<p>D Employer Identification Number (EIN) 65-0967217</p>	

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)	

<p>a Name of MTIA, CCT, PSA, or 103-12 IE: RL 2010</p>			
<p>b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.</p>			
<p>c EIN-PN 01-0233346-000</p>	<p>d Entity code P</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 567</p>	
<p>a Name of MTIA, CCT, PSA, or 103-12 IE: RL 2015</p>			
<p>b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.</p>			
<p>c EIN-PN 01-0233346-000</p>	<p>d Entity code P</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21153</p>	
<p>a Name of MTIA, CCT, PSA, or 103-12 IE: RL 2020</p>			
<p>b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.</p>			
<p>c EIN-PN 01-0233346-000</p>	<p>d Entity code P</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6480</p>	
<p>a Name of MTIA, CCT, PSA, or 103-12 IE: RL 2025</p>			
<p>b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.</p>			
<p>c EIN-PN 01-0233346-000</p>	<p>d Entity code P</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0</p>	
<p>a Name of MTIA, CCT, PSA, or 103-12 IE: RL 2035</p>			
<p>b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.</p>			
<p>c EIN-PN 01-0233346-000</p>	<p>d Entity code P</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 194002</p>	
<p>a Name of MTIA, CCT, PSA, or 103-12 IE: RL 2040</p>			
<p>b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.</p>			
<p>c EIN-PN 01-0233346-000</p>	<p>d Entity code P</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 142494</p>	
<p>a Name of MTIA, CCT, PSA, or 103-12 IE: RL 2045</p>			
<p>b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.</p>			
<p>c EIN-PN 01-0233346-000</p>	<p>d Entity code P</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 97302</p>	

a Name of MTIA, CCT, PSA, or 103-12 IE: RL 2050		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 37428

a Name of MTIA, CCT, PSA, or 103-12 IE: RL 2055		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2049

a Name of MTIA, CCT, PSA, or 103-12 IE: LS - CONSERVATIVE FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 85456

a Name of MTIA, CCT, PSA, or 103-12 IE: LS - MODERATE FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 92128

a Name of MTIA, CCT, PSA, or 103-12 IE: LS - BALANCED FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 945427

a Name of MTIA, CCT, PSA, or 103-12 IE: LS - GROWTH FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 992426

a Name of MTIA, CCT, PSA, or 103-12 IE: LS - AGGRESSIVE GROWTH FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 988856

a Name of MTIA, CCT, PSA, or 103-12 IE: MONEY FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 118012

a Name of MTIA, CCT, PSA, or 103-12 IE: TOTAL BOND MARKET FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8356

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADVISOR TOTAL BOND FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 159930

a Name of MTIA, CCT, PSA, or 103-12 IE: SHORT-TERM FEDERAL FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 41529

a Name of MTIA, CCT, PSA, or 103-12 IE: REAL RETURN FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22358

a Name of MTIA, CCT, PSA, or 103-12 IE: TOTAL RETURN FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL BOND FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 53458

a Name of MTIA, CCT, PSA, or 103-12 IE: SPECTRUM INCOME FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16091

a Name of MTIA, CCT, PSA, or 103-12 IE: HIGH YIELD FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 34569

a Name of MTIA, CCT, PSA, or 103-12 IE: ALL ASSET FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 46778

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACK ROCK GLOBAL ALLOCATION FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12879

a Name of MTIA, CCT, PSA, or 103-12 IE: AF AM BALANCED FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 75488

a Name of MTIA, CCT, PSA, or 103-12 IE: AF ICA FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29740

a Name of MTIA, CCT, PSA, or 103-12 IE: AF WASHINGTON MUTUAL FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 61

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP EQUITY INCOME FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 55433

a Name of MTIA, CCT, PSA, or 103-12 IE: NY VENTURE FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: BEACON FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 66874

a Name of MTIA, CCT, PSA, or 103-12 IE: DISCOVERY FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 59392

a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP VALUE FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 53861

a Name of MTIA, CCT, PSA, or 103-12 IE: JPM US EQUITY FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 104185

a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL VALUE FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 119431

a Name of MTIA, CCT, PSA, or 103-12 IE: CONTRA FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 221346

a Name of MTIA, CCT, PSA, or 103-12 IE: AF GROWTH FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 42704

a Name of MTIA, CCT, PSA, or 103-12 IE: SM CAP VALUE INCOME FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1535

a Name of MTIA, CCT, PSA, or 103-12 IE: WORLD FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 49688

a Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 123782

a Name of MTIA, CCT, PSA, or 103-12 IE: EUROPAC FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31560

a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL VALUE FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2921

a Name of MTIA, CCT, PSA, or 103-12 IE: ENERGY FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 109289

a Name of MTIA, CCT, PSA, or 103-12 IE: LMC AGGRESSIVE GROWTH FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 113963

a Name of MTIA, CCT, PSA, or 103-12 IE: DISCIPLINED VALUE FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 117064

a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP GROWTH INCOME FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 35185

a Name of MTIA, CCT, PSA, or 103-12 IE: US SMALL CAP FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26564

a Name of MTIA, CCT, PSA, or 103-12 IE: OPPORTUNITY FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 32672

a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL MID GROWTH FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 108894

a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL GROWTH FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31038

a Name of MTIA, CCT, PSA, or 103-12 IE: VS SMALL GROWTH FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 774

a Name of MTIA, CCT, PSA, or 103-12 IE: HEALTH SCIENCE FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 266464

a Name of MTIA, CCT, PSA, or 103-12 IE: EMERGING MARKET FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26346

a Name of MTIA, CCT, PSA, or 103-12 IE: DEVELOPING MARKET FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 153426

a Name of MTIA, CCT, PSA, or 103-12 IE: SCIENCE & TECHNOLOGY FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 160275

a Name of MTIA, CCT, PSA, or 103-12 IE: EXPLORER FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2200

a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL GROWTH FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 446

a Name of MTIA, CCT, PSA, or 103-12 IE: HERITAGE FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 141454

a Name of MTIA, CCT, PSA, or 103-12 IE: FUNDAMENTAL LARGE CAP VALUE FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7111

a Name of MTIA, CCT, PSA, or 103-12 IE: FUNDAMENTAL ALL CAP CORE FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 27989

a Name of MTIA, CCT, PSA, or 103-12 IE: INDEX 500 FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 131880

a Name of MTIA, CCT, PSA, or 103-12 IE: VS MID VALUE FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14515

a Name of MTIA, CCT, PSA, or 103-12 IE: NEW OPPORTUNITIES FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16177

a Name of MTIA, CCT, PSA, or 103-12 IE: VS REAL ESTATE SECURITIES FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 51020

a Name of MTIA, CCT, PSA, or 103-12 IE: INDEX TOTAL FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31764

a Name of MTIA, CCT, PSA, or 103-12 IE: INDEX MID VALUE FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20610

a Name of MTIA, CCT, PSA, or 103-12 IE: VS BLUE CHIP FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 297276

a Name of MTIA, CCT, PSA, or 103-12 IE: VS SMALL VALUE FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4327

a Name of MTIA, CCT, PSA, or 103-12 IE: VS UTILITIES FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 27611

a Name of MTIA, CCT, PSA, or 103-12 IE: VS VALUE FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 63485

a Name of MTIA, CCT, PSA, or 103-12 IE: VS INTERNATIONAL VALUE FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 39531

a Name of MTIA, CCT, PSA, or 103-12 IE: INDEX INTERNATIONAL FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2012

a Name of MTIA, CCT, PSA, or 103-12 IE: VS INTERNATIONAL SMALL CAP FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12176

a Name of MTIA, CCT, PSA, or 103-12 IE: VS MID CAP STOCK FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7317

a Name of MTIA, CCT, PSA, or 103-12 IE: INDEX SMALL FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24618

a Name of MTIA, CCT, PSA, or 103-12 IE: VS SCIENCE & TECHNOLOGY FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19107

a Name of MTIA, CCT, PSA, or 103-12 IE: VS STRATEGIC INCOME FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 33637

a Name of MTIA, CCT, PSA, or 103-12 IE: VS CAPITAL APPRECIATION FUND**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 69711
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a Name of MTIA, CCT, PSA, or 103-12 IE: VS FINANCIAL FUND**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12639
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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)
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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)
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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
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (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>	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.	<small>OMB No. 1210-0110</small> 2015 This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>		
A Name of plan <u>MIAMI MARLINS, L.P. 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MIAMI MARLINS, L.P.</u>	D Employer Identification Number (EIN) <u>65-0967217</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)		
	(2) Participant contributions	1b(2)		
	(3) Other.....	1b(3)		
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
	(2) U.S. Government securities.....	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)	140338	151608
	(9) Value of interest in common/collective trusts.....	1c(9)		
	(10) Value of interest in pooled separate accounts.....	1c(10)	7241375	7398294
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	6586	18212
	(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	7388299	7568114

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities.....	1j	0	4
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	4

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	7388299	7568110
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants	2a(1)(B)	760688	
(C) Others (including rollovers)	2a(1)(C)	81685	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		842373

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	34	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	4578	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		4612

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-71274
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		7654
d Total income. Add all income amounts in column (b) and enter total	2d		783365

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	582060	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		582060
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	20169	
(3) Investment advisory and management fees	2i(3)	1325	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		21494
j Total expenses. Add all expense amounts in column (b) and enter total	2j		603554

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		179811
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: GRANT THORNTON, LP

(2) EIN: 03-6605558

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

	Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X		
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X		

	Yes	No	N/A	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		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.)		X		
e Was this plan covered by a fidelity bond?	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?		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?		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?		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.)	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.)		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?		X		
l Has the plan failed to provide any benefit when due under the plan?		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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.				
o Did the plan trust incur unrelated business taxable income?				
p Were in-service distributions made during the plan year?				

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

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

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

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

Part V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection.
---	--	--

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

A Name of plan <u>MIAMI MARLINS, L.P. 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MIAMI MARLINS, L.P.</u>	D Employer Identification Number (EIN) <u>65-0967217</u>

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	<u>0</u>
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): <u>01-0233346</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

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

Part III	Amendments
-----------------	-------------------

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

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

Schedule R (Form 5500) 2015
v. 150123

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:		
	a The current year	14a	
	b The plan year immediately preceding the current plan year	14b	
	c The second preceding plan year	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
	a The corresponding number for the plan year immediately preceding the current plan year	15a	
	b The corresponding number for the second preceding plan year	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
	a Enter the number of employers who withdrew during the preceding plan year	16a	
	b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐		

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

18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c)
	a Enter the percentage of plan assets held as: Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
	b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
	c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A
22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____. (See instructions for tax law changes and codes).		
22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number _____.		
22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ____/____/____.		
23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No



Financial Statements and Report of Independent
Certified Public Accountants

Miami Marlins, L.P. 401(k) Plan

December 31, 2015 and 2014

Contents

	Page
Report of Independent Certified Public Accountants	1 - 2
Statements of net assets available for benefits	3
Statement of changes in net assets available for benefits	4
Notes to financial statements	5 - 12
Supplemental Schedule	
Schedule H, Line 4i - Schedule of assets (held at end of year)	14 - 15



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REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

Trustees
Miami Marlins, L.P. 401(k) Plan

Report on the financial statements

We were engaged to audit the accompanying financial statements of Miami Marlins, L.P. 401(k) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, and the related statement of changes in net assets available for benefits for the year ended December 31, 2015, 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 Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the certified information described in Note I, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the certifying entity meets the requirements of 29 CFR 2520.103-8. The Plan administrator obtained a certification from this entity as of December 31, 2015 and 2014, and for the year ended December 31, 2015, stating that the certified information provided to the Plan administrator 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.

Supplementary information

The supplemental Schedule H, Line 4i – Schedule of assets (held at end of year) as of December 31, 2015 is presented for purposes of additional analysis and is not a required part of the financial statements, but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

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



Miami, Florida

June 30, 2016

Miami Marlins, L.P. 401(k) Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31,

	<u>2015</u>	<u>2014</u>
ASSETS		
Investments, at fair value	\$ 7,416,506	\$ 7,247,961
Notes receivable from participants	<u>151,605</u>	<u>140,338</u>
Total assets	<u>7,568,111</u>	<u>7,388,299</u>
Net assets available for benefits	<u>\$ 7,568,111</u>	<u>\$ 7,388,299</u>

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

Miami Marlins, L.P. 401(k) Plan

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year Ended December 31, 2015

Additions to net assets attributed to:

Investment income:

Net depreciation in fair value of investments \$ (71,274)

Dividend and interest income 34

Net investment loss (71,240)

Interest income on notes receivable from participants 4,578

Contributions:

Participant 768,343

Rollovers 81,685

Total contributions 850,028

Total additions 783,366

Deductions from net assets attributed to:

Benefits paid to participants 582,060

Administrative expenses 21,494

Total deductions 603,554

Net increase in net assets available for benefits 179,812

Net assets available for benefits at beginning of year 7,388,299

Net assets available for benefits at end of year \$ 7,568,111

The accompanying notes are an integral part of this financial statement.

Miami Marlins, L.P. 401(k) Plan

NOTES TO FINANCIAL STATEMENTS

December 31, 2015 and 2014

NOTE A - DESCRIPTION OF PLAN

The following description of the Miami Marlins, L.P. 401(k) Plan (the “Plan”), provides general information only. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

General

The Plan was established by the plan sponsor, Florida Marlins, L.P. (the “Company”) on February 16, 2002. The Plan is a defined contribution plan covering employees of the Company and its subsidiaries over the age of 21 with at least one year of service, as defined in the Plan document. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended. On November 11, 2011, the Plan sponsor changed its legal name from Florida Marlins, L.P. to Miami Marlins, L.P. In conjunction with the name change of the sponsor, the legal name of the Plan was changed from Florida Marlins, L.P. 401(k) Plan to Miami Marlins, L.P. 401(k) Plan.

The Plan was amended effective July 1, 2013 to allow the Company to make matching contributions. Any matching contributions made by the Company during the year will be discretionary and may be contributed during the Plan year or after the Plan year ends. No such contributions were made during the years ended December 31, 2015 and 2014.

Contributions

Each year, participants may elect to have the Company defer a percentage of their eligible wages with an annual limit of \$18,000 in 2015. Participants may also contribute amounts representing distributions from other qualified plans (“rollovers”). Additionally, any employee who reaches age 50 during the 2015 calendar year is eligible to contribute an additional “catch-up” contribution up to an Internal Revenue Service (the “IRS”) maximum of \$6,000. There is no Company matching.

Participant Accounts

Each participant’s account is credited with the elective deferral contribution and an allocation of Plan earnings, and changed with an allocation of administrative expenses. Allocations of the Plan’s earnings are based on participant’s account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

Vesting

Participants are immediately fully vested in their contributions and the earnings thereon.

(continued)

Miami Marlins, L.P. 401(k) Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2015 and 2014

NOTE A - DESCRIPTION OF PLAN - Continued

Investment Options

Participants direct the investment of their contributions plus actual earnings thereon into various investment options offered by the Plan. Participants may change their investment options daily.

Notes Receivable from Participants

Under the terms of the Plan, a participant may borrow a minimum amount of \$1,000 and up to a maximum equal to the lesser of 50% of their vested account balance or \$50,000. The loans are secured by the balance in the participant's account. The loans bear interest at rates commensurate with local prevailing rates at the date of issuance, as determined by the Plan administrator. Principal and interest is paid ratably through payroll deductions. There is no restriction as to the number of participant loans that are allowed to be outstanding at any time. For the years ended December 31, 2015 and 2014, interest rates on participant loans ranged from 3.25% to 5.25%.

Payment of Benefits

Upon termination of service due to death, disability or retirement, a participant (or the participant's beneficiary) may elect to receive an amount equal to the value of the vested interest in a lump-sum payment. Participants may also withdraw funds from their account when they reach the age of 59½ or in the event of financial hardship.

Upon termination of service, vested amounts of \$5,000 or less are automatically distributed to the participant or rolled over to another qualified plan at the request of the participant. Vested amounts exceeding \$5,000 in such terminated participant's accounts are maintained until retirement, disability, or death unless the participant elects to receive the entire vested amount in a lump-sum payment or has a direct rollover to another qualified plan. Payment will occur within one year of such election. The Company allows participants, upon their retirement, to receive distributions of their vested amounts in a lump-sum payment. Benefits are recorded as deductions from net assets available for benefits when paid.

NOTE B - SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared using the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America.

(continued)

Miami Marlins, L.P. 401(k) Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2015 and 2014

NOTE B - SUMMARY OF ACCOUNTING POLICIES - Continued

Use of Estimates

The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from these estimates.

Risks and Uncertainties

The Plan provides for investment options in a variety of investment securities. Investment securities in general are exposed to various risks, such as interest rate, market volatility, and credit risk. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. See Note D for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on an accrual basis.

Net Depreciation in Fair Value of Investments

Net realized and unrealized depreciation of investments is recorded in the accompanying statement of changes in net assets available for benefits as net appreciation in fair value of investments and includes gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent loans are reclassified as distributions based upon the terms of the Plan document.

Administrative Expenses

The Company pays most administrative expenses associated with the Plan. Expenses relating to Plan investments are paid by the Plan and borne on a pro-rata basis by each participant. Expenses paid by the Plan were \$21,494 for the year ended December 31, 2015.

Miami Marlins, L.P. 401(k) Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2015 and 2014

NOTE C - INVESTMENTS

The following presents investments that represent five percent or more of the Plan's net assets as of December 31:

	<u>2015</u>	<u>2014</u>
Lifestyle Growth Fund	\$ 992,426	\$ 1,149,107
Lifestyle Aggressive Growth Fund	\$ 988,856	\$ 857,414
Lifestyle Balanced Fund	\$ 945,427	\$ 924,212

During 2015, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) depreciated in value by \$71,274, all of which relate to the pooled separate account investments.

NOTE D - FAIR VALUE MEASUREMENTS

The Plan adopted FASB ASC 820, *Fair Value Measurements and Disclosures for Financial Assets and Liabilities* (ASC 820), which defines fair value as an exit price, representing that amount 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. As such, fair value is a market-based measurement that should be determined based on assumptions that market participants would use in pricing an asset or liability.

As a basis for considering such assumptions, ASC 820 established a three-level fair value hierarchy that prioritizes the inputs used to measure fair value.

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

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's 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.

(continued)

Miami Marlins, L.P. 401(k) Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2015 and 2014

NOTE D - FAIR VALUE MEASUREMENTS - Continued

Investments in pooled separate accounts are stated at fair value, as determined by the unit value reported by John Hancock Life Insurance Company (USA) by dividing the fund's net assets at fair value by units outstanding. Investments in the guaranteed interest account are stated at fair value, as determined by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer.

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 estimate of fair value at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2015:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Pooled separate accounts ⁽¹⁾ :				
Lifestyle ^(c)	\$ -	\$ 2,154,914	\$ -	\$ 2,154,914
Growth ^(a)	-	942,653	-	942,653
Aggressive growth ^(a)	-	2,589,948	-	2,589,948
Growth and income ^(c)	-	760,843	-	760,843
Income ^(b)	-	369,928	-	369,928
Conservative ^(b)	-	118,012	-	118,012
Lifecycle ^(d)	-	461,996	-	461,996
Guaranteed interest account	<u>-</u>	<u>-</u>	<u>18,212</u>	<u>18,212</u>
Total investments at fair value	<u>\$ -</u>	<u>\$ 7,398,294</u>	<u>\$ 18,212</u>	<u>\$ 7,416,506</u>

(1) There are no unfunded commitments, redemption limitations or penalties for these investments

(a) The strategy of these funds is to seek long-term capital growth.

(b) The strategy of this fund is to seek a high total rate of return on an annual basis.

(c) The strategy of this fund is to achieve a balance between high level current income and growth of capital.

(d) The strategy of this fund is to provide growth and income until 20 years after retirement when the funds mix is changed to 75% fixed income and 25% equity allocation.

(continued)

Miami Marlins, L.P. 401(k) Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2015 and 2014

NOTE D - FAIR VALUE MEASUREMENTS - Continued

Level 3 Gains and Losses

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2015:

Balance, beginning of year	\$ 6,586
Purchases	911
Net Gain/Loss	10
Less: Transfers	<u>10,705</u>
Balance, end of year	<u>\$ 18,212</u>

Gains and losses (realized and unrealized) included in changes in net assets for the period above are reported in dividend and interest income in the accompanying statement of changes in net assets available for benefits.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2014:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Pooled separate accounts ⁽¹⁾ :				
Lifestyle ^(c)	\$ -	\$ 2,231,952	\$ -	\$ 2,231,952
Growth ^(a)	-	777,896	-	777,896
Aggressive growth ^(a)	-	2,580,395	-	2,580,395
Growth and income ^(c)	-	717,622	-	717,622
Income ^(b)	-	367,702	-	367,702
Conservative ^(b)	-	64,963	-	64,963
Lifecycle ^(d)	-	500,845	-	500,845
Guaranteed interest account	<u>-</u>	<u>-</u>	<u>6,586</u>	<u>6,586</u>
Total investments at fair value	<u>\$ -</u>	<u>\$ 7,241,375</u>	<u>\$ 6,586</u>	<u>\$ 7,247,961</u>

(2) There are no unfunded commitments, redemption limitations or penalties for these investments

(e) The strategy of these funds is to seek long-term capital growth.

(f) The strategy of this fund is to seek a high total rate of return on an annual basis.

(g) The strategy of this fund is to achieve a balance between high level current income and growth of capital.

(h) The strategy of this fund is to provide growth and income until 20 years after retirement when the funds mix is changed to 75% fixed income and 25% equity allocation.

Miami Marlins, L.P. 401(k) Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2015 and 2014

NOTE E - INVESTMENT CONTRACT WITH INSURANCE COMPANY (John Hancock)

The Plan entered into a non-benefit responsive investment contract with John Hancock Life Insurance Company (USA) (the "Trustee") within contract number 15913. The Trustee maintains the contributions in a general account to which it adds interest at a rate that is reset at least monthly (0.34% and 0.11% at December 31, 2015 and 2014, respectively).

NOTE F - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has reserved the right to terminate the Plan, subject to the provisions of ERISA. If the Plan should be terminated, the participants' rights to their accrued benefits are nonforfeitable.

NOTE G - TAX STATUS

The Company adopted a Prototype Non-Standardized Profit Sharing Plan with a deferral arrangement which received a favorable opinion letter from the Internal Revenue Service (IRS) on March 31, 2008, which stated that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (the "IRC"). The Plan has been amended since receiving the opinion letter. Plan management believes that the Plan is designed and currently being operated in compliance with the applicable requirements of the IRC, and accordingly is tax exempt.

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 IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of both December 31, 2015 and 2014, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2012.

NOTE H - RELATED PARTY TRANSACTIONS

Certain Plan investments are managed by the Trustee and, therefore, these transactions qualify as party-in-interest transactions. Certain administrative expenses of the Plan are paid by the Company. The Company paid \$17,800 in audit fees for the year ended December 31, 2015.

Miami Marlins, L.P. 401(k) Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2015 and 2014

NOTE I - INFORMATION CERTIFIED BY THE PLAN'S TRUSTEE

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Trustee certified that the following data included in the financial statements and supplemental schedule are complete and accurate:

- a. Investments and notes receivable from participants, as shown in the accompanying statements of net assets available for benefits as of December 31, 2015 and 2014, respectively.
- b. Net investment income and interest income on notes receivable from participants, as shown in the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2015.
- c. Schedule H, Line 4i - Schedule of Assets (Held at End of Year), December 31, 2015.

The Plan's independent certified public accountants did not perform auditing procedures with respect to this information, except for comparing such information certified by the Trustee to the related information included in the financial statements and supplemental schedule.

NOTE J - SUBSEQUENT EVENTS

The Plan evaluated its December 31, 2015 financial statements for subsequent events through June 30, 2016, the date the financial statements were available to be issued. The Plan is not aware of any subsequent events which would require recognition or disclosure in the financial statements.

SUPPLEMENTAL SCHEDULE

Miami Marlins, L.P. 401(k) Plan

**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)**

As of December 31, 2015

(a) (b)	(c)	(d)	(e)
Identity of Issue	Investment Description	Cost	Current Value
Investment contract with John Hancock Life Insurance Company (USA), #15913:			
* 3 Years Comp Fund	Guaranteed Account	**	\$ 18,212
* Retirement Living through 2010	Pooled Separate Account	**	567
* Retirement Living through 2015	Pooled Separate Account	**	21,153
* Retirement Living through 2020	Pooled Separate Account	**	6,480
* Retirement Living through 2035	Pooled Separate Account	**	194,000
* Retirement Living through 2040	Pooled Separate Account	**	142,494
* Retirement Living through 2045	Pooled Separate Account	**	97,302
* Retirement Living through 2050	Pooled Separate Account	**	37,428
* Retirement Living through 2055	Pooled Separate Account	**	2,049
* Lifestyle Conservative	Pooled Separate Account	**	85,456
* Lifestyle Moderate	Pooled Separate Account	**	92,128
* Lifestyle Balanced	Pooled Separate Account	**	945,427
* Lifestyle Growth	Pooled Separate Account	**	992,426
* Lifestyle Aggressive Growth	Pooled Separate Account	**	988,856
* Emerging Markets Fund	Pooled Separate Account	**	26,346
* Opportunity Fund	Pooled Separate Account	**	32,672
* Energy Fund	Pooled Separate Account	**	109,289
* International Value Fund	Pooled Separate Account	**	2,921
* VS International Value Fund	Pooled Separate Account	**	39,531
* Science and Technology Fund	Pooled Separate Account	**	160,275
* Small Opportunities Fund	Pooled Separate Account	**	16,177
* VS International Small Cap Fund	Pooled Separate Account	**	12,176
* Small Cap Growth Income Fund	Pooled Separate Account	**	35,185
* Developing Market Fund	Pooled Separate Account	**	153,426
* Small Cap Growth Fund	Pooled Separate Account	**	774
* Index International Fund	Pooled Separate Account	**	2,012
* US Small Cap Fund	Pooled Separate Account	**	26,564
* VS Mid Cap Stock Fund	Pooled Separate Account	**	7,317
* Small Cap Index Fund	Pooled Separate Account	**	24,618
* VS Science and Technology Fund	Pooled Separate Account	**	19,107
* Explorer Fund	Pooled Separate Account	**	2,200
* Small Mid Growth Fund	Pooled Separate Account	**	108,894
* Global Fund	Pooled Separate Account	**	123,782
* World Fund	Pooled Separate Account	**	49,688
* Europac Fund	Pooled Separate Account	**	31,560
* LMC Aggressive Growth Fund	Pooled Separate Account	**	113,963
* Small Growth Fund	Pooled Separate Account	**	31,038
* Heritage Fund	Pooled Separate Account	**	141,454
* VS Real Estate Securities Fund	Pooled Separate Account	**	51,020
* Health Science Fund	Pooled Separate Account	**	266,464
* VS Financial Fund	Pooled Separate Account	**	12,639
* SM Cap Value Income Fund	Pooled Separate Account	**	1,535
* Fundamental All Cap Core Fund Fund	Pooled Separate Account	**	27,989
* Small Value Fund	Pooled Separate Account	**	119,431
* International Growth Fund	Pooled Separate Account	**	446

(continued)

Miami Marlins, L.P. 401(k) Plan

**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR) - CONTINUED**

As of December 31, 2015

(a) (b)	(c)	(d)	(e)
Identity of Issue	Investment Description	Cost	Current Value
Investment contract with John Hancock Life Insurance Company (USA), #15913 (continued):			
* Index Mid Value Fund	Pooled Separate Account	**	\$ 20,610
* VS Small Value Fund	Pooled Separate Account	**	4,327
* VS Value Fund	Pooled Separate Account	**	63,485
* Disciplined Value Fund	Pooled Separate Account	**	117,064
* VS Blue Chip Fund	Pooled Separate Account	**	297,276
* VS Capital Appreciation Fund	Pooled Separate Account	**	69,711
* VS Mid Value Fund	Pooled Separate Account	**	14,515
* AF Growth Fund	Pooled Separate Account	**	42,704
* JP Morgan U.S. Equity Fund	Pooled Separate Account	**	104,185
* Index Total Fund	Pooled Separate Account	**	31,764
* VS Utilities Fund	Pooled Separate Account	**	27,611
* TRP Equity Income Fund	Pooled Separate Account	**	55,433
* Index 500 Fund	Pooled Separate Account	**	131,880
* AF ICA Fund	Pooled Separate Account	**	29,740
* Mid Cap Value Fund	Pooled Separate Account	**	53,861
* Beacon Fund	Pooled Separate Account	**	66,874
* Contra Fund	Pooled Separate Account	**	221,346
* Discovery Fund	Pooled Separate Account	**	59,392
* AF Washington Mutual Fund	Pooled Separate Account	**	61
* Black Rock Global Allocation Fund	Pooled Separate Account	**	12,879
* AF Am Balanced Fund	Pooled Separate Account	**	75,488
* All Asset Fund	Pooled Separate Account	**	46,778
* Fundamental Large Cap Value Fund	Pooled Separate Account	**	7,111
* High Yield Fund	Pooled Separate Account	**	34,569
* VS Strategic Income Fund	Pooled Separate Account	**	33,637
* Global Bond Fund	Pooled Separate Account	**	53,458
* Real Return Fund	Pooled Separate Account	**	22,358
* Spectrum Income Fund	Pooled Separate Account	**	16,091
* Fidelity Advisor Total Bond Fund	Pooled Separate Account	**	159,930
* Total Bond Market Fund	Pooled Separate Account	**	8,356
* Short-Term Federal Fund	Pooled Separate Account	**	41,529
* Money Market Fund	Pooled Separate Account	**	118,012
* Notes receivable from participants	Participant loans (Interest rates ranging from 3.25% to 5.25%)		151,605
	Total		<u>\$ 7,568,111</u>

* Represents a party-in-interest

** Not applicable as the Plan is participant directed

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 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2015</div> This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>	
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 ☒ 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: ☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)	

Part II Basic Plan Information—enter all requested information			
1a Name of plan Miami Marlins, L.P. 401(k) Plan		1b Three-digit plan number (PN)	002
		1c Effective date of plan 02/16/2002	
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Miami Marlins, L.P. 501 Marlins Way Miami FL 33125		2b Employer Identification Number (EIN) 65-0967217 2c Plan Sponsor's telephone number 305-480-1300 2d Business code (see instructions) 711210	

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	<i>Susan Jaison</i> Signature of plan administrator	9/27/16 Date	Susan Jaison Enter name of individual signing as plan administrator
SIGN HERE	<i>Susan Jaison</i> Signature of employer/plan sponsor	9/27/16 Date	Susan Jaison 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) EJReynolds, Inc. EJReynolds, Inc. 9050 Pines Boulevard, Suite 110 Pembroke Pines FL 33024			Preparer's telephone number 954-431-1774

3a Plan administrator's name and address ☐ Same as Plan Sponsor Miami Marlins, L.P. 501 Marlins Way Miami FL 33125	3b Administrator's EIN 65-0967217 3c Administrator's telephone number 305-480-1300
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	5 336
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) 306
a(2) Total number of active participants at the end of the plan year	6a(2) 277
b Retired or separated participants receiving benefits.....	6b 3
c Other retired or separated participants entitled to future benefits.....	6c 22
d Subtotal. Add lines 6a(2), 6b, and 6c.	6d 302
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 0
f Total. Add lines 6d and 6e.	6f 302
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g 155
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 5
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 3D 2T	
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) ☒ Insurance (2) ☐ Code section 412(e)(3) Insurance contracts (3) ☒ 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) ☒ 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) ☒ 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) ☒ H (Financial Information) (2) ☐ I (Financial Information - Small Plan) (3) ☒ ¹ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

Schedule of Assets Held for Investment Purposes At End of Year
Schedule H, Line 4i

Employer: Miami Marlins, L.P.
 EIN: 65-0967217
 Plan 002

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
	3 Year Comp Fund	Guaranteed Account		18212
	RL 2010	Pooled Account		567
	RL 2015	Pooled Account		21153
	RL 2020	Pooled Account		6480
	RL 2035	Pooled Account		194002
	RL 2040	Pooled Account		142494
	RL 2045	Pooled Account		97302
	RL 2050	Pooled Account		37428
	RL 2055	Pooled Account		2049
	LS - Conservative Fund	Pooled Account		85456
	LS - Moderate Fund	Pooled Account		92128
	LS - Balanced Fund	Pooled Account		945427
	LS - Growth Fund	Pooled Account		992426
	LS - Aggressive Growth Fund	Pooled Account		988856
	Money Fund	Pooled Account		118012
	Total Bond Market Fund	Pooled Account		8356
	Fidelity Advisor Total Bond Fund	Pooled Account		159930
	Short-Term Federal Fund	Pooled Account		41529
	Real Return Fund	Pooled Account		22358
	Global Bond Fund	Pooled Account		53458
	Spectrum Income Fund	Pooled Account		16091
	High Yield Fund	Pooled Account		34569
	All Asset Fund	Pooled Account		46778
	Black Rock Global Allocation Fund	Pooled Account		12879
	AF Am Balanced Fund	Pooled Account		75488
	AF ICA Fund	Pooled Account		29740
	AF Washington Mutual Fund	Pooled Account		61
	TRP Equity Income Fund	Pooled Account		55433
	Beacon Fund	Pooled Account		66874
	Discovery Fund	Pooled Account		59392
	Mid Cap Value Fund	Pooled Account		53861
	JPM US Equity Fund	Pooled Account		104185
	Small Value Fund	Pooled Account		119431
	Contra Fund	Pooled Account		221346
	AF Growth Fund	Pooled Account		42704
	SM Cap Value Income Fund	Pooled Account		1535
	World Fund	Pooled Account		49688
	Global Fund	Pooled Account		123782
	Europac Fund	Pooled Account		31560
	International Value Fund	Pooled Account		2921
	Energy Fund	Pooled Account		109289
	LMC Aggressive Growth Fund	Pooled Account		113963
	Disciplined Value Fund	Pooled Account		117064

Schedule of Assets Held for Investment Purposes At End of Year
Schedule H, Line 4i

Employer: Miami Marlins, L.P.
 EIN: 65-0967217
 Plan 002

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
	Small Cap Growth Income Fund	Pooled Account		35185
	US Small Cap Fund	Pooled Account		26564
	Opportunity Fund	Pooled Account		32672
	Small Mid Growth Fund	Pooled Account		108894
	Small Growth Fund	Pooled Account		31038
	VS Small Growth Fund	Pooled Account		774
	Health Science Fund	Pooled Account		266464
	Emerging Market Fund	Pooled Account		26346
	Developing Market Fund	Pooled Account		153426
	Science & Technology Fund	Pooled Account		160275
	Explorer Fund	Pooled Account		2200
	International Growth Fund	Pooled Account		446
	Heritage Fund	Pooled Account		141454
	Fundamental Large Cap Value Fund	Pooled Account		7111
	Fundamental All Cap Core Fund	Pooled Account		27989
	Index 500 Fund	Pooled Account		131880
	VS Mid Value Fund	Pooled Account		14515
	New Opportunities Fund	Pooled Account		16177
	VS Real Estate Securities Fund	Pooled Account		51020
	Index Total Fund	Pooled Account		31764
	Index Mid Value Fund	Pooled Account		20610
	VS Blue Chip Fund	Pooled Account		297276
	VS Small Value Fund	Pooled Account		4327
	VS Utilities Fund	Pooled Account		27611
	VS Value Fund	Pooled Account		63485
	VS International Value Fund	Pooled Account		39531
	Index International Fund	Pooled Account		2012
	VS International Small Cap Fund	Pooled Account		12176
	VS Mid Cap Stock Fund	Pooled Account		7317
	Index Small Fund	Pooled Account		24618
	VS Science & Technology Fund	Pooled Account		19107
	VS Strategic Income Fund	Pooled Account		33637
	VS Capital Appreciation Fund	Pooled Account		69711
	VS Financial Fund	Pooled Account		12639
	Participant Loan Fund	various maturity dates and interest rates		151609