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

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
OGDEN CAP PROPERTIES, LLC 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 03/25/2003

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)
OGDEN CAP PROPERTIES, LLC

545 MADISON AVENUE
NEW YORK, NY 10022

2b Employer Identification Number (EIN)
56-2356978

2c Plan Sponsor's telephone number
212-339-2160

2d Business code (see instructions)
531110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2016	HELEN METZGER
	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)

Preparer's telephone number

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4c**	PN

5	Total number of participants at the beginning of the plan year	**5**	323
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)**	263
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	261
b	Retired or separated participants receiving benefits	**6b**	1
c	Other retired or separated participants entitled to future benefits	**6c**	47
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	309
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	309
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	205
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

(1)	[X]	**H** (Financial Information)
(2)	[ ]	**I** (Financial Information – Small Plan)
(3)	[ ]	**A** (Insurance Information)
(4)	[X]	**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 C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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
OGDEN CAP PROPERTIES, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
OGDEN CAP PROPERTIES, LLC

D Employer Identification Number (EIN)
56-2356978

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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

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

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

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

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

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

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

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

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

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

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

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

MORGAN STANLEY WEALTH MANAGEMENT

26-4310632

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT ADVISOR	6250	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
37 60 64 65	RECORDKEEPER	1956	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
DELAWARE VALUE INST - DELAWARE INV 35-1140070	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
INVS SM CAP VAL A - INVESCO INVEST 11 GREENWAY PLAZA, SUITE 100 HOUSTON, TX 77046	0.50%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
JPM SMARTRET INC SEL - BOSTON FINA P.O. BOX 8480 BOSTON, MA 02266	0.25%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
JPM SMRTRET 2015 SEL - BOSTON FINA P.O. BOX 8480 BOSTON, MA 02266	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
JPM SMRTRET 2020 SEL - BOSTON FINA P.O. BOX 8480 BOSTON, MA 02266	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
JPM SMRTRET 2025 SEL - BOSTON FINA P.O. BOX 8480 BOSTON, MA 02266	0.25%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
JPM SMRTRET 2030 SEL - BOSTON FINA P.O. BOX 8480 BOSTON, MA 02266	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
JPM SMRTRET 2035 SEL - BOSTON FINA P.O. BOX 8480 BOSTON, MA 02266	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
JPM SMRTRET 2040 SEL - BOSTON FINA P.O. BOX 8480 BOSTON, MA 02266	0.25%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
JPM SMRTRET 2045 SEL - BOSTON FINA P.O. BOX 8480 BOSTON, MA 02266	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
JPM SMRTRET 2050 SEL - BOSTON FINA P.O. BOX 8480 BOSTON, MA 02266	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
JPM SMRTRET 2055 SEL - BOSTON FINA P.O. BOX 8480 BOSTON, MA 02266	0.25%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
METWEST TOT RTN BD M - BNY MELLON P.O. BOX 9793 PROVIDENCE, RI 02940	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
MFS RESEARCH INTL R3 - MFS SERVICE 04-2865649	0.50%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
PIF REAL EST SEC IS - PRINCIPAL SH P.O. BOX 804660 CHICAGO, IL 60680	0.10%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
THORNBURG GLB OPP R5 - BOSTON FINA P.O. BOX 8480 BOSTON, MA 02266	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

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
OGDEN CAP PROPERTIES, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
OGDEN CAP PROPERTIES, LLC

D Employer Identification Number (EIN)
56-2356978

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1703294	1243363
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	188131	201839
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	14530939	15733537
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	0
	(2) Employer real property	1d(2)	0	0
e	Buildings and other property used in plan operation	1e	0	0
f	Total assets (add all amounts in lines 1a through 1e)	1f	16422364	17178739
	Liabilities			
g	Benefit claims payable	1g	0	0
h	Operating payables	1h	0	0
i	Acquisition indebtedness	1i	0	0
j	Other liabilities	1j	0	0
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	16422364	17178739

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	521915	
	(B) Participants	2a(1)(B)	1191120	
	(C) Others (including rollovers)	2a(1)(C)	184852	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1897887
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	194	
	(B) U.S. Government securities	2b(1)(B)	0	
	(C) Corporate debt instruments	2b(1)(C)	0	
	(D) Loans (other than to participants)	2b(1)(D)	0	
	(E) Participant loans	2b(1)(E)	7502	
	(F) Other	2b(1)(F)	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		7696
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
	(B) Common stock	2b(2)(B)	0	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	526681	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		526681
	(3) Rents	2b(3)		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
	(B) Other	2b(5)(B)	0	
	(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)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-628574
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		1803690
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1039109	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		1039109
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: **(1)** Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	8206	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		8206
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1047315
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		756375
l Transfers of assets:			
(1) To this plan	2l(1)		0
(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)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: SOBEL & CO.,LLC **(2)** EIN: 22-1430039

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.)	4a		X		
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X		

			Yes	No	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.)	4c		X		
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X		
e	Was this plan covered by a fidelity bond?	4e	X			500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X		
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X		
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X		
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X			
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X		
l	Has the plan failed to provide any benefit when due under the plan?	4l		X		
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X		
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X		
o	Did the plan trust incur unrelated business taxable income?	4o				
p	Were in-service distributions made during the plan year?	4p				

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
OGDEN CAP PROPERTIES, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
OGDEN CAP PROPERTIES, LLC

D Employer Identification Number (EIN)
56-2356978

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**

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): 04-6568107

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

OGDEN CAP PROPERTIES, LLC
401(k) PLAN

FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE

DECEMBER 31, 2015 AND 2014



SOBEL & CO. LLC
CERTIFIED PUBLIC ACCOUNTANTS & ADVISORS

OGDEN CAP PROPERTIES, LLC 401(k) PLAN

DECEMBER 31, 2015 AND 2014

CONTENTS

	Page
Independent Auditors' Report…….……	1-2
Financial Statements:	
Statements of Net Assets Available for Benefits……	3
Statements of Changes in Net Assets Available for Benefits…….	4
Notes to Financial Statements…….……	5-14
Supplemental Schedule:	
Schedule H - Line 4i - Schedule of Assets (Held at End of Year)……..…	15

SOBEL & CO. LLC
CERTIFIED PUBLIC ACCOUNTANTS & ADVISORS

293 Eisenhower Parkway
Livingston, NJ 07039-1711
Office: 973-994-9494
Fax: 973-994-1571
www.sobel-cpa.com

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
Ogden CAP Properties, LLC 401(k) Plan
New York, New York

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Ogden CAP Properties, LLC 401(k) Plan ("Plan"), which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits 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 information summarized in Note 5, which was certified by State Street Bank and Trust Company and Fidelity Management Trust Company, the Trustees of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan Administrator that Fidelity Management Trust Company held the Plan's investment assets and executed investment transactions from November 1, 2014 to December 31, 2015, and that State Street Bank and Trust Company held the Plan's investment assets and executed investment transactions for the period January 1, 2014 to October 31, 2014. The Plan Administrator has obtained a certification from the Trustees as of and for the years ended December 31, 2015 and 2014, that the information provided to the Plan Administrator by the Trustees is complete and accurate.

Member of Allinial GLOBAL

Disclaimer of Opinion

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

Other Matters

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

Report on Form and Content in Compliance with Department of Labor Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the Trustees, has been audited by us and are 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.



Certified Public Accountants

Livingston, New Jersey
August 30, 2016

OGDEN CAP PROPERTIES, LLC 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31, 2015	2014
ASSETS		
INVESTMENTS AT FAIR VALUE:		
Money market fund	$ 1,243,363	$ 1,703,294
Mutual funds	15,733,537	14,530,939
Total Investments at Fair Value	16,976,900	16,234,233
RECEIVABLES:		
Notes receivable from participants	236,469	227,386
Participant contributions	4,347	8,222
Employer contributions	563,186	520,957
Total Receivables	804,002	756,565
NET ASSETS AVAILABLE FOR BENEFITS	$ 17,780,902	$ 16,990,798

OGDEN CAP PROPERTIES, LLC 401(k) PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Year Ended December 31, 2015	2014
Additions:		
Investment (loss) income:		
Dividends and interest	$ 526,874	$ 459,907
Net (depreciation) appreciation in fair value of investments	(628,573)	550,242
Investment (Loss) Income, Net	(101,699)	1,010,149
Interest income on notes receivable from participants	7,503	11,458
Contributions:		
Employer	564,144	520,957
Participants	1,187,245	1,086,985
Rollover	184,852	3,183
Total Contributions	1,936,241	1,611,125
Total Additions	1,842,045	2,632,732
Deductions:		
Benefits paid to participants	1,043,735	1,091,787
Administrative expenses	8,206	2,200
Total Deductions	1,051,941	1,093,987
NET INCREASE	790,104	1,538,745
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	16,990,798	15,452,053
End of year	$ 17,780,902	$ 16,990,798

NOTE 1 - PLAN DESCRIPTION:

The Ogden CAP Properties, LLC 401(k) Plan ("Plan") is administered by Ogden CAP Properties, LLC ("Company"). The following description of the Plan is provided for general information purposes only. More complete information is provided in the Summary Plan Description and Plan Document, which are available from the Company. Effective November 1, 2014, the Plan was amended to reflect a change in the Trustee from State Street Bank and Trust Company to Fidelity Management Trust Company. As a result of this change, participants can no longer contribute to investment options offered by State Street Bank and Trust Company.

General:
The Plan is a defined-contribution, profit-sharing plan covering eligible employees of the Company and certain affiliates of the Company. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Eligibility:
The Plan covers all eligible employees of the Company other than those covered under collective bargaining agreements. Eligible employees must be 21 years of age; no service requirement is necessary to participate in the Plan. Employees can enter the Plan on the first day of the following month after meeting the eligibility requirements.

Contributions:
Participants may make voluntary pretax contributions and Roth 401(k) contributions to the Plan from 1% to 80% of eligible compensation, as defined in the Plan. The Plan accepts rollover contributions from other qualified retirement plans in accordance with ERISA. Contributions are placed into the trust fund for the benefit of the Plan's participants. Contributions are subject to certain limitations as stipulated by the Internal Revenue Code ("IRC"). Participants who have attained age 50 before the end of the Plan Year are eligible to make catch-up contributions in accordance with, and subject to, IRC statutory limits.

The Plan allows the Company to make safe harbor, matching contributions only to those employees who contribute to the Plan, up to 100% of the first 4% of a participant's eligible earnings.

The Plan allows the Company to make nonelective contributions to the Plan at the discretion of the Company's management. If the Company makes a nonelective contribution, it is allocated to participants in proportion to a participant's eligible earnings compared to the eligible earnings of the other participants. As of December 31, 2015 and 2014, there were no nonelective contributions made to the Plan.

Participant Accounts:
Each participant's account is credited with the participant's contribution and allocation of: (a) the Company's contribution; (b) Plan earnings, gains or losses, and (c) charged with an allocation of administrative expenses. Allocations are based on a participant's compensation or account balances, as defined in the Plan Document.

NOTE 1 - PLAN DESCRIPTION: (Continued)

Participant Accounts: (Continued)
The Plan permits participants to self-direct the investments of their accounts in a variety of investment options. All participants have elected to self-direct their accounts. 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 vested in their voluntary contributions, plus earnings thereon.

For calendar years 2015 and 2014, participants are immediately vested in the Company's safe harbor matching contributions. In the event of death or disability while employed, participants become 100% vested in all Company contributions and earnings thereon.

Participants may roll over all or part of their investments from, or to, the Plan. They are always 100% vested when they roll over their investments from other qualified, defined-contribution or defined-benefit plans into the Plan.

If a participant terminates employment with the Company for any other reason besides death, disability or attainment of age 65 (the Plan's normal retirement age), any nonelective contributions are subject to the vesting schedule below:

Years of Service	Percentage	Years of Service	Percentage
Less than 1	0	At least 3, but less than 4	60
At least 1, but less than 2	20	At least 4, but less than 5	80
At least 2, but less than 3	40	5 or more	100

Investment Options:
Upon enrollment in the Plan, participants may direct their employee and Company contributions by percentages into any of the investment options available. Participants may change their investment options at any time.

Notes Receivable from Participants:
Participants may borrow up to a maximum amount equal to the lesser of $50,000 or 50% of their vested account balance. The minimum loan allowed is $1,000. Each loan is secured by the vested balance in the participant's account and bears interest at rates which are commensurate with local prevailing rates as determined by the Plan Administrator. Only two loans per participant can be outstanding at a time. Loans have a maximum term of not more than five years, unless the loan is used to acquire the borrower's principal residence, in which case the term may exceed 5 years up to 30 years. Principal and interest payments may be made through payroll deductions and there is no penalty for early repayment of loan balances. The interest rate on participants' loans range from 4.25% to 10.25%. The interest rate on loans to participants is the prime interest rate (3.25% through December 16, 2015, and 3.5% for the period December 17, 2015 to December 31, 2015) plus 1%.

NOTE 1 - PLAN DESCRIPTION: (Continued)

Payment of Benefits:
After retirement, participants with account balances greater than $5,000 are entitled to receive a lump-sum distribution, monthly installments or partial withdrawals. The payment of benefits generally can be deferred to the later of age 70 ½ or age at retirement. Unless otherwise designated, if the participant is married, his/her spouse is the beneficiary or, if single, the participant's estate is the beneficiary. Upon termination, vested benefits can be rolled over to another qualified plan or an Individual Retirement Account ("IRA"), or distributed in a lump-sum payment, partial withdrawals or an annuity. If vested balance is $5,000 or less, any amount exceeding $1,000 will be distributed to an IRA or Annuity for the participant's benefit. If the participant's vested balance is $1,000 or less, participants will receive a lump sum distribution without consent.

Hardship withdrawals are subject to approval by the Plan Administrator and also subject to income tax withholding.

In-service Withdrawals:
Participants attaining the age of 59 ½ may request a withdrawal of all or part of the vested portion of their account. Also, in the event a participant suffers financial hardship, as defined in the Plan, the participant may withdraw all or part of the vested portion of their account excluding the participant's elective contributions earnings and safe harbor contributions.

Retirement:
The Plan's normal retirement age is 65. There is no early retirement provision under the Plan.

Forfeitures:
Forfeitures are allocated to either reduce administrative expenses or reduce future Company contributions. As of December 31, 2015 and 2014, there were no forfeited, nonvested accounts and no forfeitures were used.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Basis of Accounting:
The accompanying financial statements have been prepared on the accrual basis of accounting.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES: (Continued)

New Accounting Pronouncement:
In July 2015, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") No. 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Plans (Topic 962) and Health and Welfare Benefit Plans (Topic 965): (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient*. Part I clarifies fully benefit-responsive investment contracts are limited to direct investments between the Plan and the issuer. Part I is not applicable to the Plan. Part II eliminates the requirements to disclose individual investments that represent 5% or more of net assets available for benefits and the net appreciation or depreciation in fair value of investments by general type. Part II also simplifies the level of disaggregation of investments that are measured at fair value. Plans will continue to disaggregate investments that are measured at fair value by general type; however, plans are no longer required to also disaggregate investments by nature, characteristics and risks. Further, the disclosure of information about fair value measurements should be provided by general type of plan asset. Part III is not applicable to the Plan. ASU No. 2015-12 is effective for fiscal years beginning after December 15, 2015, with early adoption permitted. Part II is to be applied retrospectively. Plan management has evaluated the impact of this update and does not expect it will have a material effect on the Plan's financial statements.

Investment Valuation and Income Recognition:
Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Review Committee determines the Plan's valuation policies utilizing information provided by the investment advisers and custodians. See Note 7 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Dividend income is recorded on the ex-dividend date. Interest income is recorded as earned on the accrual basis. Net appreciation (depreciation) includes the Plan's 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. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. Delinquent notes receivable from participants are recorded as a distribution based upon the terms of the Plan Document. No allowance for credit losses has been recorded as of December 31, 2015 or 2014.

Benefit Payments:
Benefits are recorded when paid.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES: (Continued)

Administrative Expenses and Participant Transaction Fees:
Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of notes receivable from participants, investment fees, and certain plan administration fees not covered by the Company are charged directly to the participant's account and are included in administrative expenses. Investment-related expenses are included in net (depreciation) appreciation of fair value of investments.

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

Subsequent Events:
The Company has evaluated its subsequent events and transactions occurring after December 31, 2015 through August 30, 2016, the date the financial statements were available to be issued.

NOTE 3 - RISKS AND UNCERTAINTIES:

The assets of the Plan are primarily financial instruments which are monetary in nature. As a result, interest rates have a more significant impact on the Plan's performance than the effects of general levels of inflation. Interest rates do not necessarily move in the same direction or in the same magnitude as the prices of goods and services as measured by the consumer price index. Investments in funds are subject to risk conditions of the individual fund objectives, stock market fluctuations, interest rates, economic conditions and world affairs.

NOTE 4 - SUMMARY OF INVESTMENTS:

Through October 31, 2014, the Plan had a trust agreement with State Street Bank and Trust Company ("State Street"). As of November 1, 2014, the Plan has a trust agreement with Fidelity Management Trust Company ("Fidelity"). State Street, previously, and Fidelity, currently, maintains the participants' contributions in mutual funds. The accounts are credited with earnings underlying the investments and charged for Plan withdrawals. The investments are included in the financial statements at fair value, as reported by Fidelity at year end.

NOTE 4 - SUMMARY OF INVESTMENTS: (Continued)

Participants direct the investment of their contributions into various investment options held previously by State Street, and currently by Fidelity. Participants may change their investment options at the times permitted by the Plan Administrator.

The assets held for investment are invested in the following funds as directed by the participants:

Fidelity GNMA Fund
Fidelity Contrafund
Fidelity Money Market Trust Retirement Money Market Portfolio
Spartan Extended Market Index Fund
Spartan International Index Fund
Spartan 500 Index Fund
Delaware Value Institutional Class
Metropolitan West Total Return Bond Fund
Invesco Small Cap Value Fund
Janus Enterprise Fund Class N`
JP Morgan Smartret Inc. Fund
JP Morgan Smartret 2015 Fund
JP Morgan Smartret 2020 Fund
JP Morgan Smartret 2025 Fund
JP Morgan Smartret 2030 Fund
JP Morgan Smartret 2035 Fund
JP Morgan Smartret 2040 Fund
JP Morgan Smartret 2045 Fund
JP Morgan Smartret 2050 Fund
JP Morgan Smartret 2055 Fund
Thornburg Global Opportunities Fund
Principal Real Estate Securities Fund Institutional Class
MFS Research International Fund

NOTE 5 - INFORMATION CERTIFIED BY THE PLAN TRUSTEE (Unaudited):

The Plan management 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, Fidelity Management Trust Company from November 1, 2014 to December 31, 2015, and State Street Bank and Trust Company from January 1, 2014 to October 31, 2014, have certified to the completeness and accuracy of all investments reflected on the accompanying statements of net assets available for Plan benefits as of December 31, 2015 and 2014, and the supplemental Schedule H - Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2015, and the related investment activity reflected in the statement of changes in net assets available for Plan benefits for the years ended December 31, 2015 and 2014.

NOTE 6 - RELATED PARTY TRANSACTIONS:

During the Plan year, the Plan's investments were held by State Street Bank and Trust Company, the Trustee, through October 31, 2014, and, therefore, those transactions qualify as party-in-interest transactions. At December 31, 2015, the Plan's investments were held by Fidelity Management Trust Company, the Trustee, and therefore those transactions qualify as party-in-interest transactions. In addition, the Plan's investments include investments held by Morgan Stanley. Morgan Stanley receives revenue as advisor to the Plan and has funds within the Plan. Therefore, those transactions qualify as party-in-interest transactions.

NOTE 7 - FAIR VALUE MEASUREMENTS:

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

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; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

NOTE 7 - FAIR VALUE MEASUREMENTS: (Continued)

Investment Valuation and Income Recognition:
Following is a description of the valuation methodology used for assets measured at fair value. There have been no changes in the methodology used at December 31, 2015 and 2014.

> ***Mutual Funds/Money Market:*** Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded (Level 1 input).

The preceding method 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 method is appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2015 and 2014:

Assets at Fair Value as of December 31, 2015

	Level 1	Level 2	Level 3	Total
Money Market	$ 1,243,363	$ -	$ -	$ 1,243,363
Mutual Funds	15,733,537	-	-	15,733,537
Total Assets at Fair Value	$16,976,900	$ -	$ -	$16,976,900

Assets at Fair Value as of December 31, 2014

	Level 1	Level 2	Level 3	Total
Money Market	$ 1,703,294	$ -	$ -	$ 1,703,294
Mutual Funds	14,530,939	-	-	14,530,939
Total Assets at Fair Value	$16,234,233	$ -	$ -	$16,234,233

NOTE 8 - RECONCILIATION OF FORM 5500 TO FINANCIAL STATEMENTS:

The following is a reconciliation of net assets per Form 5500 to the financial statements:

	December 31, 2015	December 31, 2014
Net Assets Available for Benefits per Form 5500	$ 17,178,739	$ 16,422,364
Deemed distributions from Plan assets	34,630	39,255
Employee contributions receivable not reflected on Form 5500	4,347	8,222
Employer contributions receivable not reflected on Form 5500	563,186	520,957
Net Assets Available for Benefits per Financial Statements	$ 17,780,902	$ 16,990,798

The following is a reconciliation of the changes in net assets per Form 5500 to the financial statements for the years ended:

	December 31, 2015	December 31, 2014
Changes in Net Assets per Form 5500	$ 756,375	$ 1,515,327
Change in deemed distributions from Plan assets	(4,625)	(19,970)
Employer contributions receivable not reflected on Form 5500	563,186	520,957
Prior year employer contributions not reflected on Form 5500	(520,957)	(485,791)
Employee contributions receivable not reflected on Form 5500	4,347	8,222
Prior year employer contributions not reflected on Form 5500	(8,222)	-
Changes in Net Assets per Financial Statements	$ 790,104	$ 1,538,745

Deemed distributions represent participant loans pending foreclosure. Per Internal Revenue Service ("IRS") regulations, all participant loans pending foreclosure related to active participants are required to be reported as Plan assets until a distributable event occurs. Accordingly, a difference occurs between net assets available for benefits per the financial statements to Form 5500 as Department of Labor regulations require loans pending foreclosure be reported as deemed distributions on Form 5500.

NOTE 9 - PLAN TERMINATION:

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. Any unallocated assets of the Plan shall be allocated to participants' accounts and distributed in such a manner as the Plan Document describes. In the event of Plan termination, participants will become 100% vested in their accounts.

NOTE 10 - TAX STATUS:

The prototype Plan Sponsor has obtained an opinion letter from the IRS dated March 31, 2014, in which the IRS stated that the prototype plan document was in compliance with applicable requirements of the IRC.

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 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 has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions, however, there are no audits for any periods in progress. The Plan Administrator believes it is no longer subject to income tax examination for years prior to 2012.

OGDEN CAP PROPERTIES, LLC 401(k) PLAN

SCHEDULE H - LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2015

EIN: 56-2356978
Plan No. 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(e) Current Value
*	Fidelity Trust Retirement Money Market Portfolio	Money Market	$ 1,243,363
	Total Money Market		1,243,363
*	Fidelity GNMA Fund	Mutual funds	544,011
*	Fidelity Contrafund	Mutual funds	784,350
	Spartan Extended Market Index Fund	Mutual funds	133,415
	Spartan International Index Fund	Mutual funds	190,011
	Spartan 500 Index Fund	Mutual funds	1,398,042
	Delaware Fund Institutional Class	Mutual funds	943,228
	Metropolitan West Total Return Bond Fund Class M	Mutual funds	906,187
	Invesco Small Cap Value Fund Class A	Mutual funds	499,875
	Janus Enterprise Fund Class N	Mutual funds	561,858
	MFS Research International Fund Class R3	Mutual funds	253,767
	JP Morgan Smartret Inc Fund	Mutual funds	727,367
	JP Morgan Smartret 2015 Fund	Mutual funds	444,992
	JP Morgan Smartret 2020 Fund	Mutual funds	719,767
	JP Morgan Smartret 2025 Fund	Mutual funds	1,423,367
	JP Morgan Smartret 2030 Fund	Mutual funds	2,404,034
	JP Morgan Smartret 2035 Fund	Mutual funds	1,747,807
	JP Morgan Smartret 2040 Fund	Mutual funds	223,327
	JP Morgan Smartret 2045 Fund	Mutual funds	357,604
	JP Morgan Smartret 2050 Fund	Mutual funds	280,619
	JP Morgan Smartret 2055 Fund	Mutual funds	98,289
	Thornburg Global Opportunities Fund Class R5	Mutual funds	529,101
	Principal Real Estate Securities Fund Institutional Class	Mutual funds	562,519
	Total Mutual Funds		15,733,537
*	Notes Receivable from Participants	Rates range from 4.25% to 10.25% maturing through March 2021	236,469
			$ 17,213,369

* *Denotes party-in-interest*

OGDEN CAP PROPERTIES, LLC
401(k) PLAN

FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE

DECEMBER 31, 2015 AND 2014



SOBEL & CO. LLC
CERTIFIED PUBLIC ACCOUNTANTS & ADVISORS

OGDEN CAP PROPERTIES, LLC 401(k) PLAN

DECEMBER 31, 2015 AND 2014

CONTENTS

	Page
Independent Auditors' Report…….……	1-2
Financial Statements:	
Statements of Net Assets Available for Benefits……	3
Statements of Changes in Net Assets Available for Benefits…….	4
Notes to Financial Statements…….……	5-14
Supplemental Schedule:	
Schedule H - Line 4i - Schedule of Assets (Held at End of Year)……..…	15

SOBEL & CO. LLC
CERTIFIED PUBLIC ACCOUNTANTS & ADVISORS

293 Eisenhower Parkway
Livingston, NJ 07039-1711
Office: 973-994-9494
Fax: 973-994-1571
www.sobel-cpa.com

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
Ogden CAP Properties, LLC 401(k) Plan
New York, New York

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Ogden CAP Properties, LLC 401(k) Plan ("Plan"), which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits 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 information summarized in Note 5, which was certified by State Street Bank and Trust Company and Fidelity Management Trust Company, the Trustees of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan Administrator that Fidelity Management Trust Company held the Plan's investment assets and executed investment transactions from November 1, 2014 to December 31, 2015, and that State Street Bank and Trust Company held the Plan's investment assets and executed investment transactions for the period January 1, 2014 to October 31, 2014. The Plan Administrator has obtained a certification from the Trustees as of and for the years ended December 31, 2015 and 2014, that the information provided to the Plan Administrator by the Trustees is complete and accurate.

Member of Allinial GLOBAL

Disclaimer of Opinion

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

Other Matters

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

Report on Form and Content in Compliance with Department of Labor Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the Trustees, has been audited by us and are 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.



Certified Public Accountants

Livingston, New Jersey
August 30, 2016

OGDEN CAP PROPERTIES, LLC 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31, 2015	2014
ASSETS		
INVESTMENTS AT FAIR VALUE:		
Money market fund	$ 1,243,363	$ 1,703,294
Mutual funds	15,733,537	14,530,939
Total Investments at Fair Value	16,976,900	16,234,233
RECEIVABLES:		
Notes receivable from participants	236,469	227,386
Participant contributions	4,347	8,222
Employer contributions	563,186	520,957
Total Receivables	804,002	756,565
NET ASSETS AVAILABLE FOR BENEFITS	$ 17,780,902	$ 16,990,798

OGDEN CAP PROPERTIES, LLC 401(k) PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Year Ended December 31, 2015	2014
Additions:		
Investment (loss) income:		
Dividends and interest	$ 526,874	$ 459,907
Net (depreciation) appreciation in fair value of investments	(628,573)	550,242
Investment (Loss) Income, Net	(101,699)	1,010,149
Interest income on notes receivable from participants	7,503	11,458
Contributions:		
Employer	564,144	520,957
Participants	1,187,245	1,086,985
Rollover	184,852	3,183
Total Contributions	1,936,241	1,611,125
Total Additions	1,842,045	2,632,732
Deductions:		
Benefits paid to participants	1,043,735	1,091,787
Administrative expenses	8,206	2,200
Total Deductions	1,051,941	1,093,987
NET INCREASE	790,104	1,538,745
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	16,990,798	15,452,053
End of year	$ 17,780,902	$ 16,990,798

NOTE 1 - PLAN DESCRIPTION:

The Ogden CAP Properties, LLC 401(k) Plan ("Plan") is administered by Ogden CAP Properties, LLC ("Company"). The following description of the Plan is provided for general information purposes only. More complete information is provided in the Summary Plan Description and Plan Document, which are available from the Company. Effective November 1, 2014, the Plan was amended to reflect a change in the Trustee from State Street Bank and Trust Company to Fidelity Management Trust Company. As a result of this change, participants can no longer contribute to investment options offered by State Street Bank and Trust Company.

General:
The Plan is a defined-contribution, profit-sharing plan covering eligible employees of the Company and certain affiliates of the Company. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Eligibility:
The Plan covers all eligible employees of the Company other than those covered under collective bargaining agreements. Eligible employees must be 21 years of age; no service requirement is necessary to participate in the Plan. Employees can enter the Plan on the first day of the following month after meeting the eligibility requirements.

Contributions:
Participants may make voluntary pretax contributions and Roth 401(k) contributions to the Plan from 1% to 80% of eligible compensation, as defined in the Plan. The Plan accepts rollover contributions from other qualified retirement plans in accordance with ERISA. Contributions are placed into the trust fund for the benefit of the Plan's participants. Contributions are subject to certain limitations as stipulated by the Internal Revenue Code ("IRC"). Participants who have attained age 50 before the end of the Plan Year are eligible to make catch-up contributions in accordance with, and subject to, IRC statutory limits.

The Plan allows the Company to make safe harbor, matching contributions only to those employees who contribute to the Plan, up to 100% of the first 4% of a participant's eligible earnings.

The Plan allows the Company to make nonelective contributions to the Plan at the discretion of the Company's management. If the Company makes a nonelective contribution, it is allocated to participants in proportion to a participant's eligible earnings compared to the eligible earnings of the other participants. As of December 31, 2015 and 2014, there were no nonelective contributions made to the Plan.

Participant Accounts:
Each participant's account is credited with the participant's contribution and allocation of: (a) the Company's contribution; (b) Plan earnings, gains or losses, and (c) charged with an allocation of administrative expenses. Allocations are based on a participant's compensation or account balances, as defined in the Plan Document.

NOTE 1 - PLAN DESCRIPTION: (Continued)

Participant Accounts: (Continued)
The Plan permits participants to self-direct the investments of their accounts in a variety of investment options. All participants have elected to self-direct their accounts. 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 vested in their voluntary contributions, plus earnings thereon.

For calendar years 2015 and 2014, participants are immediately vested in the Company's safe harbor matching contributions. In the event of death or disability while employed, participants become 100% vested in all Company contributions and earnings thereon.

Participants may roll over all or part of their investments from, or to, the Plan. They are always 100% vested when they roll over their investments from other qualified, defined-contribution or defined-benefit plans into the Plan.

If a participant terminates employment with the Company for any other reason besides death, disability or attainment of age 65 (the Plan's normal retirement age), any nonelective contributions are subject to the vesting schedule below:

Years of Service	Percentage	Years of Service	Percentage
Less than 1	0	At least 3, but less than 4	60
At least 1, but less than 2	20	At least 4, but less than 5	80
At least 2, but less than 3	40	5 or more	100

Investment Options:
Upon enrollment in the Plan, participants may direct their employee and Company contributions by percentages into any of the investment options available. Participants may change their investment options at any time.

Notes Receivable from Participants:
Participants may borrow up to a maximum amount equal to the lesser of $50,000 or 50% of their vested account balance. The minimum loan allowed is $1,000. Each loan is secured by the vested balance in the participant's account and bears interest at rates which are commensurate with local prevailing rates as determined by the Plan Administrator. Only two loans per participant can be outstanding at a time. Loans have a maximum term of not more than five years, unless the loan is used to acquire the borrower's principal residence, in which case the term may exceed 5 years up to 30 years. Principal and interest payments may be made through payroll deductions and there is no penalty for early repayment of loan balances. The interest rate on participants' loans range from 4.25% to 10.25%. The interest rate on loans to participants is the prime interest rate (3.25% through December 16, 2015, and 3.5% for the period December 17, 2015 to December 31, 2015) plus 1%.

NOTE 1 - PLAN DESCRIPTION: (Continued)

Payment of Benefits:
After retirement, participants with account balances greater than $5,000 are entitled to receive a lump-sum distribution, monthly installments or partial withdrawals. The payment of benefits generally can be deferred to the later of age 70 ½ or age at retirement. Unless otherwise designated, if the participant is married, his/her spouse is the beneficiary or, if single, the participant's estate is the beneficiary. Upon termination, vested benefits can be rolled over to another qualified plan or an Individual Retirement Account ("IRA"), or distributed in a lump-sum payment, partial withdrawals or an annuity. If vested balance is $5,000 or less, any amount exceeding $1,000 will be distributed to an IRA or Annuity for the participant's benefit. If the participant's vested balance is $1,000 or less, participants will receive a lump sum distribution without consent.

Hardship withdrawals are subject to approval by the Plan Administrator and also subject to income tax withholding.

In-service Withdrawals:
Participants attaining the age of 59 ½ may request a withdrawal of all or part of the vested portion of their account. Also, in the event a participant suffers financial hardship, as defined in the Plan, the participant may withdraw all or part of the vested portion of their account excluding the participant's elective contributions earnings and safe harbor contributions.

Retirement:
The Plan's normal retirement age is 65. There is no early retirement provision under the Plan.

Forfeitures:
Forfeitures are allocated to either reduce administrative expenses or reduce future Company contributions. As of December 31, 2015 and 2014, there were no forfeited, nonvested accounts and no forfeitures were used.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Basis of Accounting:
The accompanying financial statements have been prepared on the accrual basis of accounting.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES: (Continued)

New Accounting Pronouncement:
In July 2015, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") No. 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Plans (Topic 962) and Health and Welfare Benefit Plans (Topic 965): (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient*. Part I clarifies fully benefit-responsive investment contracts are limited to direct investments between the Plan and the issuer. Part I is not applicable to the Plan. Part II eliminates the requirements to disclose individual investments that represent 5% or more of net assets available for benefits and the net appreciation or depreciation in fair value of investments by general type. Part II also simplifies the level of disaggregation of investments that are measured at fair value. Plans will continue to disaggregate investments that are measured at fair value by general type; however, plans are no longer required to also disaggregate investments by nature, characteristics and risks. Further, the disclosure of information about fair value measurements should be provided by general type of plan asset. Part III is not applicable to the Plan. ASU No. 2015-12 is effective for fiscal years beginning after December 15, 2015, with early adoption permitted. Part II is to be applied retrospectively. Plan management has evaluated the impact of this update and does not expect it will have a material effect on the Plan's financial statements.

Investment Valuation and Income Recognition:
Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Review Committee determines the Plan's valuation policies utilizing information provided by the investment advisers and custodians. See Note 7 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Dividend income is recorded on the ex-dividend date. Interest income is recorded as earned on the accrual basis. Net appreciation (depreciation) includes the Plan's 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. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. Delinquent notes receivable from participants are recorded as a distribution based upon the terms of the Plan Document. No allowance for credit losses has been recorded as of December 31, 2015 or 2014.

Benefit Payments:
Benefits are recorded when paid.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES: (Continued)

Administrative Expenses and Participant Transaction Fees:
Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of notes receivable from participants, investment fees, and certain plan administration fees not covered by the Company are charged directly to the participant's account and are included in administrative expenses. Investment-related expenses are included in net (depreciation) appreciation of fair value of investments.

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

Subsequent Events:
The Company has evaluated its subsequent events and transactions occurring after December 31, 2015 through August 30, 2016, the date the financial statements were available to be issued.

NOTE 3 - RISKS AND UNCERTAINTIES:

The assets of the Plan are primarily financial instruments which are monetary in nature. As a result, interest rates have a more significant impact on the Plan's performance than the effects of general levels of inflation. Interest rates do not necessarily move in the same direction or in the same magnitude as the prices of goods and services as measured by the consumer price index. Investments in funds are subject to risk conditions of the individual fund objectives, stock market fluctuations, interest rates, economic conditions and world affairs.

NOTE 4 - SUMMARY OF INVESTMENTS:

Through October 31, 2014, the Plan had a trust agreement with State Street Bank and Trust Company ("State Street"). As of November 1, 2014, the Plan has a trust agreement with Fidelity Management Trust Company ("Fidelity"). State Street, previously, and Fidelity, currently, maintains the participants' contributions in mutual funds. The accounts are credited with earnings underlying the investments and charged for Plan withdrawals. The investments are included in the financial statements at fair value, as reported by Fidelity at year end.

NOTE 4 - SUMMARY OF INVESTMENTS: (Continued)

Participants direct the investment of their contributions into various investment options held previously by State Street, and currently by Fidelity. Participants may change their investment options at the times permitted by the Plan Administrator.

The assets held for investment are invested in the following funds as directed by the participants:

Fidelity GNMA Fund
Fidelity Contrafund
Fidelity Money Market Trust Retirement Money Market Portfolio
Spartan Extended Market Index Fund
Spartan International Index Fund
Spartan 500 Index Fund
Delaware Value Institutional Class
Metropolitan West Total Return Bond Fund
Invesco Small Cap Value Fund
Janus Enterprise Fund Class N`
JP Morgan Smartret Inc. Fund
JP Morgan Smartret 2015 Fund
JP Morgan Smartret 2020 Fund
JP Morgan Smartret 2025 Fund
JP Morgan Smartret 2030 Fund
JP Morgan Smartret 2035 Fund
JP Morgan Smartret 2040 Fund
JP Morgan Smartret 2045 Fund
JP Morgan Smartret 2050 Fund
JP Morgan Smartret 2055 Fund
Thornburg Global Opportunities Fund
Principal Real Estate Securities Fund Institutional Class
MFS Research International Fund

NOTE 5 - INFORMATION CERTIFIED BY THE PLAN TRUSTEE (Unaudited):

The Plan management 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, Fidelity Management Trust Company from November 1, 2014 to December 31, 2015, and State Street Bank and Trust Company from January 1, 2014 to October 31, 2014, have certified to the completeness and accuracy of all investments reflected on the accompanying statements of net assets available for Plan benefits as of December 31, 2015 and 2014, and the supplemental Schedule H - Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2015, and the related investment activity reflected in the statement of changes in net assets available for Plan benefits for the years ended December 31, 2015 and 2014.

NOTE 6 - RELATED PARTY TRANSACTIONS:

During the Plan year, the Plan's investments were held by State Street Bank and Trust Company, the Trustee, through October 31, 2014, and, therefore, those transactions qualify as party-in-interest transactions. At December 31, 2015, the Plan's investments were held by Fidelity Management Trust Company, the Trustee, and therefore those transactions qualify as party-in-interest transactions. In addition, the Plan's investments include investments held by Morgan Stanley. Morgan Stanley receives revenue as advisor to the Plan and has funds within the Plan. Therefore, those transactions qualify as party-in-interest transactions.

NOTE 7 - FAIR VALUE MEASUREMENTS:

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

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; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

NOTE 7 - FAIR VALUE MEASUREMENTS: (Continued)

Investment Valuation and Income Recognition:
Following is a description of the valuation methodology used for assets measured at fair value. There have been no changes in the methodology used at December 31, 2015 and 2014.

> ***Mutual Funds/Money Market:*** Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded (Level 1 input).

The preceding method 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 method is appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2015 and 2014:

Assets at Fair Value as of December 31, 2015

	Level 1	Level 2	Level 3	Total
Money Market	$ 1,243,363	$ -	$ -	$ 1,243,363
Mutual Funds	15,733,537	-	-	15,733,537
Total Assets at Fair Value	$16,976,900	$ -	$ -	$16,976,900

Assets at Fair Value as of December 31, 2014

	Level 1	Level 2	Level 3	Total
Money Market	$ 1,703,294	$ -	$ -	$ 1,703,294
Mutual Funds	14,530,939	-	-	14,530,939
Total Assets at Fair Value	$16,234,233	$ -	$ -	$16,234,233

NOTE 8 - RECONCILIATION OF FORM 5500 TO FINANCIAL STATEMENTS:

The following is a reconciliation of net assets per Form 5500 to the financial statements:

	December 31, 2015	December 31, 2014
Net Assets Available for Benefits per Form 5500	$ 17,178,739	$ 16,422,364
Deemed distributions from Plan assets	34,630	39,255
Employee contributions receivable not reflected on Form 5500	4,347	8,222
Employer contributions receivable not reflected on Form 5500	563,186	520,957
Net Assets Available for Benefits per Financial Statements	$ 17,780,902	$ 16,990,798

The following is a reconciliation of the changes in net assets per Form 5500 to the financial statements for the years ended:

	December 31, 2015	December 31, 2014
Changes in Net Assets per Form 5500	$ 756,375	$ 1,515,327
Change in deemed distributions from Plan assets	(4,625)	(19,970)
Employer contributions receivable not reflected on Form 5500	563,186	520,957
Prior year employer contributions not reflected on Form 5500	(520,957)	(485,791)
Employee contributions receivable not reflected on Form 5500	4,347	8,222
Prior year employer contributions not reflected on Form 5500	(8,222)	-
Changes in Net Assets per Financial Statements	$ 790,104	$ 1,538,745

Deemed distributions represent participant loans pending foreclosure. Per Internal Revenue Service ("IRS") regulations, all participant loans pending foreclosure related to active participants are required to be reported as Plan assets until a distributable event occurs. Accordingly, a difference occurs between net assets available for benefits per the financial statements to Form 5500 as Department of Labor regulations require loans pending foreclosure be reported as deemed distributions on Form 5500.

NOTE 9 - PLAN TERMINATION:

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. Any unallocated assets of the Plan shall be allocated to participants' accounts and distributed in such a manner as the Plan Document describes. In the event of Plan termination, participants will become 100% vested in their accounts.

NOTE 10 - TAX STATUS:

The prototype Plan Sponsor has obtained an opinion letter from the IRS dated March 31, 2014, in which the IRS stated that the prototype plan document was in compliance with applicable requirements of the IRC.

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 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 has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions, however, there are no audits for any periods in progress. The Plan Administrator believes it is no longer subject to income tax examination for years prior to 2012.

OGDEN CAP PROPERTIES, LLC 401(k) PLAN

SCHEDULE H - LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2015

EIN: 56-2356978
Plan No. 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(e) Current Value
*	Fidelity Trust Retirement Money Market Portfolio	Money Market	$ 1,243,363
	Total Money Market		1,243,363
*	Fidelity GNMA Fund	Mutual funds	544,011
*	Fidelity Contrafund	Mutual funds	784,350
	Spartan Extended Market Index Fund	Mutual funds	133,415
	Spartan International Index Fund	Mutual funds	190,011
	Spartan 500 Index Fund	Mutual funds	1,398,042
	Delaware Fund Institutional Class	Mutual funds	943,228
	Metropolitan West Total Return Bond Fund Class M	Mutual funds	906,187
	Invesco Small Cap Value Fund Class A	Mutual funds	499,875
	Janus Enterprise Fund Class N	Mutual funds	561,858
	MFS Research International Fund Class R3	Mutual funds	253,767
	JP Morgan Smartret Inc Fund	Mutual funds	727,367
	JP Morgan Smartret 2015 Fund	Mutual funds	444,992
	JP Morgan Smartret 2020 Fund	Mutual funds	719,767
	JP Morgan Smartret 2025 Fund	Mutual funds	1,423,367
	JP Morgan Smartret 2030 Fund	Mutual funds	2,404,034
	JP Morgan Smartret 2035 Fund	Mutual funds	1,747,807
	JP Morgan Smartret 2040 Fund	Mutual funds	223,327
	JP Morgan Smartret 2045 Fund	Mutual funds	357,604
	JP Morgan Smartret 2050 Fund	Mutual funds	280,619
	JP Morgan Smartret 2055 Fund	Mutual funds	98,289
	Thornburg Global Opportunities Fund Class R5	Mutual funds	529,101
	Principal Real Estate Securities Fund Institutional Class	Mutual funds	562,519
	Total Mutual Funds		15,733,537
*	Notes Receivable from Participants	Rates range from 4.25% to 10.25% maturing through March 2021	236,469
			$ 17,213,369

* *Denotes party-in-interest*