

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 <u>01/01/2015</u> and ending <u>12/31/2015</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information		
1a Name of plan	<u>THE INLAND GROUP, INC. SAVINGS PLAN</u>	1b Three-digit plan number (PN) ▶	<u>001</u>
		1c Effective date of plan	<u>07/01/1983</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)	<u>THE INLAND GROUP, INC.</u> <u>2901 BUTTERFIELD ROAD</u> <u>OAK BROOK, IL 60523</u>		
	2b Employer Identification Number (EIN)	<u>36-3189393</u>	
	2c Plan Sponsor's telephone number	<u>630-586-6303</u>	
	2d Business code (see instructions)	<u>531110</u>	

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2016	NORA O'CONNOR
	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 ☒ Same as Plan Sponsor	3b Administrator's EIN
	3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 1754
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) 914
a(2) Total number of active participants at the end of the plan year	6a(2) 618
b Retired or separated participants receiving benefits.....	6b 4
c Other retired or separated participants entitled to future benefits.....	6c 643
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 1265
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 4
f Total. Add lines 6d and 6e	6f 1269
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g 1266
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 90
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2J 2G 2K 3H 2F 2T 2S 3D	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>2</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 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 THE INLAND GROUP, INC. SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE INLAND GROUP, INC.	D Employer Identification Number (EIN) 36-3189393	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
--------	---	--

1 Coverage Information:

(a) Name of insurance carrier PRUDENTIAL RETIREMENT INSURANCE & ANNUITY CO.
--

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1050034	93629	36720-001	0	01/01/2015	03/31/2015

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

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

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	0
5 Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **GUARANTEED ACCOUNT CONTRACT**

b Balance at the end of the previous year	7b	14809818
--	-----------	----------

c Additions: (1) Contributions deposited during the year	7c(1)	363035	
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	66824	
(4) Transferred from separate account	7c(4)		
(5) Other (specify below)	7c(5)	50652	

▶ **LOAN PRINCIPAL AND INTEREST TRANSFERS**

(6) Total additions	7c(6)	480511
---------------------------	--------------	--------

d Total of balance and additions (add lines 7b and 7c(6))	7d	15290329
---	-----------	----------

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	15167859	
(2) Administration charge made by carrier	7e(2)	37	
(3) Transferred to separate account	7e(3)	120856	
(4) Other (specify below)	7e(4)	1577	

▶ **LOANS ISSUED**

(5) Total deductions	7e(5)	15290329
----------------------------	--------------	----------

f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0
---	-----------	---

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 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 THE INLAND GROUP, INC. SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE INLAND GROUP, INC.		
		D Employer Identification Number (EIN) 36-3189393

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
---------------	---

1 Coverage Information:

(a) Name of insurance carrier
NEW YORK LIFE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5582869	66915	QK62958	1266	03/31/2015	12/31/2015

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

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

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 10373154**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 0**c** Additions: (1) Contributions deposited during the year **7c(1)** 418415(2) Dividends and credits **7c(2)**(3) Interest credited during the year **7c(3)** 110778(4) Transferred from separate account **7c(4)**(5) Other (specify below) **7c(5)** 12316414

▶ LOAN PRINCIPAL, INTEREST, TRANSFERS IN, AND FORFEITURES

(6) Total additions **7c(6)** 12845607**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 12845607**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 1845722(2) Administration charge made by carrier **7e(2)** 4419(3) Transferred to separate account **7e(3)** 598187(4) Other (specify below) **7e(4)** 24125

▶ LOANS ISSUED

(5) Total deductions **7e(5)** 2472453**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**). **7f** 10373154

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	
Specify nature of costs ▶		

Part IV Provision of Information

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

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

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

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan THE INLAND GROUP, INC. SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE INLAND GROUP, INC.	D Employer Identification Number (EIN) 36-3189393	

Part I	Service Provider Information (see instructions)
---------------	--

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
PRUDENTIAL RETIREMENT INSURANCE AND
06-1050034

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
TRANSAMERICA RETIREMENT SOLUTIONS
13-3689044

(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)

MESIROW FINANCIAL, INC.

36-3194849

(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?
16 27	CONSULTING	17200	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PRUDENTIAL RETIREMENT INSURANCE AND

06-1050034

(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?
13 15 37 49 50 64	RECORDKEEPER	600	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

BKD

44-0160260

(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?
10 50	AUDIT	9700	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)

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

(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?
12 15 28 37 38 50 54 59 61 62 63 64 65	RECORD KEEPER	69408	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

NATIONAL FINANCIAL SERVICES

04-3523567

(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?
33 71	SECURITIES BROKER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

MID ATLANTIC CAPITAL CORPORATION

25-1409618

(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?
33 71	SECURITIES BROKER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	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
NATIONAL FINANCIAL SERVICES	33 71	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.	
ARTISAN FUNDS 875 EAST WISCONSIN AVE SUITE 800 MILWAUKEE, WI 53202	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33 71	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.	
BLACKROCK 40 EAST 52ND ST #3 NEW YORK, NY 10022	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33 71	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.	
FIDELITY 100 CROSBY PARKWAY 16TH FLOOR COVINGTON, KY 41015	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	

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
NATIONAL FINANCIAL SERVICES	33 71	0
(d) Enter name and EIN (address) of source of indirect compensation		
GOLDMAN SACHS 3414 PEACHTREE ROAD NE SUITE 600 ATLANTA, GA 30326		REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)
(a) Enter service provider name as it appears on line 2		
NATIONAL FINANCIAL SERVICES	33 71	0
(d) Enter name and EIN (address) of source of indirect compensation		
INVESCO 11 GREENWAY PLAZA SUITE 100 HOUSTON, TX 77046		REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)
(a) Enter service provider name as it appears on line 2		
NATIONAL FINANCIAL SERVICES	33 71	0
(d) Enter name and EIN (address) of source of indirect compensation		
JANUS 30 DAN ROAD SUITE 55932 CANTON, MA 02021		REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)

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
NATIONAL FINANCIAL SERVICES	33 71	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 30 DAN ROAD CANTON, MA 02021	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33 71	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.	
OAKMARK 330 WEST 9TH STREET KANSAS CITY, MO 64105	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33 71	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.	
OPPENHEIMER TWO WORLD FINANCIAL CENTER 225 LIBERTY STREET NEWARK, NJ 07102	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	

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
NATIONAL FINANCIAL SERVICES	33 71	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.	
PIMCO 1345 AVENUE OF THE AMERICAS 32ND FL NEW YORK, NY 10105	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33 71	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.	
PRINCIPAL 711 HIGH STREET DES MOINES, IA 50309	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33 71	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.	
VICTORY 3435 STELZER RD COLUMBUS, OH 43219	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	

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
MID ATLANTIC CAPITAL CORPORATION	33 71	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.
FRANKLIN 100 FOUNTAIN PARKWAY ST. PETERSBURG, FL 33716	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MID ATLANTIC CAPITAL CORPORATION	33 71	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.
NEW YORK LIFE 51 MADISON AVENUE 36TH FLOOR NEW YORK, NY 10010	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)

(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

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection.
---	--	--

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

A Name of plan <u>THE INLAND GROUP, INC. SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>THE INLAND GROUP, INC.</u>	D Employer Identification Number (EIN) <u>36-3189393</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SA/JANUS BALANCED STRAT</u>		
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT INS.</u>		
c EIN-PN <u>06-1050034-180</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FDLTY CONTRAFUND ACCOUNT</u>		
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT INS.</u>		
c EIN-PN <u>06-1050034-091</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SA/T ROWE PR GR STK STRAT</u>		
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT INS.</u>		
c EIN-PN <u>06-1050034-435</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MID CAP GROWTH/ARTISAN</u>		
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT INS.</u>		
c EIN-PN <u>06-1050034-185</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SA/INV SM CAP GROW STRAT</u>		
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT INS.</u>		
c EIN-PN <u>06-1050034-293</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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 THE INLAND GROUP, INC. SAVINGS PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE INLAND GROUP, INC.	D Employer Identification Number (EIN) 36-3189393	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
	Assets			
a	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	153	
	(2) Participant contributions	1b(2)	482	
	(3) Other.....	1b(3)		167
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		146734
	(2) U.S. Government securities.....	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)	656767	460690
	(9) Value of interest in common/collective trusts.....	1c(9)		
	(10) Value of interest in pooled separate accounts.....	1c(10)	18614145	0
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	28716971	37240354
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	14809818	10373154
	(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	62798336	48221099

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	62798336	48221099
---	-----------	----------	----------

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)	977467	
(B) Participants	2a(1)(B)	3881846	
(C) Others (including rollovers)	2a(1)(C)	269705	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		5129018
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	13	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	21732	
(F) Other	2b(1)(F)	177603	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		199348
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	616405	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		616405
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		777698
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-429223
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		6293246

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4971966	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		4971966
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	9920	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	17200	
(4) Other	2i(4)	132608	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		159728
j Total expenses. Add all expense amounts in column (b) and enter total	2j		5131694

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1161552
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		15738789

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: **BKD LLP**

(2) EIN: **44-0160260**

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.)		☒		
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.)		☒		

	Yes	No	N/A	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X		
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X		
e Was this plan covered by a fidelity bond?	X			1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X		
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X		
l Has the plan failed to provide any benefit when due under the plan?		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	X			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	X			
o Did the plan trust incur unrelated business taxable income?				
p Were in-service distributions made during the plan year?				

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?

If "Yes," enter the amount of any plan assets that reverted to the employer this year. ☐ Yes ☒ No Amount:

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
INVENTRUST PROPERTIES CORP. SAVINGS PLAN	34-2019608	001

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

Part V Trust Information

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

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

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

A Name of plan <u>THE INLAND GROUP, INC. SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE INLAND GROUP, INC.</u>	D Employer Identification Number (EIN) <u>36-3189393</u>

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>22-1211670</u> <u>13-3689044</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

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

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

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

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

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

Schedule R (Form 5500) 2015
v. 150123

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

Part VII	IRS Compliance Questions
-----------------	---------------------------------

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

The Inland Group, Inc. Savings Plan

EIN 36-3189393 PN 001

Independent Auditor's Report and Financial Statements

December 31, 2015 and 2014

The Inland Group, Inc. Savings Plan
December 31, 2015 and 2014

Contents

Independent Auditor's Report	1
---	----------

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

Supplemental Schedule

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)	14
--	----

Independent Auditor's Report

Trustees
The Inland Group, Inc. Savings Plan
Oak Brook, Illinois

Report on Financial Statements

We were engaged to audit the accompanying financial statements of The Inland Group, Inc. Savings 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting our 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, auditing procedures with respect to the information summarized in Note 4, which was certified by Prudential Retirement Insurance and Annuity Company and Prudential Bank and Trust, F.S.B., custodians, and State Street Bank and Trust Company, trustee, 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 State Street Bank and Trust Company held the Plan's investment assets and notes receivable from participants and executed transactions related to those assets as of December 31, 2015, and for the period April 1, 2015 to December 31, 2015, and that Prudential Retirement Insurance and Annuity Company and Prudential Bank and Trust, F.S.B. held the Plan's investment assets and notes receivable from participants and executed transactions related to those assets as of December 31, 2014, and for the period January 1, 2014 to March 31, 2015.

The plan administrator has obtained certifications from the custodians and trustee, as of and for the years ended December 31, 2015 and 2014, that the information provided to the plan administrator by the custodians and trustee is complete and accurate to the best of their knowledge and belief.

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.

Emphasis of Matter

As discussed in Note 2 to the financial statements, in 2015, the Plan adopted new accounting guidance for fully benefit-responsive investment contracts. Our opinion is not modified with respect to this matter.

Other Matter

The supplemental 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 this supplemental schedule.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodians and trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the *Employee Retirement Income Security Act of 1974*.

BKD, LLP

Oakbrook Terrace, Illinois
October 11, 2016

Federal Employer Identification Number: 44-0160260

The Inland Group, Inc. Savings Plan
Statements of Net Assets Available for Benefits
December 31, 2015 and 2014

	<u>2015</u>	<u>2014</u>
Investments		
At fair value	\$ 37,387,088	\$ 47,331,116
At contract value	<u>10,373,154</u>	<u>14,809,818</u>
Total investments	<u>47,760,242</u>	<u>62,140,934</u>
Receivables		
Notes receivable from participants	460,690	656,767
Accrued interest	167	-
Participant receivables	-	482
Employer receivables	<u>-</u>	<u>153</u>
Total receivables	<u>460,857</u>	<u>657,402</u>
Net Assets Available for Benefits	<u><u>\$ 48,221,099</u></u>	<u><u>\$ 62,798,336</u></u>

The Inland Group, Inc. Savings Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2015 and 2014

	2015	2014
Additions		
Investment income		
Net appreciation in fair value of investments	\$ 348,475	\$ 2,409,627
Dividends	616,405	471,558
Interest	177,616	267,029
Net investment income	1,142,496	3,148,214
Interest income on notes receivable from participants	21,732	27,488
Contributions		
Participants	3,881,846	4,861,226
Employer	977,467	987,319
Rollovers	269,705	662,698
Total contributions	5,129,018	6,511,243
Other income	-	64,133
Total additions	6,293,246	9,751,078
Deductions		
Benefits paid directly to participants	4,971,966	3,371,104
Administrative expenses	159,728	67,177
Total deductions	5,131,694	3,438,281
Net Increase	1,161,552	6,312,797
Transfer of Assets From This Plan	15,738,789	-
Net Assets Available for Benefits, Beginning of Year	62,798,336	56,485,539
Net Assets Available for Benefits, End of Year	<u>\$ 48,221,099</u>	<u>\$ 62,798,336</u>

The Inland Group, Inc. Savings Plan

Notes to Financial Statements

December 31, 2015 and 2014

Note 1: Description of the Plan

The following brief description of The Inland Group, Inc. Savings Plan (Plan) is provided for general information purposes only. Participants should refer to the plan document for more complete information.

General

The Inland Group, Inc. Savings Plan was originally established on July 1, 1983. On August 1, 1988, the Plan was amended to provide participants with the option to make pre-tax voluntary contributions under Internal Revenue Code Section 401(k). On January 1, 1993, the Plan was again amended to change the profit-sharing contribution features to allow for the Board of Directors, at their discretion, to authorize the plan sponsor to make an employer-matching or profit-sharing contribution.

Effective January 2007, The Inland Group, Inc. and Inland Great Lakes, LLC, participating employers, adopted the Plan and agreed to be bound by the provisions of the Plan in effect at the time of adoption as well as subsequent amendments to the Plan. The Plan, as amended prior to adoption by the multiple employers, stated that each employer is treated as a separate employer for purposes of contributions, limitations on contributions of highly compensated employees, matching contributions, top-heavy determinations and application of other plan provisions as the plan sponsor determines to be appropriate.

Effective August 1, 2014, Inland Great Lakes, LLC was closed and is no longer a participating employer.

Effective July 1, 2009, Inland American Communities Group, Inc. adopted the Plan as an additional employer. Effective February 27, 2014, Inland American Communities Group, Inc.'s name was changed to Inland American Real Estate Trust, Inc. Effective April 1, 2015, this employer withdrew from the Plan resulting in a total distribution of \$15,738,789 of which \$10,553,752, including \$157,813 of participant loans, was transferred into a newly created plan, and \$5,185,037 was transferred to other participant accounts in connection with this plan withdrawal.

All participating employers, with The Inland Group, Inc. remaining as the only participating employer at December 31, 2015, are hereby referred to as "the Employers."

The Plan is subject to the *Employee Retirement Income Security Act of 1974* (ERISA) and subsequent regulations.

On April 1, 2015, the Company engaged Transamerica Life Insurance Company to assume the recordkeeping and third party administrator services for the Plan and also engaged State Street Bank and Trust Company, conducting business as Transamerica Life Insurance Company, to serve as trustee of the Plan.

The Inland Group, Inc. Savings Plan

Notes to Financial Statements

December 31, 2015 and 2014

Eligibility

An employee who has attained age 18 prior to becoming an employee becomes eligible as of the first day of the month following the date of hire. Each other employee becomes eligible as of the first day of the month following the date age 18 is attained. Unless specifically declined, eligible employees are automatically enrolled in the Plan at an amount equal to 2% of eligible compensation. Such percentage is increased by 1% as of each subsequent anniversary of their plan entry date, not to exceed 10%.

Contributions and Participation

Each year employees may contribute from 2% to 100% of their compensation to the Plan, subject to limitations imposed by the Internal Revenue Code. Participants age 50 or older may contribute an additional amount as a “catch-up contribution.” Participants may also contribute amounts representing distributions from other qualified benefit or defined contribution plans. The Employers’ employer-matching contribution, if any, is determined by the Board of Directors of the participating employers prior to the beginning of a plan year. The Employers may also, at their discretion, make a pay-based profit-sharing contribution to the Plan. The Employers made a matching contribution of \$0.50 on the dollar up to \$1,500 in 2015 and 2014. There were no pay-based profit-sharing contributions for either year. Effective January 1, 2015, Inland American Real Estate Trust, Inc. increased the matching contribution to 100% of the first \$5,000 of compensation that the employee contributes to the Plan as employee contributions,

Participant Accounts

Each participant’s account is credited with the participant’s contribution and allocations of (a) the Employer’s contribution and (b) plan earnings and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested balance.

Vesting

Participants are immediately vested in their voluntary contributions and any qualified employer-matching contributions. Vesting in the remainder of their account is based upon years of service. A participant is 100% vested after five years of service.

Payment of Benefits

Upon termination of service due to death, disability or retirement, the entire vested balance in a participant’s account may be distributed in a lump-sum payment, rolled over into another qualified plan or, if the amount is in excess of \$5,000, in substantially equal annual installments as selected by the participant or beneficiary. Participants may also withdraw elective deferrals or rollover contributions in the event of hardship due to an immediate and heavy financial need, as defined by the Internal Revenue Service.

The Inland Group, Inc. Savings Plan

Notes to Financial Statements

December 31, 2015 and 2014

If a participant terminates prior to death, disability or retirement, with a vested account balance less than \$5,000, the balance of the account will be distributed as soon as administratively feasible.

Notes Receivable From Participants

Participants may borrow from their account a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at a rate of 4.25%, which is commensurate with local prevailing rates for this type of loan as determined by the plan administrator. Principal and interest is paid ratably through monthly payroll deductions and are payable within 5 years, except for loans used to acquire a principal residence, which are payable within 15 years.

Forfeited Accounts

All forfeitures will be applied to reduce the Employers' discretionary-matching contributions to the Plan or to pay the Plan's ordinary and necessary administrative expenses during the plan year. Any remaining forfeitures are to be allocated to participants in the manner described in the Plan. A forfeiture balance of \$84,756 and \$185,213 was available to offset future plan expenses or employer contributions at December 31, 2015 and 2014, respectively. Forfeitures of \$222,053 were used to reduce Employers' discretionary-matching contributions for the year ended December 31, 2015. No forfeitures were used to reduce administrative expenses for the years ended December 31, 2015 and 2014.

Note 2: Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan have been prepared under the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Use of Estimates

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

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value, except for fully benefit-responsive investment contracts which are reported at contract value. The Plan's investments in shares of registered investment companies are valued at quoted market prices of shares held by the Plan at year-end. Investments in pooled separate accounts are valued at net asset value (NAV) of units held. The

The Inland Group, Inc. Savings Plan

Notes to Financial Statements

December 31, 2015 and 2014

NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liability. Fully benefit-responsive investment contracts are valued at contract value. Contract value represents contributions made under the contract, plus interest at the contract rate, less participant withdrawals and administration expenses.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

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

Payment of Benefits

Benefit payments to participants are recorded when paid.

Administrative Expenses

Certain expenses of administering and operating the Plan are paid by the Employers. The Plan pays certain administrative expenses and transaction costs related to participant loans and investment fees. Investment fees are included in the unrealized appreciation of the investments.

Revenue Sharing

The Plan recognizes the income from revenue sharing agreements when received. During 2015 and 2014, the Plan received \$97,850 and \$65,755, respectively, of revenue sharing. During 2015 and 2014, \$27,120 and \$51,183, respectively, was used to pay expenses for professional and investment management and advisory services. During 2015, \$62,600 was allocated to plan participants on a pro-rata basis. At December 31, 2015 and 2014, there was \$61,980 and \$53,850, respectively, of revenue sharing funds available to offset future plan expenses.

Notes Receivable From Participants

Notes receivable from participants are reported at their unpaid principal balance plus any accrued but unpaid interest, with no allowance for credit losses, as repayments of principal and interest are received through payroll deductions.

The Inland Group, Inc. Savings Plan

Notes to Financial Statements

December 31, 2015 and 2014

Changes in Accounting Principles

In 2015, the Plan changed its accounting policy on plan accounting disclosures and presentation for fair value of investments using the net asset value per share by adopting the provisions of ASU 2015-07, *Fair Value Measurement (Topic 820): Disclosures for Investments in Certain Entities that Calculate Net Asset Value per Share (or Its Equivalent)*. In accordance with this guidance, investments measured at net asset value per share as a practical expedient are not categorized within the fair value hierarchy. The change was applied retrospectively to all periods presented.

In 2015, the Plan changed its method of accounting for fully benefit-responsive investment contracts by adopting the provisions of ASU 2015-12, *Plan Accounting (Topics 962 and 965): Part I: Fully Benefit-Responsive Investment Contracts* (FBRICs). The accounting provided for in ASU 2015-12 allows plans to measure, present and disclose fully benefit-responsive investment contracts at contract value. The guidance also clarifies that indirect investments in FBRICs should not be reflected as FBRICs and, therefore, should be reported at fair value. This change was applied retrospectively to all periods presented.

In 2015, the Plan changed its accounting policy on plan accounting disclosures by adopting the provisions of ASU 2015-12, *Plan Accounting (Topics 960, 962 and 965): Part II: Plan Investment Disclosures*. The accounting policy change provided for in ASU 2015-12 changes the Plan's disclosure requirements to eliminate and/or modify certain investment-related disclosures. This change was applied retrospectively for all periods presented.

Note 3: Fair Value of Plan Assets and Liabilities

Generally accepted accounting principles provide a uniform framework for the definition, measurement and disclosure of fair value measurements. Fair value is defined as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. The financial accounting standards establish a fair value hierarchy which requires the plan to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The financial accounting standards describe three levels of inputs that may be used to measure fair value:

- Level 1** Quoted prices (unadjusted) for identical assets or liabilities in active markets that the plan has the ability to access as of the measurement date.
- Level 2** Significant other observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active and other inputs that are observable or can be corroborated by observable market data.
- Level 3** Significant unobservable inputs that reflect a plan's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

The Inland Group, Inc. Savings Plan

Notes to Financial Statements

December 31, 2015 and 2014

The asset'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. There have been no changes in the methodologies used at December 31, 2015 and 2014.

The fair value of registered investment companies is determined by obtaining quoted market prices on nationally recognized securities exchanges (Level 1 inputs).

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

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:

		Fair Value Measurements at Reporting Date Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
	Fair Value			
December 31, 2015				
Interest-bearing cash	\$ 146,734	\$ 146,734	\$ -	\$ -
Registered investment companies	37,240,354	37,240,354	-	-
Total	<u>\$ 37,387,088</u>	<u>\$ 37,387,088</u>	<u>\$ -</u>	<u>\$ -</u>
December 31, 2014				
Registered investment companies (included in fair value hierarchy)	\$ 28,716,971	\$ 28,716,971	\$ -	\$ -
Investments measured at net asset value (A)	18,614,145	-	-	-
Total	<u>\$ 47,331,116</u>	<u>\$ 28,716,971</u>	<u>\$ -</u>	<u>\$ -</u>

- (A) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

The Inland Group, Inc. Savings Plan

Notes to Financial Statements

December 31, 2015 and 2014

Investments Measured Using the Net Asset Value per Share Practical Expedient

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2014. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
December 31, 2014				
Pooled separate accounts	\$ 18,614,145	\$ -	Daily	None

The plan administrator has evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the years ended December 31, 2015 and 2014, there were no significant transfers in or out of Levels 1, 2 or 3.

Note 4: Information Certified by the Plan's Custodians and Trustee

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Prudential Retirement Insurance and Annuity Company and Prudential Bank and Trust, F.S.B., custodians of the Plan, and State Street Bank and Trust Company, the trustee of the Plan, have certified that the following information included in the accompanying financial statements and supplemental schedules is complete and accurate to the best of their knowledge and belief:

- Investments and notes receivable from participants as shown in the statements of net assets available for benefits as of December 31, 2015 and 2014.
- Investment income components, interest income from participant notes receivable and other income, as shown in the statements of changes in net assets available for benefits for the years ended December 31, 2015 and 2014.
- Investments and participant loans included in the schedule of assets (held at end of year) at December 31, 2015.

State Street Bank and Trust Company held the Plan's investment assets and notes receivable from participants and executed transactions related to those assets as of December 31, 2015, and for the period April 1, 2015 to December 31, 2015. Prudential Retirement Insurance and Annuity Company and Prudential Bank and Trust, F.S.B. held the Plan's investment assets and notes receivable from participants and executed transactions related to those assets as of December 31, 2014, and for the period January 1, 2014 to March 31, 2015.

The Inland Group, Inc. Savings Plan

Notes to Financial Statements

December 31, 2015 and 2014

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

Note 5: Guaranteed Investment Contract

Effective April 1, 2015, the Plan entered into a benefit-responsive group annuity contract with New York Life Insurance Company. State Street Bank and Trust Company maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal at a specified interest rate that is guaranteed to the Plan.

The guaranteed investment contract is fully benefit responsive; contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. Contract value, as reported to the Plan by State Street Bank and Trust Company, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. Investments may be redeemed daily without prior notice.

Certain events limit ability of the Plan to transact at contract value with State Street Bank and Trust Company. Such events include the following: (1) amendments to the plan documents (including complete or partial plan termination or merger with another plan); (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions; (3) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under the *Employee Retirement Income Security Act of 1974*. The plan administrator does not believe that the occurrence of any such value event which would limit the Plan's ability to transact at contract value with plan participants is probable.

The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

Note 6: Party-in-Interest Transactions

The Plan's investments are managed by Prudential Retirement Insurance and Annuity Company and Prudential Bank and Trust, F.S.B., the custodians of the Plan, and State Street Bank and Trust Company, a trustee of the Plan, and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan of \$159,728 and \$67,177 for the years ended December 31, 2015 and 2014, respectively, for legal, accounting and other professional services were rendered primarily by parties-in-interest.

The Inland Group, Inc. Savings Plan

Notes to Financial Statements

December 31, 2015 and 2014

Note 7: Plan Termination

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

Note 8: Tax Status

The Plan is a Volume Submitter 401(k) Profit Sharing Plan sponsored by Transamerica Retirement Solutions Corporation and adopted by the Company. Transamerica Retirement Solutions Corporation obtained its latest opinion letter dated March 31, 2014, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the opinion letter. However, we believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Accordingly, no provision for income taxes is included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2012.

Note 9: Subsequent Events

Plan management has evaluated subsequent events through the date of the Independent Auditor's Report, which is the date the financial statements were available to be issued.

Supplemental Schedule

The Inland Group, Inc. Savings Plan
EIN 36-3189393 PN 001
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2015

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Date	(d) Cost	(e) Current Value
*	State Street Bank & Trust Co.	Interest-bearing cash Cash Reserve Account	**	\$ 146,734
	New York Life Insurance Company	Guaranteed investment contract NYL Anchor (65)	**	10,373,154
		Registered investment companies		
	Artisan	Artisan Mid Cap Fund	**	3,273,976
	BlackRock	BlackRock Lifepath Index 2020 Fund	**	195,680
	BlackRock	BlackRock Lifepath Index 2025 Fund	**	6,447
	BlackRock	BlackRock Lifepath Index 2030 Fund	**	11,592
	BlackRock	BlackRock Lifepath Index 2035 Fund	**	10,286
	BlackRock	BlackRock Lifepath Index 2040 Fund	**	21,497
	BlackRock	BlackRock Lifepath Index 2045 Fund	**	19,261
	BlackRock	BlackRock Lifepath Index 2050 Fund	**	13,997
	BlackRock	BlackRock Lifepath Index 2055 Fund	**	52,313
	BlackRock	BlackRock Lifepath Index Retirement Fund	**	5,506
	BlackRock	BlackRock Total Return Fund	**	2,388,801
	Fidelity	Fidelity Contrafund	**	7,618,763
	Goldman Sachs	Goldman Sachs Small Cap Value Fund	**	1,288,512
	Invesco	Invesco Diversified Dividend Fund	**	4,717,179
	Janus	Janus Balanced Fund	**	2,419,839
	Janus	Janus Triton I Fund	**	1,698,681
	MFS	MFS International New Discovery Fund	**	249,901
	Oakmark	Oakmark International Fund	**	2,800,972
	Oppenheimer	Oppenheimer Developing Markets Fund	**	672,451
	PIMCO	PIMCO Real Return Fund	**	481,252
	Principal	Principal Diversified Real Asset Instl Fund	**	794,954
	Franklin Templeton	Templeton Global Bond Fund	**	785,373
	Vanguard	Vanguard Instl Index Fund	**	4,951,556
	Vanguard	Vanguard Mid Cap Index Adm Fund	**	352,347
	Vanguard	Vanguard Small Cap Index Adm Fund	**	436,520
	Victory	Victory Sycamore Established Value A Fund	**	1,972,698
				37,240,354
*	Participant loans	Interest rates at 4.25%	-0-	460,690
				\$ 48,220,932

*Party-in-interest.

**Cost information for participant-directed investment is not required.

Attachment 1 - Disclosure on Service Providers Receiving Eligible Indirect Compensation

Plan Name	Plan Number	Plan Year Start Date	Plan Year End Date
INLAND GROUP, INC	709457	01/01/2015	12/31/2015

Name of Person/Entity Who Provided Disclosures on Eligible Indirect Compensation	EIN or Address of Entity Who Provided Disclosures on Eligible Indirect Compensation
Prudential Retirement Insurance and Annuity Company	06-1050034

Eligible Indirect Compensation

Name of Service Provider/Payee	Name of Payor	Amount of Fee or Formula	Nature of Service	Name of Fund (for Formula)
Prudential Investment Management Services LLC	BlackRock Total Return Inv A	25.000 BPS from 1/1/2015 to 12/31/2015	Distribution (12b-1) Fees	BLACKROCK TOT RET INV A 09252M107
Prudential Investment Management Services LLC	Goldman Sachs Small Cap Value A	25.000 BPS from 1/1/2015 to 12/31/2015	Distribution (12b-1) Fees	GOLD SACHS SMA CAP VAL A 38141W612
Prudential Investment Management Services LLC	MFSAr International New Discovery R3	25.000 BPS from 1/1/2015 to 8/31/2015	Distribution (12b-1) Fees	MFS INTL NEW DISCOVERY R3 552981490
Prudential Investment Management Services LLC	PIMCO Real Return A	25.000 BPS from 1/1/2015 to 12/31/2015	Distribution (12b-1) Fees	PIMCO REAL RET BOND FD A 693391120
Prudential Investment Management Services LLC	PIMCO Total Return A	25.000 BPS from 1/1/2015 to 12/31/2015	Distribution (12b-1) Fees	PIMCO TOTAL RETURN A 693390445
Prudential Investment Management Services LLC	Templeton Global Bond R	50.000 BPS from 1/1/2015 to 12/31/2015	Distribution (12b-1) Fees	TEMPLETON GLOBAL BOND R 880208848
Prudential Investment Management Services LLC	Victory Established Value A	25.000 BPS from 1/1/2015 to 2/28/2015	Distribution (12b-1) Fees	VICTORY ESTABLISHED VALUE 926464231
Prudential Investment Management Services LLC	Victory Sycamore Established Value A	25.000 BPS from 3/1/2015 to 12/31/2015	Distribution (12b-1) Fees	VICTORY ESTABLISHED VALUE 926464231
Prudential Investment Management Services LLC	Victory Sycamore Established Value A	25.000 BPS from 3/1/2015 to 12/31/2015	Distribution (12b-1) Fees	VICTORY SYCA ESTB VAL A 926464231
BlackRock Advisors LLC	BlackRock Total Return Inv A	36.000 BPS from 1/1/2015 to 12/31/2015	Investment Management Fees	BLACKROCK TOT RET INV A 09252M107

The information contained in this document is not covered by the Certification of Reports and is not intended to be certified under 29 CFR 2520.103-5(C).

Attachment 1 - Disclosure on Service Providers Receiving Eligible Indirect Compensation

Plan Name	Plan Number	Plan Year Start Date	Plan Year End Date
INLAND GROUP, INC	709457	01/01/2015	12/31/2015

Name of Person/Entity Who Provided Disclosures on Eligible Indirect Compensation	EIN or Address of Entity Who Provided Disclosures on Eligible Indirect Compensation
Prudential Retirement Insurance and Annuity Company	06-1050034

Eligible Indirect Compensation

Name of Service Provider/Payee	Name of Payor	Amount of Fee or Formula	Nature of Service	Name of Fund (for Formula)
Fidelity Management & Research Company	FidelityAr ContrafundAr	49.000 BPS from 3/1/2015 to 12/31/2015	Investment Management Fees	FDLTY CONTRAFUND ACCOUNT P0000000L
Fidelity Management & Research Company	FidelityAr ContrafundAr	51.000 BPS from 1/1/2015 to 2/28/2015	Investment Management Fees	FDLTY CONTRAFUND ACCOUNT P0000000L
Goldman Sachs Asset Management, L.P.	Goldman Sachs Small Cap Value A	93.000 BPS from 1/1/2015 to 10/31/2015	Investment Management Fees	GOLD SACHS SMA CAP VAL A 38141W612
Invesco Advisers, Inc.	Invesco Diversified Dividend Y	42.000 BPS from 2/1/2015 to 12/31/2015	Investment Management Fees	INVES DIVERSIFIED DIV Y 00141B204
Invesco Advisers, Inc.	Invesco Diversified Dividend Y	45.000 BPS from 1/1/2015 to 1/31/2015	Investment Management Fees	INVES DIVERSIFIED DIV Y 00141B204
Massachusetts Financial Services Co	MFSAr International New Discovery R3	93.000 BPS from 1/1/2015 to 8/31/2015	Investment Management Fees	MFS INTL NEW DISCOVERY R3 552981490
Harris Associates L.P.	Oakmark International I	81.000 BPS from 1/1/2015 to 1/31/2015	Investment Management Fees	OAKMARK INTER FD I 413838202
Harris Associates L.P.	Oakmark International I	82.000 BPS from 2/1/2015 to 12/31/2015	Investment Management Fees	OAKMARK INTER FD I 413838202
OFI Global Asset Management, Inc.	Oppenheimer Developing Markets Y	77.000 BPS from 1/1/2015 to 12/31/2015	Investment Management Fees	OPPENHEIMER DEV MARKETS Y 683974505
Pacific Investment Management Co LLC	PIMCO Real Return A	60.000 BPS from 1/1/2015 to 12/31/2015	Investment Management Fees	PIMCO REAL RET BOND FD A 693391120

The information contained in this document is not covered by the Certification of Reports and is not intended to be certified under 29 CFR 2520.103-5(C).

Attachment 1 - Disclosure on Service Providers Receiving Eligible Indirect Compensation

Plan Name	Plan Number	Plan Year Start Date	Plan Year End Date
INLAND GROUP, INC	709457	01/01/2015	12/31/2015

Name of Person/Entity Who Provided Disclosures on Eligible Indirect Compensation	EIN or Address of Entity Who Provided Disclosures on Eligible Indirect Compensation
Prudential Retirement Insurance and Annuity Company	06-1050034

Eligible Indirect Compensation

Name of Service Provider/Payee	Name of Payor	Amount of Fee or Formula	Nature of Service	Name of Fund (for Formula)
Pacific Investment Management Co LLC	PIMCO Total Return A	60.000 BPS from 1/1/2015 to 12/31/2015	Investment Management Fees	PIMCO TOTAL RETURN A 693390445
Principal Management Corp	Principal Diversified Real Asset Inst	81.000 BPS from 12/1/2015 to 12/31/2015	Investment Management Fees	PRINCIPAL DIV RL AST INST 74254V166
Principal Management Corp	Principal Diversified Real Asset Inst	82.000 BPS from 1/1/2015 to 11/30/2015	Investment Management Fees	PRINCIPAL DIV RL AST INST 74254V166
Franklin Advisers, Inc.	Templeton Global Bond R	47.000 BPS from 1/1/2015 to 10/31/2015	Investment Management Fees	TEMPLETON GLOBAL BOND R 880208848
Vanguard Group, Inc.	Vanguard Small Cap Index Adm	7.000 BPS from 1/1/2015 to 10/31/2015	Investment Management Fees	VAN SMALL CAP INDEX ADMIR 922908686
Vanguard Group, Inc.	Vanguard Mid Cap Index Adm	7.000 BPS from 1/1/2015 to 3/31/2015	Investment Management Fees	VANGUARD MID CAP INDEX FD 922908645
Vanguard Group, Inc.	Vanguard Mid Cap Index Adm	8.000 BPS from 4/1/2015 to 10/31/2015	Investment Management Fees	VANGUARD MID CAP INDEX FD 922908645
Vanguard Group, Inc.	Vanguard 500 Index Admiral	3.000 BPS from 1/1/2015 to 3/31/2015	Investment Management Fees	VANGUARD TRU 500 ADMIRAL 922908710
Vanguard Group, Inc.	Vanguard 500 Index Admiral	4.000 BPS from 4/1/2015 to 10/31/2015	Investment Management Fees	VANGUARD TRU 500 ADMIRAL 922908710
Victory Capital Management Inc.	Victory Established Value A	47.000 BPS from 1/1/2015 to 2/28/2015	Investment Management Fees	VICTORY ESTABLISHED VALUE 926464231
Victory Capital Management Inc.	Victory Sycamore Established Value A	46.000 BPS from 3/1/2015 to 12/31/2015	Investment Management Fees	VICTORY ESTABLISHED VALUE 926464231

The information contained in this document is not covered by the Certification of Reports and is not intended to be certified under 29 CFR 2520.103-5(C).

Attachment 1 - Disclosure on Service Providers Receiving Eligible Indirect Compensation

Plan Name	Plan Number	Plan Year Start Date	Plan Year End Date
INLAND GROUP, INC	709457	01/01/2015	12/31/2015

Name of Person/Entity Who Provided Disclosures on Eligible Indirect Compensation	EIN or Address of Entity Who Provided Disclosures on Eligible Indirect Compensation
Prudential Retirement Insurance and Annuity Company	06-1050034

Eligible Indirect Compensation

Name of Service Provider/Payee	Name of Payor	Amount of Fee or Formula	Nature of Service	Name of Fund (for Formula)
Victory Capital Management Inc.	Victory Sycamore Established Value A	46.000 BPS from 3/1/2015 to 12/31/2015	Investment Management Fees	VICTORY SYCA ESTB VAL A 926464231
Prudential Retirement Insurance and Annuity Company	Prudential Retirement Insurance and Annuity Company	\$7,082	Other Services/Breakage	FDLTY CONTRAFUND ACCOUNT
The Prudential Insurance Company of America	The Prudential Insurance Company of America	\$480	Other Services/Breakage	GOLD SACHS SMA CAP VAL A
The Prudential Insurance Company of America	The Prudential Insurance Company of America	\$266	Other Services/Breakage	INVES DIVERSIFIED DIV Y
The Prudential Insurance Company of America	The Prudential Insurance Company of America	\$12	Other Services/Breakage	MFS INTL NEW DISCOVERY R3
Prudential Retirement Insurance and Annuity Company	Prudential Retirement Insurance and Annuity Company	\$6,374	Other Services/Breakage	MID CAP GROWTH/ARTISAN
The Prudential Insurance Company of America	The Prudential Insurance Company of America	\$74	Other Services/Breakage	OAKMARK INTER FD I
The Prudential Insurance Company of America	The Prudential Insurance Company of America	\$25	Other Services/Breakage	PIMCO REAL RET BOND FD A
The Prudential Insurance Company of America	The Prudential Insurance Company of America	\$-1,503	Other Services/Breakage	PIMCO TOTAL RETURN A
The Prudential Insurance Company of America	The Prudential Insurance Company of America	\$529	Other Services/Breakage	PRINCIPAL DIV RL AST INST

The information contained in this document is not covered by the Certification of Reports and is not intended to be certified under 29 CFR 2520.103-5(C).

Attachment 1 - Disclosure on Service Providers Receiving Eligible Indirect Compensation

Plan Name	Plan Number	Plan Year Start Date	Plan Year End Date
INLAND GROUP, INC	709457	01/01/2015	12/31/2015

Name of Person/Entity Who Provided Disclosures on Eligible Indirect Compensation	EIN or Address of Entity Who Provided Disclosures on Eligible Indirect Compensation
Prudential Retirement Insurance and Annuity Company	06-1050034

Eligible Indirect Compensation

Name of Service Provider/Payee	Name of Payor	Amount of Fee or Formula	Nature of Service	Name of Fund (for Formula)
Prudential Retirement Insurance and Annuity Company	Prudential Retirement Insurance and Annuity Company	\$331	Other Services/Breakage	SA/INV SM CAP GROW STRAT
Prudential Retirement Insurance and Annuity Company	Prudential Retirement Insurance and Annuity Company	\$-1,747	Other Services/Breakage	SA/JANUS BALANCED STRAT
Prudential Retirement Insurance and Annuity Company	Prudential Retirement Insurance and Annuity Company	\$6,132	Other Services/Breakage	SA/T ROWE PR GR STK STRAT
The Prudential Insurance Company of America	The Prudential Insurance Company of America	\$-4	Other Services/Breakage	TEMPLETON GLOBAL BOND R
The Prudential Insurance Company of America	The Prudential Insurance Company of America	\$-23,199	Other Services/Breakage	VAN SMALL CAP INDEX ADMIR
The Prudential Insurance Company of America	The Prudential Insurance Company of America	\$-11,139	Other Services/Breakage	VANGUARD MID CAP INDEX FD
The Prudential Insurance Company of America	The Prudential Insurance Company of America	\$888,216	Other Services/Breakage	VANGUARD TRU 500 ADMIRAL
The Prudential Insurance Company of America	The Prudential Insurance Company of America	\$140	Other Services/Breakage	VICTORY SYCA ESTB VAL A
Prudential Retirement Insurance and Annuity Company	Prudential Retirement Insurance and Annuity Company	15.000 BPS from 1/1/2015 to 12/31/2015	Recordkeeping Fee	GUARANTEED INCOME FUND P709457XV
Prudential Retirement Insurance and Annuity Company	BlackRock Total Return Inv A	20.000 BPS and \$0.00 per participant invested in the fund from 1/1/2015 to 12/31/2015	Service Fee	BLACKROCK TOT RET INV A 09252M107

The information contained in this document is not covered by the Certification of Reports and is not intended to be certified under 29 CFR 2520.103-5(C).

Attachment 1 - Disclosure on Service Providers Receiving Eligible Indirect Compensation

Plan Name	Plan Number	Plan Year Start Date	Plan Year End Date
INLAND GROUP, INC	709457	01/01/2015	12/31/2015

Name of Person/Entity Who Provided Disclosures on Eligible Indirect Compensation	EIN or Address of Entity Who Provided Disclosures on Eligible Indirect Compensation
Prudential Retirement Insurance and Annuity Company	06-1050034

Eligible Indirect Compensation

Name of Service Provider/Payee	Name of Payor	Amount of Fee or Formula	Nature of Service	Name of Fund (for Formula)
Prudential Retirement Insurance and Annuity Company	Fidelity Contra Fund	15.000 BPS and \$0.00 per participant invested in the fund from 1/1/2015 to 12/31/2015	Service Fee	FDLTY CONTRAFUND ACCOUNT P0000000L
Prudential Retirement Insurance and Annuity Company	Goldman Sachs Small Cap Value A	45.000 BPS and \$0.00 per participant invested in the fund from 1/1/2015 to 12/31/2015	Service Fee	Goldman Sachs Small Cap Value Fund 38141W612
Prudential Retirement Insurance and Annuity Company	Invesco Diversified Dividend Y	45.000 BPS and \$0.00 per participant invested in the fund from 1/1/2015 to 12/31/2015	Service Fee	INVES DIVERSIFIED DIV Y 00141B204
Prudential Retirement Insurance and Annuity Company	MFS International New Discovery R3	25.000 BPS and \$0.00 per participant invested in the fund from 1/1/2015 to 12/31/2015	Service Fee	MFS INTL NEW DISCOVERY R3 552981490
Prudential Retirement Insurance and Annuity Company	Oakmark International I	35.000 BPS and \$0.00 per participant invested in the fund from 1/1/2015 to 12/31/2015	Service Fee	OAKMARK INTER FD I 413838202
Prudential Retirement Insurance and Annuity Company	Oppenheimer Developing Markets Y	30.000 BPS and \$0.00 per participant invested in the fund from 1/1/2015 to 12/31/2015	Service Fee	OPPENHEIMER DEV MARKETS Y 683974505
Prudential Retirement Insurance and Annuity Company	PIMCO Real Return A	20.000 BPS and \$0.00 per participant invested in the fund from 1/1/2015 to 12/31/2015	Service Fee	PIMCO REAL RET BOND FD A 693391120
Prudential Retirement Insurance and Annuity Company	PIMCO Total Return A	20.000 BPS and \$0.00 per participant invested in the fund from 1/1/2015 to 12/31/2015	Service Fee	PIMCO TOTAL RETURN A 693390445
Prudential Retirement Insurance and Annuity Company	Principal Diversified Real Asset Inst	10.000 BPS and \$0.00 per participant invested in the fund from 1/1/2015 to 12/31/2015	Service Fee	PRINCIPAL DIV RL AST INST 74254V166

The information contained in this document is not covered by the Certification of Reports and is not intended to be certified under 29 CFR 2520.103-5(C).

Attachment 1 - Disclosure on Service Providers Receiving Eligible Indirect Compensation

Plan Name	Plan Number	Plan Year Start Date	Plan Year End Date
INLAND GROUP, INC	709457	01/01/2015	12/31/2015

Name of Person/Entity Who Provided Disclosures on Eligible Indirect Compensation	EIN or Address of Entity Who Provided Disclosures on Eligible Indirect Compensation
Prudential Retirement Insurance and Annuity Company	06-1050034

Eligible Indirect Compensation

Name of Service Provider/Payee	Name of Payor	Amount of Fee or Formula	Nature of Service	Name of Fund (for Formula)
Prudential Retirement Insurance and Annuity Company	Templeton Global Bond R	20.000 BPS and \$0.00 per participant invested in the fund from 1/1/2015 to 12/31/2015	Service Fee	TEMPLETON GLOBAL BOND R 880208848
Prudential Retirement Insurance and Annuity Company	Victory Established Value A	40.000 BPS and \$0.00 per participant invested in the fund from 1/1/2015 to 12/31/2015	Service Fee	VICTORY ESTABLISHED VALUE 926464231

Attachment 1 - Disclosure on Service Providers Receiving Eligible Indirect Compensation

Plan Name	Plan Number	Plan Year Start Date	Plan Year End Date
INLAND GROUP, INC	709457	01/01/2015	12/31/2015

Name of Person/Entity Who Provided Disclosures on Eligible Indirect Compensation	EIN or Address of Entity Who Provided Disclosures on Eligible Indirect Compensation
Prudential Retirement Insurance and Annuity Company	06-1050034

Eligible Indirect Compensation

Name of Service Provider/Payee	Name of Payor	Amount of Fee or Formula	Nature of Service	Name of Fund (for Formula)
Artisan Partners Limited Partnership	Banc of America LLC / Merrill Lynch	Artisan Partners (APLP) becomes eligible for receipt of soft dollar credits by sending trades and paying trade commissions to broker-dealers who both execute trades and provide APLP with research products/services as permitted by Section 28(e) of the Securities Exchange Act of 1934. APLPs' use of soft dollars is described in its Form ADV, which is available upon request. The research products/services received by APLP include 3rd party research from independent research providers and broker-dealers through commission sharing arrangements (executing broker/dealer makes a payment on APLPs' behalf and at APLPs' direction to a 3rd party who has independently prepared the research products/services) and proprietary research (in which the research products/services are prepared and provided by the executing broker-dealer). Although APLP knows the amount of total commissions that it has directed to specific broker-dealers, the broker-dealers do not provide APLP with sufficient information to unbundle an account's total commissions and determine the portion paid by the account for research products and services (third-party or proprietary) versus the execution services nor would a conversion ratio (if applicable), or other methodology agreed upon between APLP and such broker-dealers, allow APLP to make such a determination definitively. Therefore, APLP is unable to provide definitive information about the cost of broker-dealers' research products/services it received in connection with trading the account's portfolio securities or provide reasonably certain estimates of such cost. Types of 3rd party research products/services that APLP may receive include: research reports (including reports specific to issuers, industries and/or geographic regions); subscriptions to financial publications and research compilations not targeted to a wide, public audience; investment ideas; access to the broker-dealer's traders and analysts; access to conferences and seminars that provide substantive content relating to issuers and industries; access to management teams of companies with which the broker-dealer has a relationship; access to groups of professionals with expertise in particular industries and/or subject matter areas; research-oriented securities reference data services; compilations of securities data; securities quotation services; and services related to economic and other consulting services. During the period covered by this report (1/1/15-12/31/15), APLP determined, based on the information in its possession, that the account paid the following total amounts to broker-dealers under commission sharing arrangements (rounded to the nearest dollar):Brokers - Bloomberg \$37,141, Goldman Sachs \$1,816, ITG \$125,587, Jefferies \$7,875, Robert W. Baird \$4,796. Types of proprietary research products/services that APLP may receive include: tangible research products; investment ideas; access to the broker-dealer's traders and analysts; access to conferences and seminars; access to groups of professionals with expertise in particular industries and/or subject matter areas; and access to management teams of companies with which the broker-dealer has a relationship. The top 10 broker-dealers who in addition to trade execution also provided proprietary research products/services for the reporting period	Soft Dollars	MID CAP GROWTH/ARTISAN
	BMO Capital Markets			
	CLSA Global Markets Pte. Ltd.			
	Deutsche Bank			
	Goldman Sachs & Co			
	J.P. Morgan Chase Securities			
	Robert W. Baird & Co Inc.			
	Sanford C Bernstein & Co			
	UBS Warburg Securities			

The information contained in this document is not covered by the Certification of Reports and is not intended to be certified under 29 CFR 2520.103-5(C).

Attachment 1 - Disclosure on Service Providers Receiving Eligible Indirect Compensation

Plan Name	Plan Number	Plan Year Start Date	Plan Year End Date
INLAND GROUP, INC	709457	01/01/2015	12/31/2015

Name of Person/Entity Who Provided Disclosures on Eligible Indirect Compensation	EIN or Address of Entity Who Provided Disclosures on Eligible Indirect Compensation
Prudential Retirement Insurance and Annuity Company	06-1050034

Eligible Indirect Compensation

Name of Service Provider/Payee	Name of Payor	Amount of Fee or Formula	Nature of Service	Name of Fund (for Formula)
Artisan Partners Limited Partnership	William Blair	(1/1/15-12/31/15) were determined based upon total commissions paid to them (excluding commissions under commission sharing arrangements).	Soft Dollars	MID CAP GROWTH/ARTISAN
Invesco Advisors, Inc.	Barclays Bernstein Cowen & Company Credit Suisse J.P. Morgan Securities Jefferies & Co Keybank Raymond James and Associates Inc. Stifel Nicolaus & Co. Inc. UBS Securities LLC	For calendar year 2015, the investment manager received nonproprietary soft dollar research services from the following brokers in the amounts indicated: Bank of America-Merrill Lynch - \$1,709.86, Barclays Capital - \$1,949.26, BlockCross - \$1,132.90, CitiGroup - \$602.70, Credit Suisse - \$299.96, Deutsche Bank - \$1,551.34, Frankel - \$58.36, Goldman Sachs & Co. - \$6,129.73, Instinet - \$620.76, ITG, Inc. - \$5,818.00, JP Morgan Securities - \$1,114.32, Knight Securities - \$1,745.38, Liquidnet - \$2,370.14, Morgan Stanley - \$1,927.30, RBC Capital - \$136.50, and UBS Securities - \$571.12. The investment manager cannot quantify or estimate the value of proprietary research received; instead, the manager described its eligibility for soft dollars and listed the top 10 brokers from which it receives them. The investment manager becomes eligible for soft dollar credits by sending trades and paying commissions to brokers who both execute the trades and provide the manager with research services, including: 1) research reports generated by the broker, 2) conferences with representatives of issuers, and 3) soft dollar credits that can be used to obtain research reports or services from others.	Soft Dollars	SA/INV SM CAP GROW STRAT
Janus Capital Management, LLC	Banc of America LLC / Merrill Lynch Credit Suisse Deutsche Bank Goldman Sachs & Co Instinet J.P. Morgan Jefferies & Co Liquidnet Inc Morgan Stanley & Co. Inc	For calendar year 2015, the investment manager received nonproprietary soft dollar research services from the following brokers in the amounts indicated: Morgan Stanley - \$1,169, Credit Suisse - \$1,167, B of A Merrill - \$1,128, RBC Capital Markets - \$959, Jefferies - \$826, JP Morgan - \$657, Deutsche Bank - \$614, Liquidnet - \$469, Goldman Sachs - \$443, Nomura/Instinet - \$261. Other brokers provided soft dollar credits of \$795. The investment manager cannot quantify or estimate the value of proprietary research received; instead, the manager described its eligibility for soft dollars and listed the top 10 brokers from which it receives them. The investment manager becomes eligible for soft dollar credits by sending trades and paying commissions to brokers who both execute the trades and provide the manager with research services, including: 1) research reports generated by the broker, 2) conferences with representatives of issuers, and 3) soft dollar credits that can be used to obtain research reports or services from others.	Soft Dollars	SA/JANUS BALANCED STRAT

The information contained in this document is not covered by the Certification of Reports and is not intended to be certified under 29 CFR 2520.103-5(C).

Attachment 1 - Disclosure on Service Providers Receiving Eligible Indirect Compensation

Plan Name	Plan Number	Plan Year Start Date	Plan Year End Date
INLAND GROUP, INC	709457	01/01/2015	12/31/2015

Name of Person/Entity Who Provided Disclosures on Eligible Indirect Compensation	EIN or Address of Entity Who Provided Disclosures on Eligible Indirect Compensation
Prudential Retirement Insurance and Annuity Company	06-1050034

Eligible Indirect Compensation

Name of Service Provider/Payee	Name of Payor	Amount of Fee or Formula	Nature of Service	Name of Fund (for Formula)
Janus Capital Management, LLC	RBC Capital Markets	For calendar year 2015, the investment manager received nonproprietary soft dollar research services from the following brokers in the amounts indicated: Morgan Stanley - \$1,169, Credit Suisse - \$1,167, B of A Merrill - \$1,128, RBC Capital Markets - \$959, Jefferies - \$826, JP Morgan - \$657, Deutsche Bank - \$614, Liquidnet - \$469, Goldman Sachs - \$443, Nomura/Instinet - \$261. Other brokers provided soft dollar credits of \$795. The investment manager cannot quantify or estimate the value of proprietary research received; instead, the manager described its eligibility for soft dollars and listed the top 10 brokers from which it receives them. The investment manager becomes eligible for soft dollar credits by sending trades and paying commissions to brokers who both execute the trades and provide the manager with research services, including: 1) research reports generated by the broker, 2) conferences with representatives of issuers, and 3) soft dollar credits that can be used to obtain research reports or services from others.	Soft Dollars	SA/JANUS BALANCED STRAT
T. Rowe Price Associates, Inc.	Banc of America LLC / Merrill Lynch Citigroup Capital Markets Credit Suisse Goldman Sachs & Co J.P. Morgan Chase HQ Jefferies & Co Morgan Stanley & Co. Inc RBC Capital Markets Sanford C Bernstein & Co Stifel Nicolaus & Co. Inc.	For calendar year 2015, the investment manager received nonproprietary soft dollar research services from the following brokers in the amounts indicated: J.P. Morgan Chase HQ- \$1,037, RBC Capital Markets- \$781, Goldman Sachs & Company-\$496, Jefferies & Co.-\$0, Morgan Stanley & Company-\$572, Bank of America/Merrill Lynch-\$423, Citigroup Global Markets-\$395, Stifel Nicolas-\$112, Bernstein, Sanford C-\$204, Credit Suisse-\$461. Other brokers provided soft dollar credits of \$298. The investment manager cannot quantify or estimate the value of proprietary research received; instead, the manager described its eligibility for soft dollars and listed the top 10 brokers from which it receives them. The investment manager becomes eligible for soft dollar credits by sending trades and paying commissions to brokers who both execute the trades and provide the manager with research services, including: 1) research reports generated by the broker, 2) conferences with representatives of issuers, and 3) soft dollar credits that can be used to obtain research reports or services from others.	Soft Dollars	SA/T ROWE PR GR STK STRAT

Generally, indirect compensation is reported on a calendar year basis. Fees are disclosed in basis points ("bps") and are expressed as annual fee rates on the amount invested. Unless otherwise noted, for plans with non-calendar fiscal years, fee schedules are for the calendar year ending within your plan year. Note for Short Plan Years - The information in this report is based on the prior calendar year. For more current information, please

The information contained in this document is not covered by the Certification of Reports and is not intended to be certified under 29 CFR 2520.103-5(C).

Attachment 1 - Disclosure on Service Providers Receiving Eligible Indirect Compensation

Plan Name	Plan Number	Plan Year Start Date	Plan Year End Date
INLAND GROUP, INC	709457	01/01/2015	12/31/2015
Name of Person/Entity Who Provided Disclosures on Eligible Indirect Compensation		EIN or Address of Entity Who Provided Disclosures on Eligible Indirect Compensation	
Prudential Retirement Insurance and Annuity Company		06-1050034	

Eligible Indirect Compensation

refer to your account documentation or contact your Prudential Client Service Representative.

With the exception of slippage/breakage, any negative dollar amounts in this report represent fee waivers, rebates, or reimbursements.

Securities lending fees, if any, summarize the fees received for the entire investment fund and not your individual plan.

Please note that this report may not include securities lending fee information with respect to investment managers for all funds offered under your plan due to delays by such managers in providing information to Prudential. For investment managers of collective trusts offered on the Prudential Retirement platform (including, but not limited to, collective trusts offered through Prudential Retirement Insurance and Annuity Company and Prudential Insurance Company of America separate accounts) who receive securities lending fees, Prudential posts any information that Prudential has received from investment managers regarding their receipt of securities lending fees on the Plan Sponsor website furnished by Prudential for your plan. Prudential will post any such information in the format received from investment managers and without alteration on the Plan Sponsor website as soon as possible. Please contact your Prudential Client Service Representative if you need assistance locating this information on the Plan Sponsor website.

If your report includes slippage/breakage, it is because in certain circumstances (such as trading errors or delays), market trades may occur at times when the security's share price or account's unit value related to the trade is not the price assured to the plan and participants. At the investment fund level, Prudential will net any pricing differences that occur along with other small differences and will either make-up any net loss (reported in this section as a negative number) or retain any net gain that results over the course of the year. The amount reported in this report as slippage/breakage, if any, represents the slippage/breakage incurred for the entire investment fund and not for your individual plan.

For Prudential Retirement Insurance and Annuity Company sub-advised funds, Prudential Insurance Company of America separate accounts, and Prudential Trust Company collective trusts, this report includes soft dollar research compensation and/or disclosures for investment managers who are active as of December 31st.

For investment managers who receive soft dollar research that they can only partially quantify, the soft dollar disclosure language that is populated in the "Amount of Fee or Formula" column may include a subset of the soft dollar research providers, the quantifiable portion of the soft dollar research, and/or a description of the eligibility conditions for the receipt of soft dollars research. Additionally, the top 10 brokers are provided for the portion of research that the investment manager cannot quantify in the "Name of Payor" column.

If all research services are quantifiable, the soft dollar disclosure language that is populated in the "Amount of fee or formula" column will include the amount of soft dollar compensation and may include a subset of the soft dollar research providers and/or soft dollar language. The top 10 brokers that provide soft dollar research are listed in the "Name of Payor" column.

Please contact your Prudential Client Service Representative to obtain a complete list of brokers from whom the manager received soft dollar research.

For investment managers of mutual funds offered on the Prudential Retirement platform (including, but not limited to, mutual funds offered through Prudential Retirement Insurance and Annuity Company and Prudential Insurance Company of America separate accounts) who receive soft dollar research, Prudential posts any information that Prudential has received from investment managers regarding their receipt of soft dollar research on the Plan Sponsor website furnished by Prudential for your plan. Prudential will post any such information in the format received from investment managers and without alteration on the Plan Sponsor website on and after April 30th. Please contact your Prudential Client Service Representative if you need assistance locating this information on the Plan Sponsor website.

For Prudential Retirement Insurance and Annuity Company Alliance funds that may have converted to sub-advised funds during the year, this report includes the fees in effect both before and after the conversion. Please refer to the communications you received for more information regarding which Alliance funds converted and the dates they converted. For plans with IncomeFlex funds, please note that the fees described above include both investment management fees and guarantee fees.

Prudential Retirement Insurance and Annuity Company sub-advised separate accounts use the State Street Bank and Trust Company ("SSB&T"), Short Term Investment Fund ("STIF") for cash management purposes. The

The information contained in this document is not covered by the Certification of Reports and is not intended to be certified under 29 CFR 2520.103-5(C).

Attachment 1 - Disclosure on Service Providers Receiving Eligible Indirect Compensation

Plan Name	Plan Number	Plan Year Start Date	Plan Year End Date
INLAND GROUP, INC	709457	01/01/2015	12/31/2015
Name of Person/Entity Who Provided Disclosures on Eligible Indirect Compensation	EIN or Address of Entity Who Provided Disclosures on Eligible Indirect Compensation		
Prudential Retirement Insurance and Annuity Company	06-1050034		

Eligible Indirect Compensation

income earned by the cash invested in the SSB&T STIF, is net of SSB&T's management fee for the STIF, which is 0.10% on the first \$100M, 0.08% on the next \$400M, and 0.05% thereafter. To determine the daily effective fee rate, this fee schedule is applied to the aggregate STIF cash balance of all participating Prudential Retirement Insurance and Annuity Company separate accounts. The determined daily fee rate is then netted against the daily investment factor, which is then applied to each fund's respective STIF holding position.

For clients invested in the Prudential Trust Company Collective Trust, please refer to the audited financial statements for information on fees collected with respect to underlying mutual fund holdings.

In "fund-of-funds" arrangements, one "fund-of-funds" separate account invests in other "investment" separate accounts. In some cases, an "investment" separate account invests in mutual fund shares. We report mutual fund management fees, sub-transfer agency fees, 12b-1 fees, securities lending fees, slippage/breakage, and any soft dollar compensation as attributable to the "investment" separate account and not to the "fund-of-funds" separate account.

For plans with an Individually Directed Account ("IDA"), the Variable Rate Savings Account ("VRSA") balance equals the amount of the IDA deposited in the VRSA, calculated on the basis of the average daily balances for the period. Assumed VRSA Spread is the periodic equivalent of the Federal Funds Rate calculated on the basis of the average daily rate in effect for the period, minus the interest rate credited under the VRSA product, calculated on the basis of the average daily rate in effect for the period.

This report may not summarize all of the eligible indirect compensation associated with your plan. When applicable, we provided (or will provide) you with additional disclosures on other eligible indirect compensation.

The information contained in this report is generally limited to information contained in our ordinary business records. This report, however, may include some limited information that third parties (e.g., sub-advisors and bank collective trusts) provided to us, which we included for your convenience.

If you have questions about the contents of this report, please contact your Prudential Client Service Representative.

The information contained in this document is not covered by the Certification of Reports and is not intended to be certified under 29 CFR 2520.103-5(C).

The Inland Group, Inc. Savings Plan
EIN No.: 36-3189393, Plan No. 001
Schedule H, Line 4i - Schedule of Assets
Plan Year Ending: 12/31/2015

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value	(e) CURRENT VALUE
*	State Street Bank & Trust Co.	Cash Reserve Account	\$ 146,734
	NYL	NYL Anchor (65)	\$ 10,373,154
	Artisan	Artisan Mid Cap Inv	\$ 3,273,975
	BlackRock	BlackRock Lifepath Index 2020 Inv A	\$ 195,680
	BlackRock	BlackRock Lifepath Index 2025 Inv A	\$ 6,447
	BlackRock	BlackRock Lifepath Index 2030 Inv A	\$ 11,592
	BlackRock	BlackRock Lifepath Index 2035 Inv A	\$ 10,286
	BlackRock	BlackRock Lifepath Index 2040 Inv A	\$ 21,497
	BlackRock	BlackRock Lifepath Index 2045 Inv A	\$ 19,261
	BlackRock	BlackRock Lifepath Index 2050 Inv A	\$ 13,997
	BlackRock	BlackRock Lifepath Index 2055 Inv A	\$ 52,313
	BlackRock	BlackRock Lifepath Index Retirement Inv A	\$ 5,506
	BlackRock	BlackRock Total Return Inv A	\$ 2,388,801
	Fidelity	Fidelity Contrafund	\$ 7,618,763
	Goldman Sachs	Goldman Sachs Small Cap Value A	\$ 1,288,512
	Invesco	Invesco Diversified Dividend R5	\$ 4,717,179
	Janus	Janus Balanced A	\$ 2,419,839
	Janus	Janus Triton I	\$ 1,698,681
	MFS	MFS International New Discovery R3	\$ 249,901
	Oakmark	Oakmark International I	\$ 2,800,972
	Oppenheimer	Oppenheimer Developing Markets Y	\$ 672,451
	PIMCO	PIMCO Real Return A	\$ 481,252
	Principal	Principal Diversified Real Asset Instl	\$ 785,373
	Franklin Templeton	Templeton Global Bond R	\$ 794,954
	Vanguard	Vanguard Instl Index	\$ 4,951,556
	Vanguard	Vanguard Mid Cap Index Adm	\$ 352,347
	Vanguard	Vanguard Small Cap Index Adm	\$ 436,520
	Victory	Victory Sycamore Established Value A	\$ 1,972,698
		Mutual Fund Total	\$ 37,240,354
*	Participants	Notes Receivable with interest rate of 4.25%	\$ 460,690
TOTAL PLAN ASSETS			\$ 48,220,932

* Indicates Party-In-Interest to the Plan