Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2014

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
LEGACY PARTNERS RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 12/01/2014

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
LEGACY PARTNERS RESIDENTIAL, INC

4000 EAST THIRD AVENUE
SUITE 600
FOSTER CITY, CA 94404

2b Employer Identification Number (EIN)
75-2605182

2c Plan Sponsor's telephone number
650-235-2642

2d Business code (see instructions)
531310

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/17/2016	MARIA SUISSA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number (optional)

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

5	Total number of participants at the beginning of the plan year	**5**	421
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)**	273
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	318
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	144
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	462
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	462
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	326
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	5
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	**(1)**	[X] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

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

A Name of plan
LEGACY PARTNERS RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
LEGACY PARTNERS RESIDENTIAL, INC

D Employer Identification Number (EIN)
75-2605182

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

VOYA 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
71-0294708	86509	YH1183	462	12/01/2014	12/31/2014

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
0	0

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

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

(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	2785569
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 ▶ GROUP FUNDING AGREEMENT

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)	7170		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	2203		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	2782441		
	▶ TRANSFER OF ASSETS EE LOAN REPYMTS INTERFUND EXCHANGE				
	(6) Total additions			7c(6)	2791814
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	2791814
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	4732		
	(2) Administration charge made by carrier	7e(2)	111		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	1402		
	▶ EE NEW LOANS ISSUED FORF/MISC				
	(5) Total deductions			7e(5)	6245
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	2785569

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

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

A Name of plan
LEGACY PARTNERS RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
LEGACY PARTNERS RESIDENTIAL, INC

D Employer Identification Number (EIN)
75-2605182

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

VOYA RETIREMENT INSURANCE & ANNUITY

71-0294708

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

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

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

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

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

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

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

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

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

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

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

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

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

VOYA RETIREMENT INSURANCE & ANNUITY

71-0294708

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORD KEEPER	200	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

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

A Name of plan
LEGACY PARTNERS RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
LEGACY PARTNERS RESIDENTIAL, INC

D Employer Identification Number (EIN)
75-2605182

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	0	302179
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(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)	0	14626986
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	2785569
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(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	0	17714734
	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 through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	0	17714734

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)	6310	
	(B) Participants	2a(1)(B)	40941	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		47251
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(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)	743	
	(F) Other	2b(1)(F)	2203	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		2946
	(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)	217574	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		217574
	(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)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-181633
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		86138
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	38344	
(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)		38344
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	200	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		200
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		38544
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		47594
l Transfers of assets:			
(1) To this plan	2l(1)		17667140
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: LINDQUIST, VON HUSEN & JOYCE LLP **(2)** EIN: 94-1250261

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

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

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

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

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

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

Part V Trust Information (optional)

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection.

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

A Name of plan
LEGACY PARTNERS RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
LEGACY PARTNERS RESIDENTIAL, INC

D Employer Identification Number (EIN)
75-2605182

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 71-0294708

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

LINDQUIST
VON HUSEN
& JOYCE LLP

JAMES M. KRAFT
S. SCOTT SEAMANDS
MARK O. BRITTAIN
ALEXIS H. WONG
CHARLOTTE SIEW-KUN TAY
CATHY L. HWANG
RITA B. DELA CRUZ
STANLEY WOO
SCOTT K. SMITH

The Plan Administrator and Participants
Legacy Partners Residential Retirement Plan

INDEPENDENT AUDITOR'S REPORT

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Legacy Partners Residential Retirement Plan (the Plan), which comprise the statements of net assets available for benefits – modified cash basis as of December 31, 2015 and 2014, and the related statements of changes in net assets available for benefits – modified cash basis for the year ended December 31, 2015 and the period from December 1, 2014 (inception) through December 31, 2014, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting described in Note 2; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are fee from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Notes 3 and 4, which was certified by Voya Institutional Trust Company, the trustee, except for comparing the information with the related information included in the financial statements and the supplemental schedules of Assets (Held at End of Year). We have been informed by the plan administrator that the trustee held the Plan's investment assets and executed investment transactions. The plan administrator has obtained a certification from the trustee, as of December 31, 2015 and 2014 and for the year ended December 31, 2015 and for the period from December 1, 2014 (inception) through December 31, 2014, that the information provided to the plan administrator by the trustee is complete and accurate.

BKR INTERNATIONAL
CERTIFIED PUBLIC ACCOUNTANTS, 90 New Montgomery, IIth Floor, San Francisco, California 94105
Telephone 415 957 9999 Facsimile 415 957 1629 Email mail@lvhj.com http://www.lvhj.com
AN INDEPENDENT MEMBER FIRM OF BKR INTERNATIONAL WITH ASSOCIATES IN PRINCIPAL CITIES WORLDWIDE

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 2014, the Plan adopted new accounting guidance related to the Financial Accounting Standards Board Accounting Standards Update 2015-12, *Plan Accounting*. Our opinion is not modified with respect to this matter.

Other Matter

We draw attention to Note 2 to the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Other Matter

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedules of Assets (Held at End of Year), which are the responsibility of plan management, are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedules referred to above.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



October 13, 2016

Attachment to Form 5500
Schedule H, line 4i - Schedule of Assets
(Held at End of Year)
LEGACY PARTNERS RESIDENTIAL RETIREMENT PLAN
EIN# 75-2605182
Plan# 001
As Of December 31, 2014

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investments including maturity date, rate of interest, collateral, par, or maturity date	(d)Cost	(e) Current Value
	American Funds Growth Fnd R6	Registered Investment Company		$2,452,641
	American Funds Nw Prspctv R6	Registered Investment Company		$244,871
	American Funds Wash Mtual R6	Registered Investment Company		$1,564,042
	JPMorgan SmartRet 2015 Fnd Ins	Registered Investment Company		$80,611
	JPMorgan SmartRet 2020 Fnd Ins	Registered Investment Company		$14,394
	JPMorgan SmartRet 2025 Fnd Ins	Registered Investment Company		$322,485
	JPMorgan SmartRet 2030 Fnd Ins	Registered Investment Company		$522,840
	JPMorgan SmartRet 2035 Fnd Ins	Registered Investment Company		$888,679
	JPMorgan SmartRet 2040 Fnd Ins	Registered Investment Company		$4,353
	JPMorgan SmartRet 2045 Fnd Ins	Registered Investment Company		$246,001
	JPMorgan SmartRet 2050 Fnd Ins	Registered Investment Company		$16,156
	JPMorgan SmartRet 2055 Fnd Ins	Registered Investment Company		$4,053
	JPMorgan SmartRet Inc Fnd In	Registered Investment Company		$2,917
	JPMorgan SmCp Value Fund R6	Registered Investment Company		$133,173
	Lazard Emrg Mkts Eqty Port Ins	Registered Investment Company		$347,218
	PIMCO Real Return Fund Ins	Registered Investment Company		$224,526
	Templeton Foreign Fund Adv	Registered Investment Company		$723,693
	Trans High Yld Bd Fd I	Registered Investment Company		$263,074
	TRwPr Inst MdCp Eqty Grw Fnd	Registered Investment Company		$2,465,377
	Vangrd 500 Index Fund Adm	Registered Investment Company		$1,255,947
	Vangrd Explorer Fund Adm	Registered Investment Company		$889,718
	Vangrd FTSE A Wd exUS In F Inv	Registered Investment Company		$112,117
	Vangrd Int-Trm Bd Indx Fd Adm	Registered Investment Company		$141,841
	Vangrd Mid-Cap Index Fund Adm	Registered Investment Company		$381,259
	Vangrd Selected Value Fund Inv	Registered Investment Company		$533,210
	Vangrd Small-Cap Index Fnd Adm	Registered Investment Company		$140,717
*	Voya Fixed Account	Insurance Company General Account		$2,785,569
*	Voya Mny Mkt Fd A (Hold Acct)	Registered Investment Company		$8,651
	WllFrgAdv Core Bond Fd Ins	Registered Investment Company		$642,422
		Participant Loans - Rates 5.75% to 5.75%		$302,179
	TOTAL			$17,714,734

* denotes party-in-interest
Column (d) is not required as the Plan's investments are totally participant directed.

LEGACY PARTNERS RESIDENTIAL RETIREMENT PLAN

FINANCIAL STATEMENTS

AND

INDEPENDENT AUDITOR'S REPORT

YEAR ENDED DECEMBER 31, 2015 AND PERIOD FROM DECEMBER 1, 2014 (INCEPTION) THROUGH DECEMBER 31, 2014

LEGACY PARTNERS RESIDENTIAL RETIREMENT PLAN

FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2015 AND

PERIOD FROM DECEMBER 1, 2014 (INCEPITON)

THROUGH DECEMBER 31, 2014

TABLE OF CONTENTS

Page

Independent Auditor's Report 1

Statements of Net Assets Available for Benefits – Modified Cash Basis 3

Statements of Changes in Net Assets Available for Benefits – Modified Cash Basis 4

Notes to Financial Statements 5

Supplementary Information 11

Line 4i – Schedules of Assets (Held at End of Year) 12

* * * *

LEGACY PARTNERS RESIDENTIAL RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

– MODIFIED CASH BASIS

DECEMBER 31, 2015 AND 2014

	2015	2014
Assets:		
Investments, at fair value (Notes 3 and 4):		
Registered investment companies	$ 13,908,267	$ 14,626,986
Insurance company general account	2,778,056	2,785,569
Total investments	16,686,323	17,412,555
Notes receivable from participants	306,885	302,179
Total assets	16,993,208	17,714,734
Total liabilities	-	-
Net assets available for benefits	$ 16,993,208	$ 17,714,734

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

LEGACY PARTNERS RESIDENTIAL RETIREMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

– MODIFIED CASH BASIS

YEAR ENDED DECEMBER 31, 2015 AND

PERIOD FROM DECEMBER 1, 2014 (INCEPITON)

THROUGH DECEMBER 31, 2014

	2015	2014
Additions to net assets attributed to:		
Contributions:		
Participants	$ 876,461	$ 40,941
Employer	174,582	6,310
Rollovers	88,102	-
	1,139,145	47,251
Investment income (Note 4):		
Net appreciation in fair value of investments	114,022	35,941
Interest income from insurance company general account	64,165	2,203
Total investment income	178,187	38,144
Interest on notes receivable from participants	19,979	743
Other income	906	-
Total additions	1,338,217	86,138
Deductions from net assets attributed to:		
Benefits paid to participants	2,009,890	38,344
Administrative expenses (Note 5)	35,131	200
Total deductions	2,045,021	38,544
Net increase (decrease) before other deductions	(706,804)	47,594
Transfers of assets (to) from plan (Note 6)	(14,722)	17,667,140
Net increase (decrease)	(721,526)	17,714,734
Net assets available for benefits:		
Beginning of period	17,714,734	-
End of period	$ 16,993,208	$ 17,714,734

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

NOTE 1 – DESCRIPTION OF PLAN

The following description of Legacy Partners (Legacy) Residential Retirement Plan (the Plan) provides only general information. Participants should refer to the Plan document or Summary Plan Description for a complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all employees, except union and nonresident aliens, of Legacy Partners Residential, Inc., who have six months of service and are age 21 or older for all contribution types. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Effective December 1, 2014, the Plan was split from SteelWave, LLC (SteelWave) Retirement Plan, formerly Legacy Partners Retirement Plan, establishing a new defined contribution plan for eligible employees of Legacy Partners Residential, Inc. (see Note 6). There were no changes to the significant provisions of the Plan.

Contributions

Participants may contribute annually up to 100% of eligible compensation, as defined in the Plan document. The maximum participant contribution to the Plan allowed for participants was $18,000 and $17,500 annually for 2015 and 2014, respectively. Participants who had reached the age of 50 before the end of the Plan year were eligible to make catch-up contributions of $6,000 and $5,500 annually for 2015 and 2014, respectively. The 2014 limits included contributions made to the SteelWave Retirement Plan prior to the split. These limits are set forth by the Internal Revenue Service and may vary to reflect changes in the Consumer Price Index. Participants may also contribute amounts representing distributions from other qualified plans. Participants direct the investment of their contributions into various investment options offered by the Plan, including mutual funds and a guaranteed interest account.

Legacy may contribute annually a discretionary matching contribution equal to a uniform percentage of a participant's contribution. Legacy elected to contribute 100% of a participant's contribution up to a maximum of $40 per payroll period or $1,080 for the year ended December 31, 2015 and $40 for the period from December 1, 2014 (inception) through December 31, 2014. The employer matching contributions are also participant-directed.

Participant Accounts

Participant accounts are credited with participant contributions, employer contributions, and earnings thereon, and are charged with an allocation of administrative expenses, unless paid by Legacy. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their contributions and earnings thereon. Employer contributions and earnings thereon are based on years of service. Participants are 100% vested after four years of service.

Investment Options

The Plan's investments are held by Voya Institutional Trust Company. Upon enrollment in the Plan, a participant may direct his or her account to be invested in various registered mutual funds offered by Voya Retirement Insurance and Annuity Company (Voya), which invest in a portfolio of securities based on specific investment objectives. A fixed interest account is also offered by Voya.

These investment options have been approved by the plan administrator. A participant may change his or her investment election for future contributions, or transfer existing balances, from one fund to another by following procedures established by Voya. Voya also maintains certain records for the Plan and participant accounts and provides certain other administrative services.

Notes Receivable from Participants

Participants may borrow an amount from $1,000 up to the lesser of $50,000 or 50% of their vested account balance. The loans bear interest at rates ranging from 5.75% to 7.00% as of December 31, 2015 and 2014, as determined by Voya. Loan payments are made by bi-weekly payroll deductions over a term generally not exceeding five years. However, loans made for the purchase of a principal residence may exceed five years. The maximum permissible number of loans outstanding at any time is one per participant.

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

Benefit Payments

On termination of service for any reason, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account or substantially equal installments. The Plan also provides for hardship withdrawals to current employees under certain circumstances.

Forfeitures

Any forfeitures of employer contributions and earnings thereon due to a participant's withdrawal from the Plan prior to being 100% vested are applied first to pay any Plan administrative expenses and then to employer matching contributions that would otherwise be made to the Plan. Forfeited non-vested accounts were $17,921 and $8,651 for the year ended December 31, 2015 and for the period from December 1, 2014 (inception) through December 31, 2014, respectively. Forfeitures applied to administrative expenses and employer contributions were $14,565 and $-0- for the year ended December 31, 2015 and for the period from December 1, 2014 (inception) through December 31, 2014, respectively.

Plan Termination

Although it has not expressed any intent to do so, Legacy has the right to discontinue contributions at any time and terminate the Plan subject to the provisions of ERISA. In the event of termination, participants would become 100% vested in their employer contributions and earnings thereon.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The Plan prepares its financial statements under the modified cash basis of accounting. Contributions and investment income are generally recorded when received rather than when earned, and benefits and administrative expenses are recognized when paid rather than when the obligation is incurred.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Under generally accepted accounting principles, fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Generally accepted accounting principles establish a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to observable inputs (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy based on inputs are as follows:

Level 1 – Valuations are based on unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access and therefore do not entail a significant degree of judgment.

Level 2 – Valuations are based on significant inputs that are observable, either directly or indirectly, or quoted prices in markets that are not active, that is, markets in which there are few transactions, the prices are not current or price quotations vary substantially over time or among market makers.

Level 3 – Valuations are based on inputs that are unobservable and significant to the overall fair value measurement and therefore require more judgment.

There have been no changes in the methodologies used at December 31, 2015 and 2014. Following is a description of the valuation methodologies used for investments measured at fair value:

Registered Investment Companies (Mutual Funds)

The fair value of mutual funds is based on the net asset value per share of each fund held by the Plan at year-end. Such investments are categorized as Level 1 of the fair value hierarchy.

Insurance Company General Account (Fixed Interest Account)

The fair value of the insurance company general account is based on the value per unit held by the Plan at year-end, as determined by Voya, and is subject to the claims-paying ability and financial strength of Voya. The calculation generally considers a 7-year Treasury Bond rate, the fixed account interest rate as internally set and approved by Voya, and the contract issuance date. Such investment is categorized as Level 3 of the fair value hierarchy.

The preceding methods 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 fair value could result in a different fair value measurement at the reporting date.

Net appreciation in fair value of investments reflects dividends and realized and unrealized gains and losses during the year.

Net asset value and fair value were equal for all investments held by the Plan at December 31, 2015 and 2014. Additionally, there were no unfunded commitments to purchase investments at December 31, 2015 and 2014. There were no imposed redemption restrictions on participants.

Estimates

The preparation of financial statements in conformity with the modified cash basis of accounting requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

Subsequent Events

Management has evaluated subsequent events through October 13, 2016, the date on which the financial statements were available to be issued.

Change in Accounting Principle

In July 2015, the Financial Accounting Standards Board issued Accounting Standards Update (ASU) 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965): (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient*. Under the ASU amendment Part I, fully benefit-responsive investment contracts are to be measured, presented and disclosed only at contract value as the fair value disclosure for fully benefit-responsive investment contracts are no longer required. Under the ASU amendment Part II, the required disclosures of individual investments that represent 5% or more of net assets available for benefits and the net appreciation or depreciation in the fair value of investments by general type have been eliminated. The net appreciation or depreciation in the fair value of investments, in the aggregate, is to be presented on the statements of changes in net assets available for benefits – modified cash basis. Additionally, Part II simplifies the level of disaggregation of investments that are measured using fair value. Investments are to be disaggregated by general type rather than by nature, characteristics and risks. Further, the disclosure of information about fair value measurements shall be provided by general type of plan asset. Parts I and III of the ASU amendment are not applicable to the Plan. The ASU is effective for fiscal years beginning after December 15, 2015, with early adoption permitted. Management has elected to adopt Part II early, in 2014.

NOTE 3 – INVESTMENTS

As of December 31, 2015 and 2014, investments consist of shares of mutual funds and units of a fixed interest account invested in insurance company general account. The fixed interest account provides for a guaranteed interest rate. The interest rate was 2.15% as of December 31, 2015 and 2014. All investments are participant-directed.

The following presents by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2015 and 2014:

	2015			
	Level 1	*Level 2*	*Level 3*	*Total*
Mutual funds	$ 13,908,267	$ -	$ -	$ 13,908,267
Fixed interest account	-	-	2,778,056	2,778,056
Total	$ 13,908,267	$ -	$ 2,778,056	$ 16,686,323

	2014			
	Level 1	*Level 2*	*Level 3*	*Total*
Mutual funds	$ 14,626,986	$ -	$ -	$ 14,626,986
Fixed interest account	-	-	2,785,569	2,785,569
Total	$ 14,626,986	$ -	$ 2,785,569	$ 17,412,555

The following presents a summary of the changes in the fair value of the Plan's level 3 investment for the year ended December 31, 2015 and for the period from December 1, 2014 (inception) through December 31, 2014:

Fixed Interest Account:	2015	2014
Balance, beginning of period	$ 2,785,569	$ -
Purchases	354,280	11,957
Transfer from SteelWave Retirement Plan	-	2,781,789
Issues	(46,166)	(1,300)
Sales	(315,627)	(6,877)
Balance, end of period	$ 2,778,056	$ 2,785,569

NOTE 4 – INFORMATION CERTIFIED BY THE TRUSTEE

The investments included in the statements of net assets available for benefits – modified cash basis at December 31, 2015 and 2014, and the related investment income included in the statements of changes in net assets available for benefits – modified cash basis for the year ended December 31, 2015 and for the period from December 1, 2014 (inception) through December 31, 2014, as well as the information provided in Note 3 and the supplemental schedules of Assets (Held at End of Year), have been derived from information certified as complete and accurate by Voya Institutional Trust Company, the trustee, in accordance with Section 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

NOTE 5 – RELATED-PARTY AND PARTY-IN-INTEREST TRANSACTIONS

The Plan's investments in mutual funds and fixed interest account are offered by Voya. Voya is a party-in-interest under ERISA and, as such, related transactions qualify as party-in-interest transactions. Fees paid by the Plan related to Voya administrative services were $20,566 and $200 for the year ended December 31, 2015 and for the period from December 1, 2014 (inception) through December 31, 2014, respectively.

NOTE 6 – TRANSFERS OF ASSETS TO/FROM PLAN

Effective December 1, 2014, the Plan was split from SteelWave Retirement Plan, establishing a new defined contribution plan for eligible employees of Legacy Partners Residential, Inc. Related Plan assets were transferred from the SteelWave Retirement Plan to the Plan on December 19, 2014.

A summary of the related Plan assets transferred for the period effective December 1, 2014 follows:

Fixed interest account	$ 2,792,684
Mutual funds	14,567,814
Notes receivable from participants	306,642
Total	$ 17,667,140

During 2015, Plan assets of $14,722, representing a net settlement between the plans related to the 2014 split, were transferred to the SteelWave Retirement Plan.

NOTE 7 – TAX STATUS

The Plan is a participant in the Voya Defined Contribution Prototype Plan, approved as tax-exempt under Section 401 of the Internal Revenue Code (IRC) by the Internal Revenue Service pursuant to a determination letter dated March 2008. Although the Plan has since been amended, the plan administrator believes that the Plan is designed and being currently operated in compliance with the applicable provisions of the IRC.

The plan administrator believes it has appropriate support for any tax positions taken, and as such, does not have any uncertain tax positions that are material to the financial statements. The Plan's federal Form 5500 is subject to examination by regulatory agencies generally for three years after filing.

NOTE 8 – RISKS AND UNCERTAINTIES

The Plan invests in mutual funds and a fixed interest account offered by Voya. Such investments are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated, it is at least reasonably possible that changes in the values of investments 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 – modified cash basis.

SUPPLEMENTARY INFORMATION

LEGACY PARTNERS RESIDENTIAL RETIREMENT PLAN

EIN: 75-2605182, PLAN NO. 001

FORM 5500, SCHEDULE H

LINE 4i – SCHEDULES OF ASSETS (HELD AT END OF YEAR)

YEAR ENDED DECEMBER 31, 2015

Identity of Issue, Borrower, Lessor or Similar Party	*Description of Investment*	*Current Value*
Voya*		
Registered investment companies:		
Mutual Fund	JP Morgan Smart Retirement Income Instl	$ 1,687
Mutual Fund	JP Morgan Smart Retirement 2015 Instl	189,526
Mutual Fund	JP Morgan Smart Retirement 2020 Instl	78,228
Mutual Fund	JP Morgan Smart Retirement 2025 Instl	430,707
Mutual Fund	JP Morgan Smart Retirement 2030 Instl	569,543
Mutual Fund	JP Morgan Smart Retirement 2035 Instl	735,500
Mutual Fund	JP Morgan Smart Retirement 2040 Instl	10,354
Mutual Fund	JP Morgan Smart Retirement 2045 Instl	285,655
Mutual Fund	JP Morgan Smart Retirement 2050 Instl	16,192
Mutual Fund	JP Morgan Smart Retirement 2055 Instl	10,688
Mutual Fund	Vanguard Intermediate-Term Bond Index Fund Sign	110,264
Mutual Fund	Voya Government Money Market Fund A	12,009
Mutual Fund	American Funds Washington Mutual R6	1,368,487
Mutual Fund	Vanguard 500 Index Fund Adm	1,215,764
Mutual Fund	American Funds Growth Fund R6	2,356,168
Mutual Fund	Vanguard Selected Value Inv	295,646
Mutual Fund	Vanguard Mid Cap Index Fund Adm	328,305
Mutual Fund	Vanguard FTSE All-World ex-US Index	120,228
Mutual Fund	T.Rowe Price Instl Mid-Cap Equity Gr	2,455,572
Mutual Fund	JPMorgan Small Cap Value R6	116,212
Mutual Fund	Vanguard Small Cap Index Fund Admiral	180,337
Mutual Fund	Vanguard Explorer Adm	833,344
Mutual Fund	Templeton Foreign Adv	595,308
Mutual Fund	Lazard Emerging Markets Equity Portfolio Inst	220,202
Mutual Fund	American Funds New Perspective R6	309,131
Mutual Fund	Wells Fargo Core Bond Fund Inst	693,257
Mutual Fund	PIMCO Real Return Instl	127,091
Mutual Fund	Transamerica High Yield Bond I	242,862
Total registered investment companies		13,908,267
Voya* general insurance company account:		
Fixed Interest Account through Group Annuity Contract	Fixed Account, 2.15%	2,778,056
Participant loans	5.75% to 7.00%, secured by account balances	306,885
Total		$ 16,993,208

* Party-in-interest as defined by ERISA

Note: Voya refers to Voya Retirement Insurance and Annuity Company

LEGACY PARTNERS RESIDENTIAL RETIREMENT PLAN

EIN: 75-2605182, PLAN NO. 001

FORM 5500, SCHEDULE H

LINE 4i – SCHEDULES OF ASSETS (HELD AT END OF YEAR)

YEAR ENDED DECEMBER 31, 2014

Identity of Issue, Borrower, Lessor or Similar Party	*Description of Investment*	*Current Value*
Voya*		
Registered investment companies:		
Mutual Fund	JP Morgan Smart Retirement Income Instl	$ 2,917
Mutual Fund	JP Morgan Smart Retirement 2015 Instl	80,611
Mutual Fund	JP Morgan Smart Retirement 2020 Instl	14,394
Mutual Fund	JP Morgan Smart Retirement 2025 Instl	322,485
Mutual Fund	JP Morgan Smart Retirement 2030 Instl	522,840
Mutual Fund	JP Morgan Smart Retirement 2035 Instl	888,679
Mutual Fund	JP Morgan Smart Retirement 2040 Instl	4,353
Mutual Fund	JP Morgan Smart Retirement 2045 Instl	246,001
Mutual Fund	JP Morgan Smart Retirement 2050 Instl	16,156
Mutual Fund	JP Morgan Smart Retirement 2055 Instl	4,053
Mutual Fund	Vanguard Intermediate-Term Bond Index Fund Sign	141,841
Mutual Fund	Voya Government Money Market Fund A	8,651
Mutual Fund	American Funds Washington Mutual R6	1,564,042
Mutual Fund	Vanguard 500 Index Fund Adm	1,255,947
Mutual Fund	American Funds Growth Fund R6	2,452,641
Mutual Fund	Vanguard Selected Value Inv	533,210
Mutual Fund	Vanguard Mid Cap Index Fund Adm	381,259
Mutual Fund	Vanguard FTSE All-World ex-US Index	112,117
Mutual Fund	T.Rowe Price Instl Mid-Cap Equity Gr	2,465,377
Mutual Fund	JPMorgan Small Cap Value R6	133,173
Mutual Fund	Vanguard Small Cap Index Fund Admiral	140,717
Mutual Fund	Vanguard Explorer Adm	889,718
Mutual Fund	Templeton Foreign Adv	723,693
Mutual Fund	Lazard Emerging Markets Equity Portfolio Inst	347,218
Mutual Fund	American Funds New Perspective R6	244,871
Mutual Fund	Wells Fargo Core Bond Fund Inst	642,422
Mutual Fund	PIMCO Real Return Instl	224,526
Mutual Fund	Transamerica High Yield Bond I	263,074
Total registered investment companies		14,626,986
Voya* general insurance company account:		
Fixed Interest Account through Group Annuity Contract	Fixed Account, 2.15%	2,785,569
Participant loans	5.75% to 7.00%, secured by account balances	302,179
Total		$ 17,714,734

* Party-in-interest as defined by ERISA

Note: Voya refers to Voya Retirement Insurance and Annuity Company