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

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 07/01/2011 and ending 06/30/2012

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
403(B) THRIFT PLAN OF ASSOCIATION FOR THE ADVANCEMENT OF BLIND AND RETARDED, INC.

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 07/01/2007

2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

ASSOCIATION FOR THE ADVANCEMENT OF BLIND AND RETARDED, INC.

15-08 COLLEGE POINT BOULEVARD
COLLEGE POINT, NY 11356

2b Employer Identification Number (EIN) 13-1968035

2c Sponsor's telephone number 718-321-3800

2d Business code (see instructions) 624100

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.	01/10/2014	MARY BOSNACK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	01/10/2014	MARY BOSNACK
	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

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
ASSOCIATION FOR THE ADVANCEMENT OF BLIND AND RETARDED, INC.

15-08 COLLEGE POINT BOULEVARD
COLLEGE POINT, NY 11356

3b Administrator's EIN
13-1968035

3c Administrator's telephone number
718-321-3800

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**	543
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	526
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits	**6c**	49
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	575
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	1
f	Total. Add lines **6d** and **6e**	**6f**	576
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	576
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 Characteristic Codes in the instructions:
2L

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

9a Plan funding arrangement (check all that apply)

(1)	X	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)	X	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)	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	2	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)	X		**D** (DFE/Participating Plan Information)
(6)			**G** (Financial Transaction Schedules)

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

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 07/01/2011 and ending 06/30/2012

A Name of plan
403(B) THRIFT PLAN OF ASSOCIATION FOR THE ADVANCEMENT OF BLIND AND RETARDED, INC.

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ASSOCIATION FOR THE ADVANCEMENT OF BLIND AND RETARDED, INC.

D Employer Identification Number (EIN)
13-1968035

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
METLIFE INSURANCE COMPANY

(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	Policy or contract year (g) To
06-0566090	87726	39433		07/01/2011	06/30/2012

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 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	3709

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
METLIFE SECURITIES, INC
1095 AVENUE OF THE AMERICAS
NEW YORK, NY 10036

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
	3709	COMMISSION	3

(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 (c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code

(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	1580837
5	Current value of plan's interest under this contract in separate accounts at year end	5	131521

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 ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	1458700
c	Additions: (1) Contributions deposited during the year	7c(1)	71094		
	(2) Dividends and credits	7c(2)	52077		
	(3) Interest credited during the year	7c(3)	11119		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6) Total additions			7c(6)	134290
d	Total of balance and additions (add **b** and **c(6)**).			7d	1592990
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	12153		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	12153
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	1580837

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 **c(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, item 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

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 07/01/2011 and ending 06/30/2012

A Name of plan
403(B) THRIFT PLAN OF ASSOCIATION FOR THE ADVANCEMENT OF BLIND AND RETARDED, INC.

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ASSOCIATION FOR THE ADVANCEMENT OF BLIND AND RETARDED, INC.

D Employer Identification Number (EIN)
13-1968035

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
MUTUAL OF AMERICA

(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	Policy or contract year (g) To
13-1614399	88668	054189H	624	07/01/2011	06/30/2012

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 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	2223

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
VINCENT DRAGONE
FOREST HILLS TOWER
118-35 QUEENS BOULVARD 16TH FLOOR
FOREST HILLS, NY 11375-7251

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	(d) Purpose	(e) Organization code
0	862	COMPENSATION	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
MARIO BENTO
FOREST HILLS TOWER
118-35 QUEENS BOULVARD 16TH FLOOR
FOREST HILLS, NY 11375-7251

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	(d) Purpose	(e) Organization code
0	377	COMPENSATION	3

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

SUSAN JOHNSON

FOREST HILLS TOWER
118-35 QUEENS BOULVARD 16TH FLOOR
FOREST HILLS, NY 11375-7251

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
0	362	COMPENSATION	3

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

ABE JAMES GARCIA

FOREST HILLS TOWER
118-35 QUEENS BOULVARD 16TH FLOOR
FOREST HILLS, NY 11375-7251

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
0	311	COMPENSATION	3

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

GEOFFREY FINKEL

FOREST HILLS TOWER
118-35 QUEENS BOULVARD 16TH FLOOR
FOREST HILLS, NY 11375-7251

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
0	311	COMPENSATION	3

(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	2595078
5	Current value of plan's interest under this contract in separate accounts at year end	5	1015807

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	2048759
c	Additions: (1) Contributions deposited during the year	7c(1)	505705		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	46195		
	(4) Transferred from separate account	7c(4)	11980		
	(5) Other (specify below)	7c(5)	67231		
	▶ ROLLOVER; FORFEITURE APPLIED				
	(6) Total additions			7c(6)	631111
d	Total of balance and additions (add **b** and **c(6)**)			7d	2679870
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	70519		
	(2) Administration charge made by carrier	7e(2)	1314		
	(3) Transferred to separate account	7e(3)	0		
	(4) Other (specify below)	7e(4)	12959		
	▶ FORFEITURES FORFEITURE INCURRED				
	(5) Total deductions			7e(5)	84792
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	2595078

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 **c(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, item 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

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 07/01/2011 and ending 06/30/2012

A Name of plan
403(B) THRIFT PLAN OF ASSOCIATION FOR THE ADVANCEMENT OF BLIND AND RETARDED, INC.

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ASSOCIATION FOR THE ADVANCEMENT OF BLIND AND RETARDED, INC.

D Employer Identification Number (EIN)
13-1968035

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FIDELITY MANAGEMENT & RESEARCH COMP
82 DEVONSHIRE STREET
BOSTON, MA 02109

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

THE VANGUARD GROUP
PO BOX 2600
VALLEY FORGE, PA 18482

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

DEUTSCHE ASSET MANAGEMENT
222 SOUTH RIVERSIDE PLAZA
CHICAGO, IL 60606-5808

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

OPPENHEIMER FUNDS
PO BOX5270
DENVER, CO 80217-5270

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

AMERICAN CENTURY INVESTMENT MANAGEM

PO BOX 419786
KANSAS CITY, MO 64141

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

CALVERT ASSET MANAGEMENT COMPANY, I

4550 MONTGOMERY AVENUE
SUITE 1000N
BETHESDA, MD 20814

(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)

MUTUAL OF AMERICA

320 PARK AVENUE
NEW YORK, NY 10022

(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 65	INSURANCE CARRIER	1747	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

(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 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

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 07/01/2011 and ending 06/30/2012

A Name of plan
403(B) THRIFT PLAN OF ASSOCIATION FOR THE ADVANCEMENT OF BLIND AND RETARDED, INC.

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
ASSOCIATION FOR THE ADVANCEMENT OF BLIND AND RETARDED, INC.

D Employer Identification Number (EIN)
13-1968035

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: SEPARATE ACCOUNT NUMBER SA2

b Name of sponsor of entity listed in (a): MUTUAL OF AMERICA

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)
13-1614399-000	P	1015807

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)

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

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 07/01/2011 and ending 06/30/2012

A Name of plan
403(B) THRIFT PLAN OF ASSOCIATION FOR THE ADVANCEMENT OF BLIND AND RETARDED, INC.

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ASSOCIATION FOR THE ADVANCEMENT OF BLIND AND RETARDED, INC.

D Employer Identification Number (EIN)
13-1968035

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)	19249	
(2) Participant contributions	1b(2)	10660	11920
(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)	9029	4616
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	1064253	1147328
(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)	489780	539645
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	3568202	4228219
(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	5161173	5931728
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	5161173	5931728

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)	526318	
(B) Participants	2a(1)(B)	302955	
(C) Others (including rollovers)	2a(1)(C)	73819	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		903092
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)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(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

		(a) Amount	(b) Total
2b (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
(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)		14616
c Other income	2c		103935
d Total income. Add all **income** amounts in column (b) and enter total	2d		1021643
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	206354	
(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)		206354
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)	5491	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	39243	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		44734
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		251088
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		770555
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

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: BDO USA LLP (2) EIN: 13-5381590

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 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 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	
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		100000
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)

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

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 07/01/2011 and ending 06/30/2012

A Name of plan
403(B) THRIFT PLAN OF ASSOCIATION FOR THE ADVANCEMENT OF BLIND AND RETARDED, INC.

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ASSOCIATION FOR THE ADVANCEMENT OF BLIND AND RETARDED, INC.

D Employer Identification Number (EIN)
13-1968035

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** 0

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): 13-3590259 13-5581829

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 items 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 items 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 items 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 items 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 items 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 items 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 item 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 items (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 item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

403(b) Thrift Plan of AABR, Inc.

Financial Statements and Supplemental Schedule
Years Ended June 30, 2012 and 2011

The report accompanying these financial statements was issued by BDO USA, LLP, a Delaware limited liability partnership and the U.S. member of BDO International Limited, a UK company limited by guarantee.

403(b) Thrift Plan of AABR, Inc.

Financial Statements and Supplemental Schedule
Years Ended June 30, 2012 and 2011

403(b) Thrift Plan of AABR, Inc.

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New York, NY 10017

Independent Auditors' Report

Members of the Pension Committee of the
403(b) Thrift Plan of AABR, Inc.
College Point, New York

We were engaged to audit the accompanying statements of net assets available for benefits of the 403(b) Thrift Plan of AABR, Inc. (the "Plan") as of June 30, 2012 and 2011, and the related statements of changes in net assets available for benefits for the years then ended and the supplemental schedule of assets (held at end of year) as of June 30, 2012. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Mutual of America Life Insurance Company ("Mutual of America"), MetLife Insurance Company of Connecticut ("MetLife"), and OFI Trust Company ("Oppenheimer"), the custodians of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that the custodians hold the Plan's investment assets and execute investment transactions. The Plan administrator has obtained a certification from the custodians as of June 30, 2012 and 2011, and for the years then ended that the information provided to the Plan administrator by the custodians is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on these accompanying financial statements and supplemental schedule taken as a whole. The supplemental schedule is presented for the purposes of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. 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, 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

BDO USA, LLP

November 13, 2013

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403(b) Thrift Plan of AABR, Inc.

Statements of Net Assets Available for Benefits

June 30,	**2012**	2011
Assets		
Investments, at fair value (Notes 3, 4 and 5):		
Fixed annuity contracts	**$4,228,219**	$3,568,202
Pooled separate accounts	**1,147,328**	1,064,253
Mutual funds	**539,645**	489,780
Total Investments, at Fair Value	**5,915,192**	5,122,235
Notes receivable - participant loans	**4,616**	9,029
Employer contribution receivables	**-**	19,249
Employee contribution receivables	**11,920**	10,660
Net Assets Available for Benefits	**$5,931,728**	$5,161,173

See accompanying notes to financial statements.

403(b) Thrift Plan of AABR, Inc.

Statements of Changes in Net Assets Available for Benefits

Year ended June 30,	**2012**	2011
Additions:		
Employer contributions	**$ 526,318**	$ 533,057
Participant contributions	**302,955**	300,317
Rollover contributions	**73,819**	2,542
Net appreciation in fair value of pooled separate accounts	**3,635**	191,310
Net appreciation in fair value of mutual funds	**14,616**	110,370
Interest income on fixed annuity contracts	**100,300**	95,973
Other income	**-**	334
Total Additions	**1,021,643**	1,233,903
Deductions:		
Distributions to participants	**206,354**	265,660
Administrative fees	**5,491**	14,427
Other expense	**39,243**	-
Total Deductions	**251,088**	280,087
Net Increase in Net Assets Available for Benefits	**770,555**	953,816
Net Assets Available for Benefits, Beginning of Year	**5,161,173**	4,207,357
Net Assets Available for Benefits, End of Year	**$5,931,728**	$5,161,173

See accompanying notes to financial statements.

1. Description of Plan

The following description of the 403(b) Thrift Plan of AABR, Inc. (the "Plan") provides only general information. Participants should refer to the Plan agreement or Summary Plan Description ("SPD") for a more complete description of the Plan's provisions. The Plan is sponsored and administered by the Association for the Advancement of Blind and Retarded, Inc. (the "Association").

(a) General

The Plan was established on July 1, 2007. It permits employer nonmatching contributions (the "Thrift Plan") and employee salary reduction contributions (the "Tax Deferred Annuity Plan") made pursuant to a voluntary salary reduction agreement. All contributions under this plan are invested in annuity contracts, separate accounts or mutual funds managed by Mutual of America Life Insurance Company ("Mutual of America"), MetLife Insurance Company of Connecticut ("MetLife") and OFI Trust Company ("Oppenheimer"), the Plan's custodians. The plan and annuity contracts are intended to comply with Section 403(b) of the Internal Revenue Code ("IRC") and the requirements of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

(b) Participation

An employee becomes eligible to participate in the Tax Deferred Annuity Plan, with respect to making elective deferrals, beginning on the date of hire. An employee becomes eligible to participate in the Thrift Plan, with respect to employer nonmatching contributions, after one year of service, completing one thousand hours and attaining the age of twenty one.

(c) Contributions

Each year participants are permitted to contribute to the Tax Deferred Annuity Plan an amount from their salary not to exceed $16,500, as prescribed by the IRC 402(g) limit for 2012 and 2011. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions.

The annual employer contribution is equal to a percentage of compensation for that plan year. This percentage is based on number of years of service provided as determined by the following schedule:

Years of Service	Percentage of Compensation
Less than 5 years	2%
5 years, but less than 10 years	3
10 years, but less than 15 years	5
15 years, but less than 20 years	7
20 years or more	8

Participants direct the investment of their contributions into various investment options.

(d) Participant Accounts

Each participant's contribution is set up in an account maintained by the Plan administrator on the employee's behalf. Individual accounts are maintained for each Plan participant. Each participant's account is credited with the participant's and employer contributions and earnings, and charged with withdrawals and administrative expenses. Allocations are based on participants' earnings or account balances, as defined.

(e) Vesting

Participants are 100% vested in their voluntary salary reduction contributions plus actual earnings thereon. The employer contributions are vested according to the following schedule.

Years of Vesting Service	Percentage
Less than 2 years	-%
2 years	20
3 years	40
4 years	60
5 years	80
6 years or more	100

(f) Payment of Benefits

Upon termination of service due to retirement, disability or death, a participant or beneficiary will receive the balance in the participant's account and may elect any method of payment permitted by the affected annuity contract(s). If the balance of the account is less than $1,000, it will be paid in a lump sum.

(g) Forfeitures

Forfeitures are the nonvested amounts in the accounts of participants who terminate employment. Forfeitures are used to pay certain Plan expenses and/or to reduce future employer contributions to the Plan. As of June 30, 2012 and 2011, forfeited nonvested accounts totaled $21 and $1,261, respectively. During the year ended June 30, 2012, $14,264 was used to reduce Plan expenses and $6,501 was used to reduce employer contributions. A total of $7,762 was deposited into the forfeiture account during the year ended June 30, 2012.

(h) Notes Receivable From Participants

(i) Oppenheimer

Participants have the ability to borrow against their account balance in the Plan. A participant may borrow up to the lesser of 50% of its vested account balance or $50,000. The Plan requires a minimum loan of $1,000. The principal, along with any interest and administrative charges, is repaid by the employee, who is billed directly. Loans are to be repaid within five years, unless participants are using the loan to purchase their principal residence which extends the maturity date of the loan. The loan's interest rate is commensurate with the rate of interest charged on similar commercial loans by persons or institutions in the business of lending money.

(ii) Mutual of America and MetLife

Participants' loans transacted with Mutual of America and MetLife are not shown in the Plan's statements of net assets available for benefits as the loans are not made from Plan assets and are therefore not considered assets of the Plan. Loan interest rates may be fixed or variable and can be increased or decreased by Mutual of America and MetLife. Principal and interest is paid ratably by the participant directly to Mutual of America and MetLife. A default charge will be assessed against the portion of the loan collateral used to foreclose on all or part of any loan.

Loan balances outstanding from Mutual of America and MetLife were $14,311 and $52,303, respectively, as of June 30, 2012 and $13,429 and $60,742, respectively, as of June 30, 2011.

There were no defaulted loans during 2012 and 4 in 2011.

(i) Administrative Expenses

Administrative expenses are paid by the Plan to the extent not paid by the Association.

2. Summary of Significant Accounting Policies

(a) Basis of Accounting

The financial statements of the Plan have been prepared on the accrual basis of accounting.

(b) Investment Valuation and Income Recognition

The Plan's investments are stated at fair value, which is defined as the exchange price that would be received for an asset or paid to transfer a liability in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date (an exit price). Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820, "Fair Value Measurement", establishes a hierarchy for inputs used in measuring fair value that maximizes the use of observable inputs and minimizes the use of unobservable inputs by requiring that inputs that are most observable be used when available. Observable inputs are inputs that market participants operating within the same marketplace as the Plan would use in pricing the Plan's asset or liability based on independently derived and objectively determined market data. Unobservable inputs are inputs that cannot be sourced from a broad active market in which assets or liabilities identical or similar to those of the Plan are traded. The Plan estimates the price of any assets for which there are only unobservable inputs by using assumptions that market participants that have investments in the same or similar assets would use as determined by the money managers administering each investment based on the best information available in the circumstances. The input hierarchy is broken down into three levels based on the degree to which the exit price is independently observable or determinable as follows:

Level 1 – Valuation based on quoted market prices in active markets for identical assets or liabilities. Since valuations are based on quoted market prices that are readily and regularly available in an active market, valuation of these products does not entail a significant degree of judgment.

Level 2 – Valuation based on quoted market prices of investments that are not actively traded or for which certain significant inputs are not observable, either directly or indirectly.

Level 3 – Valuation based on inputs that are unobservable and reflect management's best estimate of what market participants would use as fair value.

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

(c) Notes Receivable From Participants

Notes receivable from participants 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 document.

(d) Payment of Benefits

Benefits are recorded when paid.

(e) 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 disclosure of contingent assets and liabilities at the date of the financial statements, and reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

(f) Risk and Uncertainties

The Plan provides for various investment options in any combination of funds offered by the Plan. These funds are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investments and the level of uncertainty related to changes in the value of investments, 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 statements of net assets available for benefits.

(g) Reporting on Fully Benefit Responsive Contracts

As described in ASC 962, "Plan Accounting – Defined Contribution Pension Plans", investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. As required by ASC 962, the statements of net assets available for benefits should present the fair value of the investment contract as well as the related adjustment of the fully benefit-responsive investment contract from fair value to contract value. The statements of changes in net assets available for benefits should be presented on a contract value basis. As of June 30, 2012, Mutual of America and MetLife have represented that the contract value approximates fair value for fully benefit responsive investment contracts.

3. Fair Value Measurements

The Plan's assets and liabilities recorded at fair value have been categorized based upon a fair value hierarchy in accordance with ASC 820. See Note 2 for a discussion of the Plan's policies regarding this hierarchy.

A description of the valuation techniques applied to the Plan's major categories of assets and liabilities measured at fair value is as follows:

Pooled Separate Accounts

Pooled separate accounts invest directly in designated mutual funds or in some cases, collective investment trusts. The separate account owns and holds the underlying mutual fund or collective trust shares which are valued daily at their net asset values ("NAV"). Plans and participants hold "units of participation" in the separate account. The accumulation unit value ("AUV") is the value of each unit in the separate account and the separate account is valued daily as the number of accumulation units held multiplied by the AUV. The AUV is first established when a new fund starts and is then determined daily based on the net asset value of the shares of the underlying fund, the fund's dividends and the contract's separate account charges.

Fixed Annuity Contracts

The fixed annuity contracts are composed of the Mutual of America Interest Accumulation Account and the MetLife T. Flex Account. The fixed annuity contracts are reported at contract value, which approximates fair value. The contract value equals the accumulated cash contributions and interest credited to the Plan's contracts, less withdrawals. The fixed annuity contracts are not available for sale or transfer on any securities exchange.

Mutual Funds

The Plan has ownership interest in mutual funds, but not in the individual securities held by the funds. These shares are actively traded on national securities exchanges and have quoted market prices. Below sets forth tables of assets measured at fair value on a recurring basis at June 30, 2012 and 2011.

	Assets at Fair Value as of June 30, 2012			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total as of June 30, 2012
Fixed annuity contracts	**$ -**	**$4,228,219**	**$-**	**$4,228,219**
Separate accounts:				
Aggressive allocation	**-**	**14,557**	**-**	**14,557**
Conservative allocation	**-**	**8,650**	**-**	**8,650**
Foreign large blend	**-**	**20,484**	**-**	**20,484**
Foreign large growth	**-**	**37,839**	**-**	**37,839**
Intermediate-term bond	**-**	**204,181**	**-**	**204,181**
Large blend	**-**	**354,638**	**-**	**354,638**
Large growth	**-**	**65,147**	**-**	**65,147**
Large value	**-**	**66,608**	**-**	**66,608**
Mid-cap blend	**-**	**67,492**	**-**	**67,492**
Mid-cap growth	**-**	**28,810**	**-**	**28,810**
Mid-cap value	**-**	**50,349**	**-**	**50,349**
Moderate allocation	**-**	**43,330**	**-**	**43,330**
Money market	**-**	**15,861**	**-**	**15,861**
Retirement income	**-**	**1,102**	**-**	**1,102**
Small blend	**-**	**30,783**	**-**	**30,783**
Small growth	**-**	**21,723**	**-**	**21,723**
Stock index	**-**	**43,371**	**-**	**43,371**
Target date 2011-2015	**-**	**4,115**	**-**	**4,115**
Target date 2016-2020	**-**	**4,528**	**-**	**4,528**
Target date 2021-2025	**-**	**20,598**	**-**	**20,598**
Target date 2026-2030	**-**	**23,935**	**-**	**23,935**
Target date 2031-2035	**-**	**951**	**-**	**951**
Target date 2036-2040	**-**	**11,889**	**-**	**11,889**
Target date 2041-2045	**-**	**6,387**	**-**	**6,387**
Total separate accounts	**-**	**1,147,328**	**-**	**1,147,328**

	Assets at Fair Value as of June 30, 2012			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total as of June 30, 2012
Mutual funds:				
Foreign large blend	**$ 1,289**	**$ -**	**$-**	**$ 1,289**
Large blend	**373,310**	**-**	**-**	**373,310**
Large growth	**40,616**	**-**	**-**	**40,616**
Large value	**5,297**	**-**	**-**	**5,297**
Moderate allocation	**1,384**	**-**	**-**	**1,384**
Money market	**4,995**	**-**	**-**	**4,995**
Multisector bond	**17,415**	**-**	**-**	**17,415**
Small blend	**33,141**	**-**	**-**	**33,141**
Small growth	**42,834**	**-**	**-**	**42,834**
World stock	**19,364**	**-**	**-**	**19,364**
Total mutual funds	**539,645**	**-**	**-**	**539,645**
Total assets at fair value	**$539,645**	**$5,375,547**	**$-**	**$5,915,192**

	Assets at Fair Value as of June 30, 2011			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total as of June 30, 2011
Fixed annuity contracts	$ -	$3,568,202	$ -	$3,568,202
Pooled separate accounts:				
Aggressive allocation	-	40,086	-	40,086
Conservative allocation	-	6,801	-	6,801
Foreign large blend	-	21,489	-	21,489
Foreign large growth	-	36,424	-	36,424
High yield bond	-	-	-	-
Intermediate-term bond	-	159,928	-	159,928
Large blend	-	355,819	-	355,819
Large growth	-	60,192	-	60,192
Large value	-	82,231	-	82,231
Mid-cap blend	-	68,116	-	68,116
Mid-cap growth	-	32,431	-	32,431
Mid-cap value	-	45,590	-	45,590
Moderate allocation	-	35,923	-	35,923
Money market	-	24,681	-	24,681
Retirement income	-	730		730
Small blend	-	25,335	-	25,335
Small growth	-	19,968	-	19,968
Target date 2011-2015	-	5,690	-	5,690
Target date 2016-2020	-	3,322	-	3,322
Target date 2021-2025	-	16,184	-	16,184
Target date 2026-2030	-	14,800	-	14,800
Target date 2031-2035	-	49	-	49
Target date 2036-2040	-	3,257	-	3,257
Target date 2041-2045	-	5,207	-	5,207
Total pooled separate accounts	-	1,064,253	-	1,064,253
Mutual funds:				
Foreign large blend	756	-	-	756
Large blend	328,276	-	-	328,276
Large growth	41,312	-	-	41,312
Large value	4,940	-	-	4,940
Moderate allocation	715	-	-	715
Money market	6,859	-	-	6,859
Multisector bond	16,802	-	-	16,802
Small blend	29,380	-	-	29,380
Small growth	40,166	-	-	40,166
World stock	20,574	-	-	20,574
Total mutual funds	489,780	-	-	489,780
Total assets at fair value	$489,780	$4,632,455	$ -	$5,122,235

The Plan had no financial assets or financial liabilities that were measured at fair value on a nonrecurring basis during the Plan year ended June 30, 2012. Investments for which fair value is estimated using reported net asset value ("NAV") or the equivalent are able to be redeemed on a daily basis. At June 30, 2012 there were no unfunded commitments.

During the years ended June 30, 2012 and 2011, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value as follows:

Year ended June 30,	**2012**	2011
Net appreciation in fair value of investments:		
Pooled separate accounts	**$ 3,635**	$191,310
Mutual funds	**14,616**	110,370
Fixed annuity contracts	**100,300**	95,973

4. Investments

The following investments represent five percent or more of the Plan's net assets:

June 30,	**2012**	2011
Mutual of America Interest Accumulation Account	**$2,595,078**	$2,048,759
Metropolitan Life Insurance Company T. Flex Account	**1,525,947**	1,420,692

The Mutual of America Interest Accumulation Account earns interest at a rate of 2% per annum. The Metropolitan Life Insurance Company T. Flex Account earns at a guaranteed minimum rate of 3.5% per year.

5. Information Certified by the Plan's Custodians

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, Mutual of America, MetLife and Oppenheimer have certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate.

June 30,	**2012**	2011
Investments, at fair value	**$5,915,192**	$5,122,235

Year ended June 30,	**2012**	2011
Interest income on fixed annuity contracts	**$100,300**	$ 95,973
Net appreciation in fair value of pooled separate accounts	**3,635**	191,310
Net appreciation in fair value of mutual funds	**14,616**	110,370

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.

6. Tax Status

Under ASC 740-10, "Income Taxes", a plan must recognize the tax benefit associated with tax positions taken for tax return purposes when it is more likely than not that the position will not be sustained upon examination by a taxing authority. As of the financial statement date, the Plan was not required to have a favorable determination letter from the Internal Revenue Service to confirm its tax-exempt status. However, in the opinion of the Plan's administrator, the Plan is currently designed and is being operated in compliance with the applicable requirements of the IRC, and qualifies the Plan and related trust fund for tax-exempt status. The Plan has filed Form 5500 Annual Return/Report of Employee Benefit Plan, as required. For the year ended June 30, 2012, there were no interest or penalties recorded or included in the financial statements. The Plan administrator believes it is no longer subject to income tax examination for the periods prior to 2009.

7. Party-in-Interest Transactions

Plan investments are units of a general account, and pooled separate accounts or mutual funds managed by the custodians of the Plan and, therefore, these transactions qualify as party-in-interest transactions. Plan loans qualify as party-in-interest transactions.

8. Plan Termination

Although it has not expressed any intent to do so, the Association has the right to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, each participant will become 100% vested in their account and the net assets of the Plan will be distributed as prescribed by ERISA.

9. Non-Exempt Transactions

For the Plan years ended June 30, 2012 and 2011, employee withholdings in the amount of $160,857 and $119,812, respectively, were not remitted within the appropriate time period by the Association. These transactions constitute prohibited transactions as defined by ERISA. The employer is aware of the occurrence and has calculated the lost earnings to the Plan.

10. Subsequent Events

The Plan's management has performed subsequent event procedures through November 13, 2013, which is the date the financial statements were available to be issued and there were no other subsequent events requiring adjustments to the financial statements or disclosures as stated herein.

On July 1, 2012, the Board of Directors of the employer terminated the group annuity contract with Mutual of America. Assets held by Mutual of America were transferred to TD Ameritrade Trust and will be held by Value Architects Asset Management, LLC.

Supplemental Schedule

403(b) Thrift Plan of AABR, Inc.

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
EIN: 13-1968035 Plan No. 002

June 30, 2012

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value**	(d) Cost	(e) Current Value
	Fixed Annuity Contracts:			
*	Mutual of America Interest Accumulation Account	Fixed annuity contract	(a)	**$2,595,078**
*	Metropolitan Life Insurance Company T. Flex Account	Fixed annuity contract	(a)	**1,525,947**
*	Metropolitan Life Insurance Company Fixed Rider Account	Fixed annuity contract	(a)	**61,637**
*	Metropolitan Life Insurance Company Fund 16B Account	Fixed annuity contract	(a)	**45,557**
	Total Fixed Annuity Contracts			**4,228,219**
	Separate Accounts:			
	Mutual of America:			
*	Mutual of America Money Market Fund	Separate account, 6,143 units**	(a)	**15,226**
*	Mutual of America All America Fund	Separate account, 1,259 units**	(a)	**12,833**
*	Mutual of America Bond Fund	Separate account, 23,954 units**	(a)	**138,995**
*	Mutual of America Composite Fund	Separate account, 3,103 units**	(a)	**21,203**
*	Mutual of America Mid-Term Bond Fund	Separate account, 26,046 units**	(a)	**60,395**
*	Mutual of America Mid-Cap Equity Index	Separate account, 28,746 units**	(a)	**67,492**
*	Mutual of America Equity Index Fund	Separate account, 81,194 units**	(a)	**280,899**
*	Mutual of America Conservative Allocation Fund	Separate account, 5,863 units**	(a)	**8,650**
*	Mutual of America Moderate Allocation Fund	Separate account, 9,522 units**	(a)	**15,499**
*	Mutual of America Aggressive Allocation Fund	Separate account, 8,373 units**	(a)	**14,557**
*	Mutual of America Mid Cap Value Fund	Separate account, 42,357 units**	(a)	**50,349**
*	Mutual of America Small Cap Growth Fund	Separate account, 15,709 units**	(a)	**21,723**
*	Mutual of America Small Cap Value Fund	Separate account, 21,385 units**	(a)	**30,783**
*	Mutual of America International Fund	Separate account, 8,381 units**	(a)	**5,694**
*	Mutual of America Retirement Income Fund	Separate account, 926 units**	(a)	**1,102**
*	Mutual of America 2015 Retirement Fund	Separate account, 3,844 units**	(a)	**4,115**
*	Mutual of America 2020 Retirement Fund	Separate account, 4,356 units**	(a)	**4,528**

* A party-in-interest as defined by ERISA

** There is no maturity date, rate of interest, collateral, par or maturity value for the investments in the Plan.

(a) The cost of participant-directed investments is not required to be disclosed.

403(b) Thrift Plan of AABR, Inc.

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
EIN: 13-1968035 Plan No. 002

June 30, 2012

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value**	(d) Cost	(e) Current Value
	Separate Accounts (Continued):			
	Mutual of America (continued):			
*	Mutual of America 2025 Retirement Fund	Separate account, 20,046 units**	(a)	**$ 20,598**
*	Mutual of America 2030 Retirement Fund	Separate account, 23,373 units**	(a)	**23,935**
*	Mutual of America 2035 Retirement Fund	Separate account, 951 units**		**951**
*	Mutual of America 2040 Retirement Fund	Separate account, 11,998 units**	(a)	**11,889**
*	Mutual of America 2045 Retirement Fund	Separate account, 6,499 units**	(a)	**6,387**
	DWS Bond	Separate account, 254 units**	(a)	**4,791**
	DWS Capital Growth	Separate account, 137 units**	(a)	**5,790**
	DWS International	Separate account, 949 units**	(a)	**14,790**
	American Century VP Capital Appreciation	Separate account, 266 units**	(a)	**7,206**
	Calvert VP SRI Balanced Fund	Separate account, 953 units**	(a)	**3,711**
	Fidelity Investments VIP Asset Manager	Separate account, 18 units**	(a)	**635**
	Fidelity Investments VIP Equity - Income	Separate account, 916 units**	(a)	**40,112**
	Fidelity Investments VIP Contrafund	Separate account, 717 units**	(a)	**34,171**
	Fidelity Investments VIP Mid Cap	Separate account, 168 units**	(a)	**7,564**
	Vanguard VIF Diversified Value	Separate account, 871 units**	(a)	**14,660**
	Vanguard VIF International	Separate account, 1,899 units**	(a)	**37,839**
*	Oppenheimer Main Street VA	Separate account, 1,095 units**		**26,735**
				1,015,807
	MetLife:			
	Black Rock Aggr. Growth	Separate account, 20,736 units**	(a)	**14,040**
	Black Rock Diversified	Separate account, 1,095 units**	(a)	**2,917**
	Black Rock Legacy Large Cap Growth	Separate account, 29 units**	(a)	**93**
	Fidelity VIP Equity Income	Separate account, 3,729 units**	(a)	**11,836**
	Janus Forty Portfolio	Separate account, 3,549 units**	(a)	**27,599**
	Jennison Growth Portfolio	Separate account, 35,406 units**	(a)	**31,665**
*	MetLife Stock Index Portfolio	Separate account, 40,013 units**	(a)	**43,371**
				131,521
	Total Separate Accounts			**1,147,328**

* A party-in-interest as defined by ERISA

** There is no maturity date, rate of interest, collateral, par or maturity value for the investments in the Plan.

(a) The cost of participant-directed investments is not required to be disclosed.

403(b) Thrift Plan of AABR, Inc.

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
EIN: 13-1968035 Plan No. 002

June 30, 2012

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value**	(d) Cost	(e) Current Value
	Mutual Funds:			
	Oppenheimer Funds:			
*	Capital Appreciationn Fund A	Mutual fund	(a)	**$ 40,616**
*	Cash reserves A	Mutual fund	(a)	**1,105**
*	Cash Reserves B	Mutual fund	(a)	**3,890**
*	Discovery Fund A	Mutual fund	(a)	**10,920**
*	Discovery Fund B	Mutual fund	(a)	**31,914**
*	Global Fund B	Mutual fund	(a)	**19,364**
*	Global Fund C	Mutual fund	(a)	**26**
*	Global Strategic Income Fund A			**1,672**
*	Global Strategic Income Fund B	Mutual fund	(a)	**15,717**
*	International Diversified Fund B	Mutual fund	(a)	**1,289**
*	Main Street Fund A	Mutual fund	(a)	**138,963**
*	Main Street Fund B	Mutual fund	(a)	**233,864**
*	Main Street Fund C	Mutual fund	(a)	**483**
*	Main Street Small and Mid Cap Fund A	Mutual fund	(a)	**5,327**
*	Main Street Small and Mid Cap Fund B	Mutual fund	(a)	**27,814**
*	Portfolio Series Moderate Investor Fund B	Mutual fund	(a)	**1,384**
*	Value Fund A	Mutual fund	(a)	**1,223**
*	Value Fund B	Mutual fund	(a)	**4,074**
	Total Mutual Funds			**539,645**
	Total			**$5,915,192**
*	**Notes Receivable**	Varying amounts at 3.25%-8.25%, due through 2016.	-	**$ 4,616**

* A party-in-interest as defined by ERISA

** There is no maturity date, rate of interest, collateral, par or maturity value for the investments in the Plan.

(a) The cost of participant-directed investments is not required to be disclosed.

403(b) Thrift Plan of AABR, Inc.

Financial Statements and Supplemental Schedule
Years Ended June 30, 2012 and 2011

The report accompanying these financial statements was issued by BDO USA, LLP, a Delaware limited liability partnership and the U.S. member of BDO International Limited, a UK company limited by guarantee.

403(b) Thrift Plan of AABR, Inc.

Financial Statements and Supplemental Schedule
Years Ended June 30, 2012 and 2011

403(b) Thrift Plan of AABR, Inc.

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New York, NY 10017

Independent Auditors' Report

Members of the Pension Committee of the
403(b) Thrift Plan of AABR, Inc.
College Point, New York

We were engaged to audit the accompanying statements of net assets available for benefits of the 403(b) Thrift Plan of AABR, Inc. (the "Plan") as of June 30, 2012 and 2011, and the related statements of changes in net assets available for benefits for the years then ended and the supplemental schedule of assets (held at end of year) as of June 30, 2012. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Mutual of America Life Insurance Company ("Mutual of America"), MetLife Insurance Company of Connecticut ("MetLife"), and OFI Trust Company ("Oppenheimer"), the custodians of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that the custodians hold the Plan's investment assets and execute investment transactions. The Plan administrator has obtained a certification from the custodians as of June 30, 2012 and 2011, and for the years then ended that the information provided to the Plan administrator by the custodians is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on these accompanying financial statements and supplemental schedule taken as a whole. The supplemental schedule is presented for the purposes of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. 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, 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

BDO USA, LLP

November 13, 2013

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403(b) Thrift Plan of AABR, Inc.

Statements of Net Assets Available for Benefits

June 30,	**2012**	2011
Assets		
Investments, at fair value (Notes 3, 4 and 5):		
Fixed annuity contracts	**$4,228,219**	$3,568,202
Pooled separate accounts	**1,147,328**	1,064,253
Mutual funds	**539,645**	489,780
Total Investments, at Fair Value	**5,915,192**	5,122,235
Notes receivable - participant loans	**4,616**	9,029
Employer contribution receivables	**-**	19,249
Employee contribution receivables	**11,920**	10,660
Net Assets Available for Benefits	**$5,931,728**	$5,161,173

See accompanying notes to financial statements.

403(b) Thrift Plan of AABR, Inc.

Statements of Changes in Net Assets Available for Benefits

Year ended June 30,	**2012**	2011
Additions:		
Employer contributions	**$ 526,318**	$ 533,057
Participant contributions	**302,955**	300,317
Rollover contributions	**73,819**	2,542
Net appreciation in fair value of pooled separate accounts	**3,635**	191,310
Net appreciation in fair value of mutual funds	**14,616**	110,370
Interest income on fixed annuity contracts	**100,300**	95,973
Other income	**-**	334
Total Additions	**1,021,643**	1,233,903
Deductions:		
Distributions to participants	**206,354**	265,660
Administrative fees	**5,491**	14,427
Other expense	**39,243**	-
Total Deductions	**251,088**	280,087
Net Increase in Net Assets Available for Benefits	**770,555**	953,816
Net Assets Available for Benefits, Beginning of Year	**5,161,173**	4,207,357
Net Assets Available for Benefits, End of Year	**$5,931,728**	$5,161,173

See accompanying notes to financial statements.

1. Description of Plan

The following description of the 403(b) Thrift Plan of AABR, Inc. (the "Plan") provides only general information. Participants should refer to the Plan agreement or Summary Plan Description ("SPD") for a more complete description of the Plan's provisions. The Plan is sponsored and administered by the Association for the Advancement of Blind and Retarded, Inc. (the "Association").

(a) General

The Plan was established on July 1, 2007. It permits employer nonmatching contributions (the "Thrift Plan") and employee salary reduction contributions (the "Tax Deferred Annuity Plan") made pursuant to a voluntary salary reduction agreement. All contributions under this plan are invested in annuity contracts, separate accounts or mutual funds managed by Mutual of America Life Insurance Company ("Mutual of America"), MetLife Insurance Company of Connecticut ("MetLife") and OFI Trust Company ("Oppenheimer"), the Plan's custodians. The plan and annuity contracts are intended to comply with Section 403(b) of the Internal Revenue Code ("IRC") and the requirements of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

(b) Participation

An employee becomes eligible to participate in the Tax Deferred Annuity Plan, with respect to making elective deferrals, beginning on the date of hire. An employee becomes eligible to participate in the Thrift Plan, with respect to employer nonmatching contributions, after one year of service, completing one thousand hours and attaining the age of twenty one.

(c) Contributions

Each year participants are permitted to contribute to the Tax Deferred Annuity Plan an amount from their salary not to exceed $16,500, as prescribed by the IRC 402(g) limit for 2012 and 2011. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions.

The annual employer contribution is equal to a percentage of compensation for that plan year. This percentage is based on number of years of service provided as determined by the following schedule:

Years of Service	Percentage of Compensation
Less than 5 years	2%
5 years, but less than 10 years	3
10 years, but less than 15 years	5
15 years, but less than 20 years	7
20 years or more	8

Participants direct the investment of their contributions into various investment options.

(d) Participant Accounts

Each participant's contribution is set up in an account maintained by the Plan administrator on the employee's behalf. Individual accounts are maintained for each Plan participant. Each participant's account is credited with the participant's and employer contributions and earnings, and charged with withdrawals and administrative expenses. Allocations are based on participants' earnings or account balances, as defined.

(e) Vesting

Participants are 100% vested in their voluntary salary reduction contributions plus actual earnings thereon. The employer contributions are vested according to the following schedule.

Years of Vesting Service	Percentage
Less than 2 years	-%
2 years	20
3 years	40
4 years	60
5 years	80
6 years or more	100

(f) Payment of Benefits

Upon termination of service due to retirement, disability or death, a participant or beneficiary will receive the balance in the participant's account and may elect any method of payment permitted by the affected annuity contract(s). If the balance of the account is less than $1,000, it will be paid in a lump sum.

(g) Forfeitures

Forfeitures are the nonvested amounts in the accounts of participants who terminate employment. Forfeitures are used to pay certain Plan expenses and/or to reduce future employer contributions to the Plan. As of June 30, 2012 and 2011, forfeited nonvested accounts totaled $21 and $1,261, respectively. During the year ended June 30, 2012, $14,264 was used to reduce Plan expenses and $6,501 was used to reduce employer contributions. A total of $7,762 was deposited into the forfeiture account during the year ended June 30, 2012.

(h) Notes Receivable From Participants

(i) Oppenheimer

Participants have the ability to borrow against their account balance in the Plan. A participant may borrow up to the lesser of 50% of its vested account balance or $50,000. The Plan requires a minimum loan of $1,000. The principal, along with any interest and administrative charges, is repaid by the employee, who is billed directly. Loans are to be repaid within five years, unless participants are using the loan to purchase their principal residence which extends the maturity date of the loan. The loan's interest rate is commensurate with the rate of interest charged on similar commercial loans by persons or institutions in the business of lending money.

(ii) Mutual of America and MetLife

Participants' loans transacted with Mutual of America and MetLife are not shown in the Plan's statements of net assets available for benefits as the loans are not made from Plan assets and are therefore not considered assets of the Plan. Loan interest rates may be fixed or variable and can be increased or decreased by Mutual of America and MetLife. Principal and interest is paid ratably by the participant directly to Mutual of America and MetLife. A default charge will be assessed against the portion of the loan collateral used to foreclose on all or part of any loan.

Loan balances outstanding from Mutual of America and MetLife were $14,311 and $52,303, respectively, as of June 30, 2012 and $13,429 and $60,742, respectively, as of June 30, 2011.

There were no defaulted loans during 2012 and 4 in 2011.

(i) Administrative Expenses

Administrative expenses are paid by the Plan to the extent not paid by the Association.

2. Summary of Significant Accounting Policies

(a) Basis of Accounting

The financial statements of the Plan have been prepared on the accrual basis of accounting.

(b) Investment Valuation and Income Recognition

The Plan's investments are stated at fair value, which is defined as the exchange price that would be received for an asset or paid to transfer a liability in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date (an exit price). Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820, "Fair Value Measurement", establishes a hierarchy for inputs used in measuring fair value that maximizes the use of observable inputs and minimizes the use of unobservable inputs by requiring that inputs that are most observable be used when available. Observable inputs are inputs that market participants operating within the same marketplace as the Plan would use in pricing the Plan's asset or liability based on independently derived and objectively determined market data. Unobservable inputs are inputs that cannot be sourced from a broad active market in which assets or liabilities identical or similar to those of the Plan are traded. The Plan estimates the price of any assets for which there are only unobservable inputs by using assumptions that market participants that have investments in the same or similar assets would use as determined by the money managers administering each investment based on the best information available in the circumstances. The input hierarchy is broken down into three levels based on the degree to which the exit price is independently observable or determinable as follows:

Level 1 – Valuation based on quoted market prices in active markets for identical assets or liabilities. Since valuations are based on quoted market prices that are readily and regularly available in an active market, valuation of these products does not entail a significant degree of judgment.

Level 2 – Valuation based on quoted market prices of investments that are not actively traded or for which certain significant inputs are not observable, either directly or indirectly.

Level 3 – Valuation based on inputs that are unobservable and reflect management's best estimate of what market participants would use as fair value.

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

(c) Notes Receivable From Participants

Notes receivable from participants 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 document.

(d) Payment of Benefits

Benefits are recorded when paid.

(e) 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 disclosure of contingent assets and liabilities at the date of the financial statements, and reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

(f) Risk and Uncertainties

The Plan provides for various investment options in any combination of funds offered by the Plan. These funds are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investments and the level of uncertainty related to changes in the value of investments, 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 statements of net assets available for benefits.

(g) Reporting on Fully Benefit Responsive Contracts

As described in ASC 962, "Plan Accounting – Defined Contribution Pension Plans", investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. As required by ASC 962, the statements of net assets available for benefits should present the fair value of the investment contract as well as the related adjustment of the fully benefit-responsive investment contract from fair value to contract value. The statements of changes in net assets available for benefits should be presented on a contract value basis. As of June 30, 2012, Mutual of America and MetLife have represented that the contract value approximates fair value for fully benefit responsive investment contracts.

3. Fair Value Measurements

The Plan's assets and liabilities recorded at fair value have been categorized based upon a fair value hierarchy in accordance with ASC 820. See Note 2 for a discussion of the Plan's policies regarding this hierarchy.

A description of the valuation techniques applied to the Plan's major categories of assets and liabilities measured at fair value is as follows:

Pooled Separate Accounts

Pooled separate accounts invest directly in designated mutual funds or in some cases, collective investment trusts. The separate account owns and holds the underlying mutual fund or collective trust shares which are valued daily at their net asset values ("NAV"). Plans and participants hold "units of participation" in the separate account. The accumulation unit value ("AUV") is the value of each unit in the separate account and the separate account is valued daily as the number of accumulation units held multiplied by the AUV. The AUV is first established when a new fund starts and is then determined daily based on the net asset value of the shares of the underlying fund, the fund's dividends and the contract's separate account charges.

Fixed Annuity Contracts

The fixed annuity contracts are composed of the Mutual of America Interest Accumulation Account and the MetLife T. Flex Account. The fixed annuity contracts are reported at contract value, which approximates fair value. The contract value equals the accumulated cash contributions and interest credited to the Plan's contracts, less withdrawals. The fixed annuity contracts are not available for sale or transfer on any securities exchange.

Mutual Funds

The Plan has ownership interest in mutual funds, but not in the individual securities held by the funds. These shares are actively traded on national securities exchanges and have quoted market prices. Below sets forth tables of assets measured at fair value on a recurring basis at June 30, 2012 and 2011.

	Assets at Fair Value as of June 30, 2012			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total as of June 30, 2012
Fixed annuity contracts	**$ -**	**$4,228,219**	**$-**	**$4,228,219**
Separate accounts:				
Aggressive allocation	**-**	**14,557**	**-**	**14,557**
Conservative allocation	**-**	**8,650**	**-**	**8,650**
Foreign large blend	**-**	**20,484**	**-**	**20,484**
Foreign large growth	**-**	**37,839**	**-**	**37,839**
Intermediate-term bond	**-**	**204,181**	**-**	**204,181**
Large blend	**-**	**354,638**	**-**	**354,638**
Large growth	**-**	**65,147**	**-**	**65,147**
Large value	**-**	**66,608**	**-**	**66,608**
Mid-cap blend	**-**	**67,492**	**-**	**67,492**
Mid-cap growth	**-**	**28,810**	**-**	**28,810**
Mid-cap value	**-**	**50,349**	**-**	**50,349**
Moderate allocation	**-**	**43,330**	**-**	**43,330**
Money market	**-**	**15,861**	**-**	**15,861**
Retirement income	**-**	**1,102**	**-**	**1,102**
Small blend	**-**	**30,783**	**-**	**30,783**
Small growth	**-**	**21,723**	**-**	**21,723**
Stock index	**-**	**43,371**	**-**	**43,371**
Target date 2011-2015	**-**	**4,115**	**-**	**4,115**
Target date 2016-2020	**-**	**4,528**	**-**	**4,528**
Target date 2021-2025	**-**	**20,598**	**-**	**20,598**
Target date 2026-2030	**-**	**23,935**	**-**	**23,935**
Target date 2031-2035	**-**	**951**	**-**	**951**
Target date 2036-2040	**-**	**11,889**	**-**	**11,889**
Target date 2041-2045	**-**	**6,387**	**-**	**6,387**
Total separate accounts	**-**	**1,147,328**	**-**	**1,147,328**

	Assets at Fair Value as of June 30, 2012			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total as of June 30, 2012
Mutual funds:				
Foreign large blend	**$ 1,289**	**$ -**	**$-**	**$ 1,289**
Large blend	**373,310**	**-**	**-**	**373,310**
Large growth	**40,616**	**-**	**-**	**40,616**
Large value	**5,297**	**-**	**-**	**5,297**
Moderate allocation	**1,384**	**-**	**-**	**1,384**
Money market	**4,995**	**-**	**-**	**4,995**
Multisector bond	**17,415**	**-**	**-**	**17,415**
Small blend	**33,141**	**-**	**-**	**33,141**
Small growth	**42,834**	**-**	**-**	**42,834**
World stock	**19,364**	**-**	**-**	**19,364**
Total mutual funds	**539,645**	**-**	**-**	**539,645**
Total assets at fair value	**$539,645**	**$5,375,547**	**$-**	**$5,915,192**

	Assets at Fair Value as of June 30, 2011			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total as of June 30, 2011
Fixed annuity contracts	$ -	$3,568,202	$ -	$3,568,202
Pooled separate accounts:				
Aggressive allocation	-	40,086	-	40,086
Conservative allocation	-	6,801	-	6,801
Foreign large blend	-	21,489	-	21,489
Foreign large growth	-	36,424	-	36,424
High yield bond	-	-	-	-
Intermediate-term bond	-	159,928	-	159,928
Large blend	-	355,819	-	355,819
Large growth	-	60,192	-	60,192
Large value	-	82,231	-	82,231
Mid-cap blend	-	68,116	-	68,116
Mid-cap growth	-	32,431	-	32,431
Mid-cap value	-	45,590	-	45,590
Moderate allocation	-	35,923	-	35,923
Money market	-	24,681	-	24,681
Retirement income	-	730		730
Small blend	-	25,335	-	25,335
Small growth	-	19,968	-	19,968
Target date 2011-2015	-	5,690	-	5,690
Target date 2016-2020	-	3,322	-	3,322
Target date 2021-2025	-	16,184	-	16,184
Target date 2026-2030	-	14,800	-	14,800
Target date 2031-2035	-	49	-	49
Target date 2036-2040	-	3,257	-	3,257
Target date 2041-2045	-	5,207	-	5,207
Total pooled separate accounts	-	1,064,253	-	1,064,253
Mutual funds:				
Foreign large blend	756	-	-	756
Large blend	328,276	-	-	328,276
Large growth	41,312	-	-	41,312
Large value	4,940	-	-	4,940
Moderate allocation	715	-	-	715
Money market	6,859	-	-	6,859
Multisector bond	16,802	-	-	16,802
Small blend	29,380	-	-	29,380
Small growth	40,166	-	-	40,166
World stock	20,574	-	-	20,574
Total mutual funds	489,780	-	-	489,780
Total assets at fair value	$489,780	$4,632,455	$ -	$5,122,235

The Plan had no financial assets or financial liabilities that were measured at fair value on a nonrecurring basis during the Plan year ended June 30, 2012. Investments for which fair value is estimated using reported net asset value ("NAV") or the equivalent are able to be redeemed on a daily basis. At June 30, 2012 there were no unfunded commitments.

During the years ended June 30, 2012 and 2011, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value as follows:

Year ended June 30,	**2012**	2011
Net appreciation in fair value of investments:		
Pooled separate accounts	**$ 3,635**	$191,310
Mutual funds	**14,616**	110,370
Fixed annuity contracts	**100,300**	95,973

4. Investments

The following investments represent five percent or more of the Plan's net assets:

June 30,	**2012**	2011
Mutual of America Interest Accumulation Account	**$2,595,078**	$2,048,759
Metropolitan Life Insurance Company T. Flex Account	**1,525,947**	1,420,692

The Mutual of America Interest Accumulation Account earns interest at a rate of 2% per annum. The Metropolitan Life Insurance Company T. Flex Account earns at a guaranteed minimum rate of 3.5% per year.

5. Information Certified by the Plan's Custodians

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, Mutual of America, MetLife and Oppenheimer have certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate.

June 30,	**2012**	2011
Investments, at fair value	**$5,915,192**	$5,122,235

Year ended June 30,	**2012**	2011
Interest income on fixed annuity contracts	**$100,300**	$ 95,973
Net appreciation in fair value of pooled separate accounts	**3,635**	191,310
Net appreciation in fair value of mutual funds	**14,616**	110,370

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.

6. Tax Status

Under ASC 740-10, "Income Taxes", a plan must recognize the tax benefit associated with tax positions taken for tax return purposes when it is more likely than not that the position will not be sustained upon examination by a taxing authority. As of the financial statement date, the Plan was not required to have a favorable determination letter from the Internal Revenue Service to confirm its tax-exempt status. However, in the opinion of the Plan's administrator, the Plan is currently designed and is being operated in compliance with the applicable requirements of the IRC, and qualifies the Plan and related trust fund for tax-exempt status. The Plan has filed Form 5500 Annual Return/Report of Employee Benefit Plan, as required. For the year ended June 30, 2012, there were no interest or penalties recorded or included in the financial statements. The Plan administrator believes it is no longer subject to income tax examination for the periods prior to 2009.

7. Party-in-Interest Transactions

Plan investments are units of a general account, and pooled separate accounts or mutual funds managed by the custodians of the Plan and, therefore, these transactions qualify as party-in-interest transactions. Plan loans qualify as party-in-interest transactions.

8. Plan Termination

Although it has not expressed any intent to do so, the Association has the right to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, each participant will become 100% vested in their account and the net assets of the Plan will be distributed as prescribed by ERISA.

9. Non-Exempt Transactions

For the Plan years ended June 30, 2012 and 2011, employee withholdings in the amount of $160,857 and $119,812, respectively, were not remitted within the appropriate time period by the Association. These transactions constitute prohibited transactions as defined by ERISA. The employer is aware of the occurrence and has calculated the lost earnings to the Plan.

10. Subsequent Events

The Plan's management has performed subsequent event procedures through November 13, 2013, which is the date the financial statements were available to be issued and there were no other subsequent events requiring adjustments to the financial statements or disclosures as stated herein.

On July 1, 2012, the Board of Directors of the employer terminated the group annuity contract with Mutual of America. Assets held by Mutual of America were transferred to TD Ameritrade Trust and will be held by Value Architects Asset Management, LLC.

Supplemental Schedule

403(b) Thrift Plan of AABR, Inc.

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
EIN: 13-1968035 Plan No. 002

June 30, 2012

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value**	(d) Cost	(e) Current Value
	Fixed Annuity Contracts:			
*	Mutual of America Interest Accumulation Account	Fixed annuity contract	(a)	**$2,595,078**
*	Metropolitan Life Insurance Company T. Flex Account	Fixed annuity contract	(a)	**1,525,947**
*	Metropolitan Life Insurance Company Fixed Rider Account	Fixed annuity contract	(a)	**61,637**
*	Metropolitan Life Insurance Company Fund 16B Account	Fixed annuity contract	(a)	**45,557**
	Total Fixed Annuity Contracts			**4,228,219**
	Separate Accounts:			
	Mutual of America:			
*	Mutual of America Money Market Fund	Separate account, 6,143 units**	(a)	**15,226**
*	Mutual of America All America Fund	Separate account, 1,259 units**	(a)	**12,833**
*	Mutual of America Bond Fund	Separate account, 23,954 units**	(a)	**138,995**
*	Mutual of America Composite Fund	Separate account, 3,103 units**	(a)	**21,203**
*	Mutual of America Mid-Term Bond Fund	Separate account, 26,046 units**	(a)	**60,395**
*	Mutual of America Mid-Cap Equity Index	Separate account, 28,746 units**	(a)	**67,492**
*	Mutual of America Equity Index Fund	Separate account, 81,194 units**	(a)	**280,899**
*	Mutual of America Conservative Allocation Fund	Separate account, 5,863 units**	(a)	**8,650**
*	Mutual of America Moderate Allocation Fund	Separate account, 9,522 units**	(a)	**15,499**
*	Mutual of America Aggressive Allocation Fund	Separate account, 8,373 units**	(a)	**14,557**
*	Mutual of America Mid Cap Value Fund	Separate account, 42,357 units**	(a)	**50,349**
*	Mutual of America Small Cap Growth Fund	Separate account, 15,709 units**	(a)	**21,723**
*	Mutual of America Small Cap Value Fund	Separate account, 21,385 units**	(a)	**30,783**
*	Mutual of America International Fund	Separate account, 8,381 units**	(a)	**5,694**
*	Mutual of America Retirement Income Fund	Separate account, 926 units**	(a)	**1,102**
*	Mutual of America 2015 Retirement Fund	Separate account, 3,844 units**	(a)	**4,115**
*	Mutual of America 2020 Retirement Fund	Separate account, 4,356 units**	(a)	**4,528**

* A party-in-interest as defined by ERISA

** There is no maturity date, rate of interest, collateral, par or maturity value for the investments in the Plan.

(a) The cost of participant-directed investments is not required to be disclosed.

403(b) Thrift Plan of AABR, Inc.

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
EIN: 13-1968035 Plan No. 002

June 30, 2012

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value**	(d) Cost	(e) Current Value
	Separate Accounts (Continued):			
	Mutual of America (continued):			
*	Mutual of America 2025 Retirement Fund	Separate account, 20,046 units**	(a)	**$ 20,598**
*	Mutual of America 2030 Retirement Fund	Separate account, 23,373 units**	(a)	**23,935**
*	Mutual of America 2035 Retirement Fund	Separate account, 951 units**		**951**
*	Mutual of America 2040 Retirement Fund	Separate account, 11,998 units**	(a)	**11,889**
*	Mutual of America 2045 Retirement Fund	Separate account, 6,499 units**	(a)	**6,387**
	DWS Bond	Separate account, 254 units**	(a)	**4,791**
	DWS Capital Growth	Separate account, 137 units**	(a)	**5,790**
	DWS International	Separate account, 949 units**	(a)	**14,790**
	American Century VP Capital Appreciation	Separate account, 266 units**	(a)	**7,206**
	Calvert VP SRI Balanced Fund	Separate account, 953 units**	(a)	**3,711**
	Fidelity Investments VIP Asset Manager	Separate account, 18 units**	(a)	**635**
	Fidelity Investments VIP Equity - Income	Separate account, 916 units**	(a)	**40,112**
	Fidelity Investments VIP Contrafund	Separate account, 717 units**	(a)	**34,171**
	Fidelity Investments VIP Mid Cap	Separate account, 168 units**	(a)	**7,564**
	Vanguard VIF Diversified Value	Separate account, 871 units**	(a)	**14,660**
	Vanguard VIF International	Separate account, 1,899 units**	(a)	**37,839**
*	Oppenheimer Main Street VA	Separate account, 1,095 units**		**26,735**
				1,015,807
	MetLife:			
	Black Rock Aggr. Growth	Separate account, 20,736 units**	(a)	**14,040**
	Black Rock Diversified	Separate account, 1,095 units**	(a)	**2,917**
	Black Rock Legacy Large Cap Growth	Separate account, 29 units**	(a)	**93**
	Fidelity VIP Equity Income	Separate account, 3,729 units**	(a)	**11,836**
	Janus Forty Portfolio	Separate account, 3,549 units**	(a)	**27,599**
	Jennison Growth Portfolio	Separate account, 35,406 units**	(a)	**31,665**
*	MetLife Stock Index Portfolio	Separate account, 40,013 units**	(a)	**43,371**
				131,521
	Total Separate Accounts			**1,147,328**

* A party-in-interest as defined by ERISA

** There is no maturity date, rate of interest, collateral, par or maturity value for the investments in the Plan.

(a) The cost of participant-directed investments is not required to be disclosed.

403(b) Thrift Plan of AABR, Inc.

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
EIN: 13-1968035 Plan No. 002

June 30, 2012

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value**	(d) Cost	(e) Current Value
	Mutual Funds:			
	Oppenheimer Funds:			
*	Capital Appreciationn Fund A	Mutual fund	(a)	**$ 40,616**
*	Cash reserves A	Mutual fund	(a)	**1,105**
*	Cash Reserves B	Mutual fund	(a)	**3,890**
*	Discovery Fund A	Mutual fund	(a)	**10,920**
*	Discovery Fund B	Mutual fund	(a)	**31,914**
*	Global Fund B	Mutual fund	(a)	**19,364**
*	Global Fund C	Mutual fund	(a)	**26**
*	Global Strategic Income Fund A			**1,672**
*	Global Strategic Income Fund B	Mutual fund	(a)	**15,717**
*	International Diversified Fund B	Mutual fund	(a)	**1,289**
*	Main Street Fund A	Mutual fund	(a)	**138,963**
*	Main Street Fund B	Mutual fund	(a)	**233,864**
*	Main Street Fund C	Mutual fund	(a)	**483**
*	Main Street Small and Mid Cap Fund A	Mutual fund	(a)	**5,327**
*	Main Street Small and Mid Cap Fund B	Mutual fund	(a)	**27,814**
*	Portfolio Series Moderate Investor Fund B	Mutual fund	(a)	**1,384**
*	Value Fund A	Mutual fund	(a)	**1,223**
*	Value Fund B	Mutual fund	(a)	**4,074**
	Total Mutual Funds			**539,645**
	Total			**$5,915,192**
*	**Notes Receivable**	Varying amounts at 3.25%-8.25%, due through 2016.	-	**$ 4,616**

* A party-in-interest as defined by ERISA

** There is no maturity date, rate of interest, collateral, par or maturity value for the investments in the Plan.

(a) The cost of participant-directed investments is not required to be disclosed.

Attachment to 2011 Form 5500
Form 5500 Administrative Penalties - Explanation of Reasonable Cause for Late Filing

Plan Name 403(B) THRIFT PLAN of ASSOCIATION FOR THE ADVANCEMENT OF BLIND AND RETARDED, INC **EIN:** 13-1968035
Plan Sponsor's Name ASSOCIATION FOR THE ADVANCEMENT OF BLIND AND RETARDED, INC **PN:** 002

Explanation:

For the Plan Year beginning July 1, 2012 we arranged for new service providers for both our defined benefit pension plan and our 403(b) Thrift Plan. We fully expected that the prior service provider would complete the Form 5500 for the Plan Year ended June 30, 2012 for each Plan. They did not and we did not become aware of this failure until after the filing deadline of January 31, 2013. It also took several months for the insurance carrier to provide the Schedule A, C & D. (The insurance carrier was also the prior service provider.) Our new service provider has stepped in and completed the form on our behalf. We have always been compliant with our reporting and disclosure obligations under ERISA and we do rely on the servicing firm to assist us in fulfilling these obligations. The failure to file timely was for reasons beyond our control. Further, we are a not-for-profit organization with limited financial resources and the penalty would be burdensome. We believe that reasonable cause has been established and we respectfully request that any fees and penalties under IRR 6552(e) be abated.