Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2014

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2014 or fiscal plan year beginning 07/01/2014 and ending 06/30/2015

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
AABR, INC. 403(B) THRIFT PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 07/01/2007

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

1508 COLLEGE POINT BLVD.
COLLEGE POINT, NY 11356

2b Employer Identification Number (EIN)
13-1968035

2c Plan 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.	04/13/2016	MARY BOSNACK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number (optional)

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

5	Total number of participants at the beginning of the plan year	**5**	1073
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	1020
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	942
b	Retired or separated participants receiving benefits	**6b**	16
c	Other retired or separated participants entitled to future benefits	**6c**	73
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1031
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	1031
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	573
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	50
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 07/01/2014 and ending 06/30/2015

A Name of plan
AABR, INC. 403(B) THRIFT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
AABR, 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	**(g)** To
06-0566090	87726	39433	47	07/01/2014	06/30/2015

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	1537103
5	Current value of plan's interest under this contract in separate accounts at year end	5	189543

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	1538657
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	53149		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	4452		
	▶ LOAN REPAYMENTS				
	(6) Total additions			7c(6)	57601
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	1596258
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	43229		
	(2) Administration charge made by carrier	7e(2)	40		
	(3) Transferred to separate account	7e(3)	657		
	(4) Other (specify below)	7e(4)	15229		
	▶ NEW LOANS AND ROUNDING				
	(5) Total deductions			7e(5)	59155
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	1537103

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 07/01/2014 and ending 06/30/2015

A Name of plan
AABR, INC. 403(B) THRIFT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
AABR, 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 LIFE 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	(g) To
13-1614399	88668	054189H	171	07/01/2014	06/30/2015

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	190322
5	Current value of plan's interest under this contract in separate accounts at year end	5	140639

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	240354
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	3290		
	(4) Transferred from separate account	7c(4)	1211		
	(5) Other (specify below)	7c(5)	1898		
	▶ FORFEITURES APPLIED				
	(6) Total additions			7c(6)	6399
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	246753
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	55157		
	(2) Administration charge made by carrier	7e(2)	1274		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	56431
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	190322

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Service Provider Information

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 07/01/2014 and ending 06/30/2015

A Name of plan
AABR, INC. 403(B) THRIFT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
AABR, 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 CO
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, INC.
PO BOX 2600
VALLEY FORGE, PA 19482-2600

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

DEUTSCHE INVESTMENT 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, INC.
PO BOX 5270
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 64141-6786

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

CALVERT INVESTMENT MANAGEMENT, INC.

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

CAPITAL RESEARCH AND MANAGEMENT CO

333 SOUTH HOPE STREET
LOS ANGELES, CA 90071

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

PIMCO

840 NEWPORT CENTER DRIVE
NEWPORT BEACH, CA 92660

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

T. ROWE PROCE ASSOCIATES, INC.

100 EAST PRATT STREET
BALTIMORE, MD 21202

(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)

BOOMERSHINE CONSULTING GROUP, LLC

3300 N RIDGE ROAD
SUITE 300
ELLICOTT CITY, MD 21043

(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?
17 15 65	CONSULTING	9825	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PROFESSIONAL CAPITAL SERVICES, LLC

1801 MARKET STREET.
10TH FLOOR
PHILADELPHIA, PA 19102

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 15	CONTRACT ADMINISTRATOR	40830	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

VALUE ARCHITECTS ASSET MANAGEMENT

50 HARRISON STREET
SUITE 312
HOBOKEN, NJ 07030

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT ADVISOR	24407	Yes [ ] No [X]	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

2014

This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 07/01/2014 and ending 06/30/2015

A Name of plan
AABR, INC. 403(B) THRIFT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
AABR, 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	140639

a Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT

b Name of sponsor of entity listed in (a): METLIFE INSURANCE COMPANY

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)
06-0566090-000	P	189543

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

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 07/01/2014 and ending 06/30/2015

A Name of plan
AABR, INC. 403(B) THRIFT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
AABR, 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)	67925	69379
(2) Participant contributions	1b(2)		14617
(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)	148885	194062
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	315851	330182
(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)	5020529	5717060
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	1858656	1817807
(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	7411846	8143107
	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	7411846	8143107

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)	415264	
	(B) Participants	2a(1)(B)	347252	
	(C) Others (including rollovers)	2a(1)(C)	115516	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		878032
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1	
	(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)	10758	
	(F) Other	2b(1)(F)	56438	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		67197
	(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)	87573	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		87573
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		121371
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1154173
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	318899	
(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)		318899
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		10981
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	9825	
(2) Contract administrator fees	2i(2)	40830	
(3) Investment advisory and management fees	2i(3)	24407	
(4) Other	2i(4)	17970	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		93032
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		422912
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		731261
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [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: LOEB AND TROPER LLP **(2)** EIN: 13-1517563

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a	X		411117
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

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

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

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

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

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

Part V Trust Information (optional)

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 07/01/2014 and ending 06/30/2015

A Name of plan
AABR, INC. 403(B) THRIFT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
AABR, 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): 20-0937408

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

LOEB & TROPER LLP

Independent Auditor's Report

Plan Administrator
403(b) Thrift Plan of AABR Inc.

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the 403(b) Thrift Plan of AABR, Inc. (the "Plan"), which comprise the statement of net assets available for benefits as of June 30, 2015 and 2014, and the related statement of changes in net assets available for benefits for the year ended June 30, 2015, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Mutual of America Life Insurance Company ("Mutual of America"), Metlife Insurance Company of Connecticut ("Metlife"), Oppenheimer Funds Services ("Oppenheimer"), and the AdvisorTrust, Inc. ("AdvisorTrust"), the asset custodians of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodians hold the Plan's investment assets and execute investment transactions related to those assets. The plan administrator has obtained a certification from the custodians as of June 30, 2015 and 2014, and for the year ended June 30, 2015, that the information provided to the plan administrator by the custodians is complete and accurate.

Additionally, the Plan has not maintained sufficient accounting records and supporting documents relating to certain annuity and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the accompanying financial statements may have been affected by these conditions.

Disclaimer of Opinion

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

Other Matter

We were engaged for the purpose of forming an opinion on the basic financial statements as a whole. The supplemental schedules of Schedule H, Line 4i - Schedule of Assets Held at End of Year and Schedule H, Line 4a - Schedule of Delinquent Participant Contributions are presented for the purpose of additional analysis and are not a required part of the basic financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The supplemental schedules are the responsibility of the Plan's management. Because of the significance of the matters described in the *Basis for Disclaimer of Opinion* paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedules referred to above.

Loeb & Troper LLP

April 10, 2016

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2014

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2014 or fiscal plan year beginning 07/01/2014 and ending 06/30/2015

A This return/report is for:
- ☐ a multiemployer plan;
- ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or
- ☒ 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
AABR, Inc. 403(b) Thrift Plan

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 07/01/2007

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
AABR, Inc.

1508 College Point Blvd.

College Point NY 11356

2b Employer Identification Number (EIN)
13-1968035

2c Plan 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	Mary Bo	4/13/16	Mary Bosnack
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Mary Bo	4/13/16	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

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

Preparer's telephone number (optional)

403(b) THRIFT PLAN
OF AABR, INC.

FINANCIAL STATEMENTS
AND AUDITOR'S REPORT

JUNE 30, 2015

403(b) THRIFT PLAN
OF AABR, INC.

TABLE OF CONTENTS

Independent Auditor's Report

Exhibit

A - Statement of Net Assets Available for Benefits

B - Statement of Changes in Net Assets Available for Benefits

Notes to Financial Statements

Schedule

1 - Schedule H, Line 4i - Schedule of Assets Held at End of Year

2 - Schedule H, Line 4a - Schedule of Delinquent Participant Contributions

LOEB & TROPER LLP

Independent Auditor's Report

Plan Administrator
403(b) Thrift Plan of AABR Inc.

Report on the Financial Statements

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As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Mutual of America Life Insurance Company ("Mutual of America"), Metlife Insurance Company of Connecticut ("Metlife"), Oppenheimer Funds Services ("Oppenheimer"), and the AdvisorTrust, Inc. ("AdvisorTrust"), the asset custodians of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodians hold the Plan's investment assets and execute investment transactions related to those assets. The plan administrator has obtained a certification from the custodians as of June 30, 2015 and 2014, and for the year ended June 30, 2015, that the information provided to the plan administrator by the custodians is complete and accurate.

Additionally, the Plan has not maintained sufficient accounting records and supporting documents relating to certain annuity and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the accompanying financial statements may have been affected by these conditions.

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Loeb & Troper LLP

April 10, 2016

EXHIBIT A

403(b) THRIFT PLAN
OF AABR, INC.

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

JUNE 30, 2015 AND 2014

	2015	2014
Assets		
Investments, at fair value, certified (Note 3)		
Fixed annuity accounts	$ 1,804,354	$ 1,841,916
Pooled separate accounts	330,182	315,851
Mutual funds	5,694,417	4,998,853
Investments, PlanMember - noncertified, at fair value		
Fixed annuity accounts	13,453	16,740
Mutual funds	22,643	21,676
Total investments, at fair value	7,865,049	7,195,036
Notes receivable from participants, certified (Note 3)	193,966	146,790
Notes receivable from participants, PlanMember - noncertified	96	2,095
Employer contributions receivable	69,379	67,925
Employee contributions receivable	14,617	
Net assets available for benefits (Exhibit B)	$ 8,143,107	$ 7,411,846

See independent auditor's report.

The accompanying notes are an integral part of these statements.

EXHIBIT B

403(b) THRIFT PLAN
OF AABR, INC.

STATEMENT OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS

YEAR ENDED JUNE 30, 2015

Additions to net assets attributed to:		
Employer contributions	$	415,264
Participant contributions		347,252
Rollovers		115,516
Net appreciation in fair value of investments, certified (Note 3)		121,386
Net depreciation in fair value of investments, PlanMember - noncertified		(15)
Interest income, certified (Note 3)		56,439
Dividends, certified (Note 3)		86,605
Dividends, PlanMember - noncertified		968
Interest income on notes receivable from participants, certified (Note 3)		10,726
Interest income on notes receivable from participants, PlanMember - noncertified		32
Total additions		1,154,173
Deductions from net assets attributed to:		
Benefits paid to participants		318,899
Certain deemed distributions of participant accounts		10,981
Administrative expense (Notes 2 and 6)		93,032
Total deductions		422,912
Net increase		731,261
Net assets available for benefits:		
Beginning of year		7,411,846
End of year (Exhibit A)	$	8,143,107

See independent auditor's report.

The accompanying notes are an integral part of these statements.

403(b) THRIFT PLAN
OF AABR, INC.

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2015

NOTE 1 - DESCRIPTION OF PLAN

The following brief description of the 403(b) Thrift Plan of AABR, Inc. (the Plan) is provided for general information purposes only. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General - The Plan is a contributory retirement plan as described in Section 403(b) of the Internal Revenue Code. The Plan provides retirement benefits to all eligible employees of AABR, Inc. (the Sponsor). The Plan was amended effective January 1, 2009 to comply with requirements of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions - Each year participants are permitted to contribute to the Tax Deferred Annuity Plan an amount from their salary not to exceed $17,500, as prescribed by the Internal Revenue Code (IRC) for 2015. Participants who have attained age 50 before the end of the plan year are eligible to make catchup contributions. An employee becomes eligible to participate in the Tax Deferred Annuity Plan, with respect to making elective deferrals, beginning on the first of the month following 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. The Plan accepts rollovers and transfers from other qualified plans.

The annual employer contribution is equal to a percentage of compensation for that plan year. A different discretionary percentage is determined by the employer each year, based on number of years of service. In 2015, the percentages were as follows:

Years of Service	Percentage of Compensation
Less than 5 years	0.5%
5 years, but less than 10 years	1.5
10 years, but less than 15 years	3.5
15 years, but less than 20 years	5.5
20 years or more	6.5

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

-continued-

403(b) THRIFT PLAN
OF AABR, INC.

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2015

NOTE 1 - DESCRIPTION OF PLAN (continued)

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.

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	0%
2 years	20
3 years	40
4 years	60
5 years	80
6 years or more	100

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.

Forfeited accounts - Forfeited accounts 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, 2015 and 2014, forfeited nonvested accounts totaled $7,162 and $6,529, respectively. During the year ended June 30, 2015, $14,842 was used to cover administrative expenses. During the year ended June 30, 2015 there were forfeitures of $15,475.

-continued-

403(b) THRIFT PLAN
OF AABR, INC.

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2015

NOTE 1 - DESCRIPTION OF PLAN (continued)

Notes receivable from participants

(i) Oppenheimer, AdvisorTrust and PlanMember - Participants have the ability to borrow against their account balance in the Plan. A participant may borrow up to the lesser of 50% of his or her 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 by Oppenheimer and PlanMember, and through payroll deductions for Advisor Trust. 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 based on the prime rate of interest and ranges from 3.25% to 5.5%. Loan balances outstanding from Oppenheimer, AdvisorTrust, and PlanMember were $26,309, $167,657 and $96, respectively, as of June 30, 2015; and $29,272, $117,518 and $2,095, respectively, as of June 30, 2014.

(ii) Mutual of America and MetLife - Participants' loans transacted with Mutual of America and MetLife are not shown in the Plan's statement 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 are paid ratably by the participant directly to Mutual of America and MetLife. The loans are secured and collateralized by the participant's vested account balance. A default charge will be assessed against the portion of the loan collateral used to foreclose on all or part of any loan. Interest is charged at rates ranging from 3.83% to 6%. Loan balances outstanding from Mutual of America and MetLife were $3,642 and $76,930, respectively, as of June 30, 2015 and $3,642 and $62,905, respectively, as of June 30, 2014.

As of June 30, 2015, defaulted participant loans deemed as distributions totaled $10,981.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting - The financial statements of the Plan are prepared on the accrual basis of accounting.

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

-continued-

403(b) THRIFT PLAN
OF AABR, INC.

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2015

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Investment valuation and income recognition - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Purchases and sales of securities are recorded on a trade-date basis. As applicable, interest income is recorded on the accrual basis, and dividend income is accrued on the ex-dividend date. The income or loss of each investment option, including the change in market value of investments, is allocated to participant accounts based on each participant's proportionate interest in the investment option. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Administrative expenses - Investment advisory fees, as well as direct plan processing fees, are paid from plan assets. Fees paid by the Plan to the custodians for investment management services were included as a reduction of the investment return on each fund. All other expenses of administering the Plan are paid by the Association, which is the Plan sponsor.

Payment of benefits - Benefits are recorded when paid.

Fair Value Measurements

Fair Value Measurements establishes a framework for measuring fair value. The framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below. Level 1 inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access. Level 2 inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

-continued-

403(b) THRIFT PLAN
OF AABR, INC.

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2015

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Fair Value Measurements (continued)

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability. Level 3 inputs to the valuation methodology are unobservable and significant to the fair value measurement. The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at June 30, 2015 as compared to those used at June 30, 2014.

Fixed annuity contracts - The fixed annuity contracts are composed of the Mutual of America Interest Accumulation Account, MetLife T. Flex Account, Met Life Fixed Rider Account and the Met Life Fund 16B 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.

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.

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.

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

-continued-

403(b) THRIFT PLAN
OF AABR, INC.

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2015

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Fair Value Measurements (continued)

The following table sets forth by level, within the fair value hierarchy, the assets at fair value as of June 30, 2015 and 2014:

	2015		
	Level 1	**Level 2**	**Total**
Investments - certified			
Fixed annuity contracts		$ 1,804,354	$ 1,804,354
Pooled separate accounts			
Aggressive allocation		65,287	65,287
Fixed income		2,119	2,119
Foreign large blend		3,264	3,264
Foreign large growth		8	8
Intermediate-term bond		2,056	2,056
Large blend		16,755	16,755
Large growth		6,599	6,599
Large value		26,656	26,656
Mid-cap growth		168,177	168,177
Mid-cap value		6,658	6,658
Money market		711	711
Small-cap growth		5,109	5,109
Small-cap value		4,898	4,898
Stock-sector-specific		163	163
Target date 2011 - 2015		5,228	5,228
Target date 2016 - 2020		4,695	4,695
Target date 2026 - 2030		8,770	8,770
Target date 2036 - 2040		640	640
Target date 2041 - 2045		2,389	2,389
Total pooled separate accounts		330,182	330,182

-continued-

403(b) THRIFT PLAN
OF AABR, INC.

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2015

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Fair Value Measurements (continued)

	2015		
	Level 1	**Level 2**	**Total**
Investments - certified (continued)			
Mutual funds			
Foreign large growth	$ 1,789		$ 1,789
Intermediate-term bond	315,161		315,161
International/Global Stock	39,792		39,792
Large blend	758,879		758,879
Large growth	160,227		160,227
Large value	209,339		209,339
Mid-cap blend	96,699		96,699
Moderate allocation	1,780		1,780
Money market	65,026		65,026
Multisector bond	18,896		18,896
Short-term bond	18,595		18,595
Small growth	51,890		51,890
Target date 2011-2015	892,685		892,685
Target date 2016-2020	553,081		553,081
Target date 2021-2025	775,916		775,916
Target date 2026-2030	669,023		669,023
Target date 2031-2035	368,107		368,107
Target date 2036-2040	668,220		668,220
World stock	29,312		29,312
Total mutual funds - certified	5,694,417		5,694,417
Total certified investments	5,694,417	$ 2,134,536	7,828,953

-continued-

**403(b) THRIFT PLAN
OF AABR, INC.**

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2015

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Fair Value Measurements (continued)

	2015		
	Level 1	**Level 2**	**Total**
Investments, PlanMember - noncertified			
Fixed annuity contracts		$ 13,453	$ 13,453
Mutual funds			
Foreign large blend	$ 158		$ 158
High yield bond	314		314
Intermediate-term bond	1,573		1,573
Large blend	5,883		5,883
Large growth	478		478
Large value	471		471
Long term bond	97		97
Mid-cap growth	278		278
Mid-cap value	346		346
Money market	7,064		7,064
Short-term bond	352		352
Small growth	215		215
Small value	235		235
World stock	5,179		5,179
Total mutual funds - noncertified	22,643		22,643
Total noncertified investments	22,643	13,453	36,096
Total assets at fair value	$ 5,717,060	$ 2,147,989	$ 7,865,049

-continued-

403(b) THRIFT PLAN
OF AABR, INC.

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2015

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Fair Value Measurements (continued)

	2014		
	Level 1	**Level 2**	**Total**
Investments - certified			
Fixed annuity contracts		$ 1,841,916	$ 1,841,916
Pooled separate accounts			
Aggressive allocation		61,675	61,675
Fixed income		2,587	2,587
Foreign large blend		3,367	3,367
Foreign large growth		8	8
Intermediate-term bond		2,036	2,036
Large blend		16,175	16,175
Large growth		6,168	6,168
Large value		27,573	27,573
Mid-cap growth		155,656	155,656
Mid-cap value		6,430	6,430
Moderate allocation		1,141	1,141
Money market		2,125	2,125
Small blend		4,802	4,802
Small growth		4,569	4,569
Target date 2011 - 2015		5,100	5,100
Target date 2016 - 2020		4,594	4,594
Target date 2026 - 2030		8,481	8,481
Target date 2036 - 2040		622	622
Target date 2041 - 2045		2,742	2,742
Total pooled separate accounts		315,851	315,851

-continued-

403(b) THRIFT PLAN
OF AABR, INC.

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2015

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Fair Value Measurements (continued)

	2014		
	Level 1	**Level 2**	**Total**
Investments - certified (continued)			
Mutual funds			
Diversified emerging markets	$ 32,315		$ 32,315
Foreign large growth	1,851		1,851
Intermediate-term bond	262,384		262,384
Large blend	487,379		487,379
Large growth	344,119		344,119
Large value	135,224		135,224
Mid-cap blend	135,057		135,057
Moderate allocation	1,759		1,759
Money market	65,169		65,169
Multisector bond	19,023		19,023
Short-term bond	15,931		15,931
Small growth	45,698		45,698
Target date 2011-2015	824,032		824,032
Target date 2016-2020	476,470		476,470
Target date 2021-2025	615,474		615,474
Target date 2026-2030	587,824		587,824
Target date 2031-2035	327,800		327,800
Target date 2036-2040	593,855		593,855
World stock	27,489		27,489
Total mutual funds - certified	4,998,853		4,998,853
Total certified investments	4,998,853	$ 2,157,767	7,156,620

-continued-

403(b) THRIFT PLAN
OF AABR, INC.

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2015

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Fair Value Measurements (continued)

	2014		
	Level 1	**Level 2**	**Total**
Investments, PlanMember - noncertified			
Fixed annuity contracts		$ 16,740	$ 16,740
Mutual funds			
Corporate bond	$ 489		489
Foreign large blend	274		274
High yield bond	626		626
Intermediate government	320		320
Intermediate-term bond	425		425
Large blend	5,620		5,620
Large growth	429		429
Large value	432		432
Mid-cap growth	217		217
Mid-cap value	223		223
Money market	7,179		7,179
Short-term bond	205		205
Small growth	185		185
Small value	196		196
World stock	4,856		4,856
Total mutual funds - noncertified	21,676		21,676
Total noncertified investments	21,676	16,740	38,416
Total assets at fair value	$ 5,020,529	$ 2,174,507	$ 7,195,036

Uncertainty in income taxes - The Plan has determined that there are no material uncertain tax positions that require recognition or disclosure in the financial statements. Tax returns for the years ending June 30, 2012 and subsequent remain subject to examination by applicable taxing authorities.

Subsequent events - Subsequent events have been evaluated through April 10, 2016, which is the date the financial statements were available to be issued.

-continued-

403(b) THRIFT PLAN
OF AABR, INC.

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2015

NOTE 3 - INVESTMENTS AND INFORMATION CERTIFIED BY MUTUAL OF AMERICA, METLIFE, OPPENHEIMER AND ADVISORTRUST

As permitted by Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the Plan has elected the alternative method of compliance with respect to the required audit of the financial statements. As a result of adopting this method, Mutual of America, MetLife, Oppenheimer and AdvisorTrust, the asset custodians of the Plan, which also maintain the primary records of the Plan, certified to the plan administrator that the statements of the asset custodians were complete and accurate and that the reported assets were under their control.

The financial information included in the accompanying schedule of assets held at end of year identified as certified, was also certified to by Mutual of America, MetLife, Oppenheimer, and Advisor Trust, the asset custodians.

	2015	2014
Fixed Annuity Contracts		
Mutual of America	$ 190,321	$ 240,354
Metropolitan Life Insurance	1,614,033	1,601,562
Total fixed annuity contracts	1,804,354	1,841,916
Pooled Separate Accounts		
Mutual of America	140,639	138,628
MetLife	189,543	177,223
Total pooled separate accounts	330,182	315,851
Mutual Funds		
Oppenheimer	803,558	773,496
AdvisorTrust	4,890,859	4,225,357
Total mutual funds	5,694,417	4,998,853
Total investments, at fair value, certified	$ 7,828,953	$ 7,156,620

-continued-

403(b) THRIFT PLAN
OF AABR, INC.

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2015

NOTE 3 - INVESTMENTS AND INFORMATION CERTIFIED BY MUTUAL OF AMERICA, METLIFE AND ADVISORTRUST (continued)

	2015	2014
Notes Receivable from Participants		
AdvisorTrust	$ 167,657	$ 117,518
Oppenheimer	26,309	29,272
Total notes receivable from participants, certified	$ 193,966	$ 146,790

The fair value of individual investments that represent 5% or more of the Plan's net assets available for benefits are as follows:

	2015	2014
Metropolitan Life Insurance Company T Flex Account	$ 1,537,382	$ 1,527,463
Vanguard Target Retirement 2015 Fund	892,685	824,032
Vanguard Target Retirement 2020 Fund	553,081	476,470
Vanguard Target Retirement 2025 Fund	775,916	615,474
Vanguard Target Retirement 2030 Fund	669,023	587,824
Vanguard Target Retirement 2040 Fund	668,220	593,855

During the year ended June 30, 2015, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in fair value as follows:

Pooled separate accounts	$ 16,349
Mutual funds	105,037
Total	$ 121,386

-continued-

403(b) THRIFT PLAN
OF AABR, INC.

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2015

NOTE 3 - INVESTMENTS AND INFORMATION CERTIFIED BY MUTUAL OF AMERICA, METLIFE AND ADVISORTRUST (continued)

During the year ended June 30, 2015, interest and dividend income consists of the following:

Interest Income	
Fixed annuity contract	$ 56,438
Cash accounts	1
	$ 56,439
Dividends	
Mutual funds	$ 86,605
Interest income on notes receivable from participants	$ 10,726

NOTE 4 - RISKS AND UNCERTAINTIES

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

NOTE 5 - PLAN TERMINATION

Although it has not expressed intent to do so, AABR has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become 100% vested in their employer contributions and will remain 100% vested in their employee contributions.

-continued-

403(b) THRIFT PLAN
OF AABR, INC.

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2015

NOTE 6 - RELATED-PARTY TRANSACTIONS AND PARTY-IN-INTEREST TRANSACTIONS

Plan investments are units of a general account, and pooled separate accounts or mutual funds managed by Mutual of America, MetLife, PlanMember, Oppenheimer and AdvisorTrust, the custodians of the Plan. Fees paid by the Plan to the custodians for investment management services were included as a reduction of the investment return on each fund. In addition, in 2015 the Plan paid $93,032 to parties in interest for investment advisory and direct plan processing fees. These transactions qualify as party-in-interest transactions, which are deemed to be "exempt" from Prohibited Transactions Rules, as defined by Department of Labor regulations.

NOTE 7 - TAX STATUS

The Plan has been designed to qualify under Section 403(b) of the Internal Revenue Code (the "Code"). The terms of the Plan have been prepared to conform with the sample language provided by the Internal Revenue Service ("IRS") in Revenue Procedure 2007-71. The Plan Administrator intends to apply for a determination letter on the Plan when the IRS opens such a program. The Plan is required to operate in conformity with the Code to maintain the tax-exempt status for plan participants under Section 403(b).

NOTE 8 - NON-EXEMPT PARTY-IN-INTEREST TRANSACTIONS

For the plan years ended June 30, 2015 and 2014, employee withholdings in the amount of $215,120 and $195,997, respectively, were not remitted within the appropriate time period by AABR. 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. Required payments were made through Voluntary Filer Correction Program (VFCP) subsequent to the year end.

403(b) THRIFT PLAN
OF AABR, INC.

SCHEDULE 1

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

JUNE 30, 2015

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Number of Shares	(d) Cost**	(e) Current Value
Investments, certified					
	Fixed Annuity Contracts				
*	Mutual of America Interest Accumulation Account	Fixed annuity contract			$ 190,321
*	Metropolitan Life Insurance Company	Fixed Rider Account			28,732
*	Metropolitan Life Insurance Company	Fund 16B Account			47,919
*	Metropolitan Life Insurance Company	T flex account			1,537,382
	Total fixed annuity contracts				1,804,354
	Pooled Separate Accounts				
	Mutual of America				
*	Mutual of America Money Market Fund	Separate Account	299		711
*	Mutual of America All America Fund	Separate Account	225		3,503
*	Mutual of America Bond Fund	Separate Account	336		2,056
*	Mutual of America Composite Fund	Separate Account	237		2,119
*	Mutual of America Mid-Term Bond Fund	Separate Account	16,332		38,510
*	Mutual of America Mid-Cap Equity Index	Separate Account	2,881		10,830
*	Mutual of America Equity Index Fund	Separate Account	2,038		10,923
*	Mutual of America Aggressive Allocation Fund	Separate Account	2,884		7,020
*	Mutual of America Mid Cap Value Fund	Separate Account	3,716		6,658
*	Mutual of America Small Cap Growth Fund	Separate Account	2,390		5,109
*	Mutual of America Small Cap Value Fund	Separate Account	2,399		4,898
*	Mutual of America International Fund	Separate Account	9		8
*	Mutual of America 2015 Retirement Fund	Separate Account	3,850		5,228
*	Mutual of America 2020 Retirement Fund	Separate Account	3,447		4,695

-continued-

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

JUNE 30, 2015

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Number of Shares	(d) Cost**	(e) Current Value
Investments, certified					
	Pooled Separate Accounts ***(continued)***				
	Mutual of America (continued)				
*	Mutual of America 2030 Retirement Fund	Separate Account	6,083		$ 8,770
*	Mutual of America 2040 Retirement Fund	Separate Account	443		640
*	Mutual of America 2045 Retirement Fund	Separate Account	1,669		2,389
	Deutsche VSI Capital Growth VIP Separate account	Separate Account	19		1,317
	American Century VP Capital Appreciation	Separate Account	151		6,244
	Calvert VP SRI Balanced Fund Separate account	Separate Account	231		1,178
	Fidelity VIP Mid Cap Portfolio	Separate Account	35		2,471
	Fidelity VIP Contrafund Portfolio	Separate Account	23		1,737
	Fidelity VIP Equity-Income Portfolio	Separate Account	66		4,274
	Vanguard VIF REIT Index Portfolio	Separate Account	11		163
	Vanguard VIF Diversified Value	Separate Account	241		5,925
	Vanguard VIF International Separate account	Separate Account	120		3,264
	Frontier Mid Cap Grw Port	Separate Account	40		45
	BlackRock Diversified	Separate Account	1,082		4,012
	Fidelity VIP Eqty Income	Separate Account	3,692		17,191
*	MetLife Stock Index Port	Separate Account	40,359		67,540
	Jennison Growth Portfolio	Separate Account	36,828		53,368
	BlackRock Capital App	Separate Account	8		42
	ClearBridge Agg Gr Port	Separate Account	3,698		47,344
	Total pooled separate accounts				330,182

-continued-

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

JUNE 30, 2015

(a)	(b) Identity of Issuer, 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
Investments, certified			**Number of Shares**		
	Mutual Funds				
	Capital Appreciation Fund A	Mutual Fund	1,096		$ 67,603
	Cash Reserves A	Mutual Fund	1,516		1,516
	Cash Reserves B	Mutual Fund	2,950		2,950
	Cash Reserves C	Mutual Fund	1,266		1,266
	Discovery Fund A	Mutual Fund	427		33,641
	Discovery Fund B	Mutual Fund	302		18,250
	Global Fund A	Mutual Fund	67		5,578
	Global Fund B	Mutual Fund	290		22,287
	Global Fund C	Mutual Fund	19		1,447
	Global Strategic Income Fund A	Mutual Fund	2,331		9,371
	Global Strategic Income Fund B	Mutual Fund	2,358		9,525
	International Diversified Fund B	Mutual Fund	124		1,789
	Main Street Fund A	Mutual Fund	6,562		321,299
	Main Street Fund B	Mutual Fund	3,539		166,264
	Main Street Fund C	Mutual Fund	247		11,588
	Main Street Small and Mid Cap Fund A	Mutual Fund	1,042		31,417
	Main Street Small and Mid Cap Fund B	Mutual Fund	830		21,653
	Main Street Small and Mid Cap Fund C	Mutual Fund	259		6,813
	Money Market Fund A	Mutual Fund	59,294		59,294
	Portfolio Series Moderate Investor Fund B	Mutual Fund	165		1,780
	Value Fund A	Mutual Fund	157		5,069
	Value Fund B	Mutual Fund	99		3,160

-continued-

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

JUNE 30, 2015

(a)	(b) Identity of Issuer, 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
Investments, certified			**Number of Shares**		
	Mutual Funds ***(continued)***				
	Federated Rrime Cash Series	Mutual Fund	57,020		$ 57,020
	Vanguard 500 Index Fund-Admiral Shares	Mutual Fund	1,364		259,728
	Vanguard Emerging Markets Stock Index AD	Mutual Fund	1,165		39,792
	Vanguard Extended Market Index Admiral Shares	Mutual Fund	527		36,816
	Vanguard Growth Index Admiral Shares	Mutual Fund	1,681		92,623
	Vanguard Intermediate Term Bond Index AD	Mutual Fund	20,507		232,954
	Vanguard Short Term Bond Index Fund Admiral Shares	Mutual Fund	1,769		18,595
	Vanguard Target Retirement 2015	Mutual Fund	57,593		892,685
	Vanguard Target Retirement 2020 Fund	Mutual Fund	19,131		553,081
	Vanguard Target Retirement 2025 Fund	Mutual Fund	46,103		775,916
	Vanguard Target Retirement 2030 Fund	Mutual Fund	22,572		669,023
	Vanguard Target Retirement 2035 Fund	Mutual Fund	20,170		368,107
	Vanguard Target Retirement 2040 Fund	Mutual Fund	21,902		668,220
	Vanguard Total Bond Market Index Amerial Shares	Mutual Fund	7,669		82,207
	Vanguard Value Index - Admiral Shares	Mutual Fund	4,429		144,090
	Total mutual funds				5,694,417

-continued-

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

JUNE 30, 2015

	(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Number of Shares	(d) Cost**	(e) Current Value
Investments, PlanMember - noncertified						
		Fixed Annuity Contracts				
		Symetra Flexible Premium Plus	Fixed annuity contract			$ 13,453
		Mutual Funds				
	*	Oppenheimer Cash Reserves A	Mutual Fund	7,064		7,064
	*	Oppenheimer Global Fund B	Mutual Fund	67		5,179
	*	Oppenheimer Main Street B	Mutual Fund	125		5,883
		Vanguard Gnma Adm	Mutual Fund	42		447
		Vanguard Short Term Invmt Grade Admiral	Mutual Fund	33		352
		Vanguard Growth Index	Mutual Fund	9		478
		Vanguard Hi Yld Corp Adm	Mutual Fund	53		314
		Vanguard Int Inv Grade Adm	Mutual Fund	63		615
		Vanguard Lg-Trm Duration	Mutual Fund	10		97
		Vanguard Mid Cap Gr In Adm	Mutual Fund	6		278
		Vanguard Mid-Cap Val Index	Mutual Fund	7		346
		Vanguard Small Cap Growth	Mutual Fund	6		215
		Vanguard Sm-Cap Value Inst	Mutual Fund	9		235
		Vanguard Ttl Bond Mrkt Inx	Mutual Fund	48		511
		Vanguard Ttl Int Stk Index	Mutual Fund	1		158
		Vanguard Value Index	Mutual Fund	14		471
		Total mutual funds				22,643
		Total investments				7,865,049

-continued-

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

JUNE 30, 2015

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Number of Shares	(d) Cost**	(e) Current Value
	Notes Receivable from Participants				
*	Notes receivable, certified	Notes receivable with interest rates of 4.04% - 8.25% various maturity dates through October 2019			$ 193,966
*	Notes receivable, PlanMember - noncertified	Notes receivable with interest rates of 5% maturity dates through August 2016			96
	Total notes receivable				194,062
	Total assets held for investment purposes at end of year - Form 5500, Schedule H				$ 8,059,111

* Party-in-interest to the Plan, as defined by ERISA.
** Cost is not required for participant-directed funds.

See independent auditor's report.

403(b) THRIFT PLAN
OF AABR, INC.

SCHEDULE 2

SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

JUNE 30, 2015

Participant Contributions Transferred Late to the Plan		Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if late participant loan repayments are included: ✓		Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
$ 215,120	(1)	$ 215,120			
195,997	(2)	195,997			
$ 411,117		$ 411,117			

(1) Represents delinquent contributions from various 2015 payroll periods
(2) Represents delinquent contributions from various 2014 payroll periods

See independent auditor's report.

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name AABR, Inc. 403(b) Thrift Plan **EIN:** 13-1968035
Plan Sponsor's Name AABR, Inc. **PN:** 002

(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
	FEDERATED PRIME CASH SERIES	MUTUAL FUND		57,020
	POOLED LOAN ACCOUNT	INTEREST RATES 4.04% - 5.25%		167,657
	VANGUARD 500 INDEX FUND- ADMIRAL SH	MUTUAL FUND		259,728
	VANGUARD EMERGING MARKETS STOCK IND	MUTUAL FUND		39,792
	VANGUARD EXTENDED MARKET INDEX- ADM	MUTUAL FUND		36,816
	VANGUARD GROWTH INDEX- ADMIRAL SHAR	MUTUAL FUND		92,623
	VANGUARD INTERMEDIATE TERM BOND IND	MUTUAL FUND		232,954

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name AABR, Inc. 403(b) Thrift Plan **EIN:** 13-1968035
Plan Sponsor's Name AABR, Inc. **PN:** 002

(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
	VANGUARD SHORT TERM BOND INDEX FUND	MUTUAL FUND		18,596
	VANGUARD TARGET RETIREMENT 2015	MUTUAL FUND		892,685
	VANGUARD TARGET RETIREMENT 2020 FUN	MUTUAL FUND		553,081
	VANGUARD TARGET RETIREMENT 2025 FUN	MUTUAL FUND		775,916
	VANGUARD TARGET RETIREMENT 2030 FUN	MUTUAL FUND		669,023
	VANGUARD TARGET RETIREMENT 2035 FUN	MUTUAL FUND		368,107
	VANGUARD TARGET RETIREMENT 2040 FUN	MUTUAL FUND		668,220

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name AABR, Inc. 403(b) Thrift Plan **EIN:** 13-1968035
Plan Sponsor's Name AABR, Inc. **PN:** 002

(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
	VANGUARD TOTAL BOND MARKET INDEX AD	MUTUAL FUND		82,207
	VANGUARD VALUE INDEX- ADMIRAL SHARE	MUTUAL FUND		144,090
	OPPENHEIMER CAPITAL APPRECIATION FU	MUTUAL FUND		67,603
	OPPENHEIMER CASH RESERVES A	MUTUAL FUND		1,516
	OPPENHEIMER CASH RESERVES B	MUTUAL FUND		2,950
	OPPENHEIMER CASH RESERVES C	MUTUAL FUND		1,266
	OPPENHEIMER DISCOVERY FUND A	MUTUAL FUND		33,641

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Plan Name AABR, Inc. 403(b) Thrift Plan **EIN:** 13-1968035
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	OPPENHEIMER DISCOVERY FUND B	MUTUAL FUND		18,250
	OPPENHEIMER GLOBAL FUND A	MUTUAL FUND		5,576
	OPPENHEIMER GLOBAL FUND B	MUTUAL FUND		22,287
	OPPENHEIMER GLOBAL FUND C	MUTUAL FUND		1,447
	OPPENHEIMER GLOBAL STRATEGIC INCOME	MUTUAL FUND		9,371
	OPPENHEIMER GLOBAL STRATEGIC INCOME	MUTUAL FUND		9,525
	OPPENHEIMER INTERNATIONAL DIVERSIFI	MUTUAL FUND		1,788

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Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name AABR, Inc. 403(b) Thrift Plan **EIN:** 13-1968035
Plan Sponsor's Name AABR, Inc. **PN:** 002

(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
	OPPENHEIMER MAIN STREET FUND A	MUTUAL FUND		321,299
	OPPENHEIMER MAIN STREET FUND B	MUTUAL FUND		166,264
	OPPENHEIMER MAIN STREET FUND C	MUTUAL FUND		11,588
	OPPENHEIMER MAIN STREET MID CAP FUN	MUTUAL FUND		31,417
	OPPENHEIMER MAIN STREET MID CAP FUN	MUTUAL FUND		21,653
	OPPENHEIMER MAIN STREET MID CAP FUN	MUTUAL FUND		6,813
	OPPENHEIMER MONEY MARKET FUND A	MUTUAL FUND		59,294

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Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name AABR, Inc. 403(b) Thrift Plan **EIN:** 13-1968035
Plan Sponsor's Name AABR, Inc. **PN:** 002

(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
	OPPENHEIMER PORTFOLIO SERIES: MODER	MUTUAL FUND		1,780
	OPPENHEIMER VALUE FUND A	MUTUAL FUND		5,069
	OPPENHEIMER VALUE FUND B	MUTUAL FUND		3,160
	METLIFE T-FLEX	POOLED SEPARATE ACCOUNTS		1,460,452
	METLIFE FRONTIER MID CAP GRW PORT	POOLED SEPARATE ACCOUNTS		45
	METLIFE WMC BALANCED PORTFOLIO	POOLED SEPARATE ACCOUNTS		4,012
	METLIFE FIDELITY VIP EQTY INCOME	POOLED SEPARATE ACCOUNTS		17,191

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	METLIFE FIXED RIDER	POOLED SEPARATE ACCOUNTS		28,732
	METLIFE STOCK INDEX PORT	POOLED SEPARATE ACCOUNTS		67,540
	METLIFE JENNISON GROWTH PORTFOLIO	POOLED SEPARATE ACCOUNTS		53,368
	METLIFE BLACKROCK CAPITAL APP	POOLED SEPARATE ACCOUNTS		42
	METLIFE CLEARBRIDGE AGG GR PORT	POOLED SEPARATE ACCOUNTS		47,344
	METLIFE FUND 16B	POOLED SEPARATE ACCOUNTS		47,920
	MUTUAL OF AMERICA	POOLED SEPARATE ACCOUNTS		140,639

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(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			190,322
		MUTUAL FUNDS		
	PLAN MEMBER			36,191