# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

**2015**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

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

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

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

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

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

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF SPECIALIZED ALTERNATIVES FOR FAMILIES AND YOUTH OF AMERICA, INC.

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 07/01/1991

**2a** Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
SPECIALIZED ALTERNATIVES FOR FAMILIES AND YOUTH OF AMERICA, INC.

10100 ELIDA RD
DELPHOS, OH 45833-9056

**2b** Employer Identification Number (EIN)
34-1600251

**2c** Plan Sponsor's telephone number
419-695-8010

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

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

Preparer's telephone number

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

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 501 |
| **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)** | 431 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 505 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 106 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 611 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 1 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 612 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 610 |
| **h** | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 63 |
| **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:
2A 2E 2F 2G 2J 2T 3D

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

**9a** Plan funding arrangement (check all that apply)

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

**9b** Plan benefit arrangement (check all that apply)

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

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

**a Pension Schedules**

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

**b General Schedules**

| | | | |
|---|---|---|---|
| **(1)** | [X] | | **H** (Financial Information) |
| **(2)** | [ ] | | **I** (Financial Information – Small Plan) |
| **(3)** | [X] | 1 | **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 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

# SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Insurance Information

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

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

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

OMB No. 1210-0110

**2015**

**This Form is Open to Public Inspection**

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

**A** Name of plan
401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF SPECIALIZED ALTERNATIVES FOR FAMILIES AND YOUTH OF AMERICA, INC.

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
SPECIALIZED ALTERNATIVES FOR FAMILIES AND YOUTH OF AMERICA, INC.

**D** Employer Identification Number (EIN)
34-1600251

## Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1** Coverage Information:

**(a)** Name of insurance carrier
MUTUAL OF AMERICA

| **(b)** EIN | **(c)** NAIC code | **(d)** Contract or identification number | **(e)** Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | **(f)** From | **(g)** To |
| 13-1614399 | 88668 | 059624C | 610 | 08/01/2015 | 12/31/2015 |

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

| **(a)** Total amount of commissions paid | **(b)** Total amount of fees paid |
|---|---|
| | |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## Part II Investment and Annuity Contract Information

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

| | | | |
|---|---|---|---|
| 4 | Current value of plan's interest under this contract in the general account at year end | 4 | 293404 |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | 8726425 |

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 ▶ N/A

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

| | | | | | |
|---|---|---|---|---|---|
| b | Balance at the end of the previous year | | | 7b | 0 |
| c | Additions: (1) Contributions deposited during the year | 7c(1) | -978 | | |
| | (2) Dividends and credits | 7c(2) | 0 | | |
| | (3) Interest credited during the year | 7c(3) | 168632 | | |
| | (4) Transferred from separate account | 7c(4) | 100466 | | |
| | (5) Other (specify below) | 7c(5) | 38881 | | |
| | ▶ ROLLOVER;LOAN INT PAY; | | | | |
| | (6) Total additions | | | 7c(6) | 307001 |
| d | Total of balance and additions (add lines **7b** and **7c(6)**). | | | 7d | 307001 |
| e | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 8427 | | |
| | (2) Administration charge made by carrier | 7e(2) | 72 | | |
| | (3) Transferred to separate account | 7e(3) | 0 | | |
| | (4) Other (specify below) | 7e(4) | 5098 | | |
| | ▶ FIN ADJ | | | | |
| | (5) Total deductions | | | 7e(5) | 13597 |
| f | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | 7f | 293404 |

## Part III Welfare Benefit Contract Information

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

**8** Benefit and contract type (check all applicable boxes)

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

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

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

**m** ☐ Other (specify) ▶

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

Specify nature of costs ▶

## Part IV Provision of Information

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

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

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

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

**A** Name of plan
401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF SPECIALIZED ALTERNATIVES FOR FAMILIES AND YOUTH OF AMERICA, INC.

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
SPECIALIZED ALTERNATIVES FOR FAMILIES AND YOUTH OF AMERICA, INC.

**D** Employer Identification Number (EIN)
34-1600251

## Part I Service Provider Information (see instructions)

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

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

THE VANGUARD GROUP, 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 AMER
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 COM

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 PRICE 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

MATRIX FINANCIAL SOLUTIONS, INC.

717 17TH STREET, SUITE 1300
DENVER, CO 80202

20-1591048

**(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)

SCHNEIDER DOWNS WEALTH MGMT. ADV.

ONE PPG PLACE, SUITE 1700
PITTSBURGH, PA 15222

25-1857157

| (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? |
|---|---|---|---|---|---|---|
| 26 27 | INVESTMENT ADVISOR | 25360 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

ASPIRE FINANCIAL SERVICES, LLC

4010 BOY SCOUT BOULEVARD
TAMPA, FL 33607

27-1033775

| (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? |
|---|---|---|---|---|---|---|
| 15 | RECORDKEEPER | 9652 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

MUTUAL OF AMERICA LIFE INSURANCE CO

320 PARK AVENUE
NEW YORK, NY 10022

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 12 15 37 65 | INSURANCE CARRIER | 2127 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [X] 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

**2015**

**This Form is Open to Public Inspection.**

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

**A** Name of plan
401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF SPECIALIZED ALTERNATIVES FOR FAMILIES AND YOUTH OF AMERICA, INC.

**B** Three-digit plan number (PN) ▶ 001

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
SPECIALIZED ALTERNATIVES FOR FAMILIES AND YOUTH OF AMERICA, INC.

**D** Employer Identification Number (EIN)
34-1600251

## 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 FS1

**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 | 8726425 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: RELIANCE TRUST CO STABLE VALUE FUND

**b** Name of sponsor of entity listed in (a): RELIANCE TRUST 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) |
|---|---|---|
| 46-6625485-001 | C | 0 |

**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 |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Financial Information

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

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

OMB No. 1210-0110

**2015**

**This Form is Open to Public Inspection**

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

**A** Name of plan
401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF SPECIALIZED ALTERNATIVES FOR FAMILIES AND YOUTH OF AMERICA, INC.

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
SPECIALIZED ALTERNATIVES FOR FAMILIES AND YOUTH OF AMERICA, INC.

**D** Employer Identification Number (EIN)
34-1600251

## 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 | 378 | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 680307 | 887315 |
| **(2)** Participant contributions | 1b(2) | | 23428 |
| **(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) | 42803 | 77069 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | 1498829 | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | | 8726425 |
| **(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) | 6956012 | |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 0 | 293404 |
| **(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 | 9178329 | 10007641 |
| | **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 | 9178329 | 10007641 |

## 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) | 887315 | |
| | **(B)** Participants | 2a(1)(B) | 551758 | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | 613751 | |
| | **(2)** Noncash contributions | 2a(2) | | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 2052824 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | | |
| | **(B)** U.S. Government securities | 2b(1)(B) | | |
| | **(C)** Corporate debt instruments | 2b(1)(C) | | |
| | **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| | **(E)** Participant loans | 2b(1)(E) | 1948 | |
| | **(F)** Other | 2b(1)(F) | 969 | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 2917 |
| | **(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) | 58775 | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 58775 |
| | **(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) | | -25706 |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | -280450 |
| (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) | | 148790 |
| c Other income | 2c | | 0 |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 1957150 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 1083454 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | 0 | |
| (3) Other | 2e(3) | | |
| (4) Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | 1083454 |
| f Corrective distributions (see instructions) | 2f | | 7919 |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | 0 |
| h Interest expense | 2h | | |
| i Administrative expenses: (1) Professional fees | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Investment advisory and management fees | 2i(3) | 25360 | |
| (4) Other | 2i(4) | 11105 | |
| (5) Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 36465 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 1127838 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 829312 |
| 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: BARNES WENDLING CPAS, INC **(2)** EIN: 34-1463411

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

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

## Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

## Part V Trust Information

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

| **6c** Name of trustee or custodian | **6d** Trustee's or custodian's telephone number |
|---|---|
| | |

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Retirement Plan Information

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

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

OMB No. 1210-0110

**2015**

**This Form is Open to Public Inspection.**

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

**A** Name of plan
401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF SPECIALIZED ALTERNATIVES FOR FAMILIES AND YOUTH OF AMERICA, INC.

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
SPECIALIZED ALTERNATIVES FOR FAMILIES AND YOUTH OF AMERICA, INC.

**D** Employer Identification Number (EIN)
34-1600251

## Part I Distributions

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

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

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

EIN(s): 13-3590259 75-3182674

**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** 0

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

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

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

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

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

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

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

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

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

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

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

## Part III Amendments

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

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

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

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

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

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

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## Part VII IRS Compliance Questions

| | | |
|---|---|---|
| **20a** Is the plan a 401(k) plan? | ☐ Yes | ☐ No |
| **20b** If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? | ☐ Design-based safe harbor method | ☐ ADP/ACP test |
| **20c** If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))? | ☐ Yes | ☐ No |
| **21a** Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b): | ☐ Ratio percentage test | ☐ Average benefit test |
| **21b** Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? | ☐ Yes | ☐ No |
| **22a** Has the plan been timely amended for all required tax law changes? | ☐ Yes | ☐ No ☐ N/A |

**22b** Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____ (See instructions for tax law changes and codes).

**22c** If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter _____/_____/_____ and the letter's serial number _____.

**22d** If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter _____/_____/_____.

| | | |
|---|---|---|
| **23** Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)? | ☐ Yes | ☐ No |

# 401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF SPECIALIZED ALTERNATIVES FOR FAMILIES AND YOUTH OF AMERICA, INC. (FORMERLY KNOWN AS SPECIALIZED ALTERNATIVES FOR FAMILIES AND YOUTH OF AMERICA 401(K) PROFIT SHARING PLAN)

**FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE**

**DECEMBER 31, 2015 AND 2014**
**AND YEAR ENDED DECEMBER 31, 2015**

# 401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF SPECIALIZED ALTERNATIVES FOR FAMILIES AND YOUTH OF AMERICA, INC. (F/K/A SPECIALIZED ALTERNATIVES FOR FAMILIES AND YOUTH OF AMERICA 401(K) PROFIT SHARING PLAN)

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# INDEPENDENT AUDITORS' REPORT

To the Trustees
401(k) Profit Sharing Plan for Employees of Specialized
Alternatives for Families and Youth of America, Inc.
Delphos, Ohio

## Report on the Financial Statements

We were engaged to audit the accompanying financial statements of 401(k) Profit Sharing Plan for Employees of Specialized Alternatives for Families and Youth of America, Inc. (f/k/a Specialized Alternatives for Families and Youth of America 401(k) Profit Sharing Plan) (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, and the related statement of changes in net assets available for benefits for the year ended December 31, 2015, and the related notes to the financial statements.

## Management's Responsibility for the Financial Statements

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

## Auditors' Responsibility

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

## Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note C, which was certified by MG Trust Company, LLC and Mutual of America Life Insurance Company, the trustee and custodian, respectively, of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the custodian held the Plan's investment assets and executed investment transactions from August 13, 2015 to December 31, 2015, and the trustee held the Plan's investment assets and executed investment transactions as of December 31, 2014 and for the period January 1, 2015 to August 12, 2015. The plan administrator has obtained certifications from the custodian and trustee as of December 31, 2015 and 2014 and for the year ended December 31, 2015, that the information provided to the plan administrator by the trustee and custodian is complete and accurate.



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BUILDING AND MAINTAINING YOUR NET WORTH

**Disclaimer of Opinion**

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

**Other Matter**

The supplemental schedule as listed in the table of contents as of December 31, 2015 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee and custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Barnes Wendling CPAs

Cleveland, Ohio
October 12, 2016

# 401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF SPECIALIZED ALTERNATIVES FOR FAMILIES AND YOUTH OF AMERICA, INC. (F/K/A SPECIALIZED ALTERNATIVES FOR FAMILIES AND YOUTH OF AMERICA 401(K) PROFIT SHARING PLAN)

## Statements of Net Assets Available for Benefits

| | December 31, 2015 | December 31, 2014 |
|---|---|---|
| **ASSETS** | | |
| Cash | $ -0- | $ 378 |
| Investments, at fair value: | | |
| Mutual funds | -0- | 6,956,012 |
| Pooled separate accounts | 8,726,425 | -0- |
| Common collective trust | -0- | 1,498,829 |
| Guaranteed investment contract | 293,404 | -0- |
| | 9,019,829 | 8,454,841 |
| Receivables: | | |
| Notes receivable from participants | 77,069 | 42,803 |
| Participant contributions | 23,428 | -0- |
| Employer contribution | 887,315 | 680,307 |
| | 987,812 | 723,110 |
| | 10,007,641 | 9,178,329 |
| **LIABILITIES** | | |
| Excess contributions payable | -0- | 7,919 |
| Net assets available for benefits, at fair value | 10,007,641 | 9,170,410 |
| Adjustment from fair value to contract value for fully benefit-responsive investment contract | -0- | ( 49,705) |
| **Net assets available for benefits** | **$ 10,007,641** | **$ 9,120,705** |

See Notes to Financial Statements

# 401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF SPECIALIZED ALTERNATIVES FOR FAMILIES AND YOUTH OF AMERICA, INC. (F/K/A SPECIALIZED ALTERNATIVES FOR FAMILIES AND YOUTH OF AMERICA 401(K) PROFIT SHARING PLAN)

## Statement of Changes in Net Assets Available for Benefits
## Year Ended December 31, 2015

| | | |
|---|---|---|
| Net additions to (deductions from) net assets attributed to: | | |
| Investment income (loss): | | |
| Net depreciation in fair value of investments | ($ 107,661) | |
| Interest and dividends | 59,744 | |
| | ( 47,917) | |
| Investment expenses | ( 25,360) | |
| | | ($ 73,277) |
| Interest income on notes receivable from participants | | 1,948 |
| Contributions: | | |
| Participant | 1,165,509 | |
| Employer | 887,315 | |
| | | 2,052,824 |
| Net additions | | 1,981,495 |
| Deductions from net assets attributed to: | | |
| Benefits paid to participants | 1,083,454 | |
| Administrative expenses | 11,105 | |
| | | 1,094,559 |
| Net increase | | 886,936 |
| Net assets available for benefits: | | |
| Beginning of year | | 9,120,705 |
| **End of year** | | **$ 10,007,641** |

See Notes to Financial Statements

# 401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF SPECIALIZED ALTERNATIVES FOR FAMILIES AND YOUTH OF AMERICA, INC. (F/K/A SPECIALIZED ALTERNATIVES FOR FAMILIES AND YOUTH OF AMERICA 401(K) PROFIT SHARING PLAN)

## Notes to Financial Statements
## December 31, 2015 and 2014 and Year Ended December 31, 2015

### NOTE A - DESCRIPTION OF PLAN

The following description of the 401(k) Profit Sharing Plan for Employees of Specialized Alternatives for Families and Youth of America, Inc. (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

**General**

During 2015, the Plan was amended to change the name of the Plan from Specialized Alternatives for Families and Youth of America 401(k) Profit Sharing Plan to 401(k) Profit Sharing Plan for Employees of Specialized Alternatives for Families and Youth of America, Inc. The Plan is a defined contribution plan covering all employees of Specialized Alternatives for Families and Youth of America, Inc. (the Organization and Plan Sponsor) who have attained the age of 18. Employees must complete 1,000 hours of service each year to be eligible to receive an employer profit sharing contribution. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Plan is sponsored and administered by the Organization.

**Contributions**

Participants may elect to defer up to the lesser of 100% of their compensation as defined by the Plan or the maximum contribution allowable by law. The Plan provides for a discretionary employer profit sharing contribution which was $887,315 for the year ended December 31, 2015. The Plan provides for the acceptance of rollover contributions from other plans qualified under the Internal Revenue Code (IRC). The Plan also provides for catch up contributions for participants who reach the age of fifty by the end of the plan year.

**Participant Accounts**

Each participant's account is credited with the participant's contributions and an allocation of (a) the Organization's contributions and (b) Plan earnings, and is charged with an allocation of administrative expenses, if any. Allocations are based upon participant account earnings, account balances, or compensation, as defined. The benefit to which a participant is entitled to receive is the benefit that can be provided from the participant’s account.

**Vesting**

Participants are immediately vested in their deferral and rollover contributions plus actual earnings thereon. Vesting in the Organization’s discretionary contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is 100% vested after six years of credited service.

**NOTE A - DESCRIPTION OF PLAN (CONTINUED)**

**Notes Receivable from Participants**
Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance subject to certain Department of Labor and Internal Revenue Service (IRS) requirements. Note receivable terms range from 1 to 5 years or longer for the purchase of a primary residence. Notes receivable are secured by the balance in the participants' accounts and bear interest at 4.25%. Principal and interest are paid ratably through bi-weekly payroll deductions.

**Payment of Benefits**
Upon termination of service, a participant may elect to receive installments or a lump-sum amount equal to the value of his or her account on the date of distribution. Prior to August 1, 2015, participant account balances of $5,000 or less at the time of termination were distributed to participants without their consent. In the event of a mandatory distribution of amounts greater than $1,000 but not exceeding $5,000, the participant could elect to receive the distribution directly or receive the distribution in the form of a direct rollover to another qualified plan. If the participant does not elect a form of distribution, the entire amount will be distributed in the form of a direct rollover to an individual retirement account as designated by the Plan Sponsor. Effective with the Plan restatement on August 1, 2015, participant account balances of $1,000 or less at the time of termination will be distributed to participants without their consent.

Effective with the Plan restatement on August 1, 2015, active participants may request hardship withdrawals from their account balances, subject to Plan provisions. A participant who receives a distribution on account of hardship is prohibited from making deferrals for six months after receipt of the distribution.

**Forfeited Accounts**
Forfeitures are used to reduce future employer contributions. Unallocated forfeiture balances as of December 31, 2015 and 2014 were $168,219 and $134,756, respectively. Forfeitures of $29,968 were used to reduce employer contributions receivable at December 31, 2015.

## NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

### Basis of Accounting

The financial statements of the Plan are prepared using the accrual basis of accounting.

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Plan's investment contract with Mutual of America Life Insurance Company (MALIC) is considered to be fully-benefit responsive and is included in the statement of net assets available for benefits as of December 31, 2015 at contract value, which approximates fair value. The Plan's common collective trust investment was considered to be fully benefit responsive. The statement of net assets available for benefits as of December 31, 2014 presents the fair value of the investment contract as well as the adjustment of the fully benefit-responsive investment contract from fair value to contract value. The statement of changes in net assets available for benefits is prepared using the contract value basis for fully benefit-responsive investment contracts.

### Investment Valuation

The Plan's investments are recorded at fair value, based upon the last traded or current bid prices in active markets. Where there are no readily available last traded or current bid prices, fair value is determined as discussed in Note D.

### Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. No allowance for credit losses has been recorded as of December 31, 2015 and 2014. If a participant ceases to make repayments on a note receivable and the plan administrator deems the note receivable to be in default, the balance on the note receivable from the participant is reclassified to benefits paid to participants.

### Investment Income Recognition

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

**NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

**Contributions**
Participant contributions are recorded and credited to each participant's account when received by the trustee or custodian from the Organization. Any contributions attributable to the Plan year but not received by the trustee by the last day of the Plan year are recorded as a receivable.

**Excess Contributions Payable**
Amounts payable to participants for contributions in excess of amounts allowed by the IRC are recorded as a liability with a corresponding reduction to contributions. The Plan distributed $7,919 in excess contributions at December 31, 2014 to the applicable participants prior to March 15, 2015.

**Payment of Benefits**
Benefits are recorded when paid.

**Expenses**
Certain expenses of maintaining the Plan are paid directly by the Organization and are excluded from these financial statements. Investment related expenses are included in investment income.

**Income Taxes**
The IRS had determined and informed the Organization by letter dated July 8, 2010, that the Plan and related trust as designed prior to August 1, 2015 was in accordance with applicable sections of the IRC. Although the Plan had been amended since receiving the determination letter, the Plan Sponsor believes that the Plan was designed and was being operated in compliance with the applicable requirements of the IRC and therefore believes that the Plan was qualified and the related trust was tax-exempt.

On August 1, 2015, the Plan was restated. The Organization believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore, the Organization believes that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Sponsor has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2015 and 2014, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Sponsor believes the Plan is no longer subject to income tax examinations for years prior to 2012.

## NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

### 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 certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

### Subsequent Events

The Plan has evaluated subsequent events through October 12, 2016, the date which the financial statements were available to be issued.

## NOTE C - CERTIFICATION AND SUMMARY OF INVESTMENTS

Investment information, except for the fair value of the common collective trust, disclosed in the accompanying financial statements and supplemental schedule, including investments held at December 31, 2015 and 2014, and net depreciation in the fair value of investments, interest, and dividends for the year ended December 31, 2015 were obtained or derived from information supplied to the plan administrator and certified as complete and accurate by the custodian and trustee. Contract value of the common collective trust was certified; however, the fair value of the common collective trust and the related adjustment from fair value to contract value for the fully benefit-responsive investment contract was not certified.

The Plan's investments are 100% participant-directed and are held by MG Trust Company, LLC as of December 31, 2014 and for the period January 1, 2015 to August 12, 2015 and MALIC from August 13, 2015 to December 31, 2015.

**NOTE C - CERTIFICATION AND SUMMARY OF INVESTMENTS (CONTINUED)**

The fair value of investments that represent five percent or more of the Plan's net assets are as follows:

| | December 31, 2015 | December 31, 2014 |
|---|---|---|
| Pooled Separate Accounts: | | |
| Mutual of America 2015 Retirement Fund | $ 611,319 | |
| Mutual of America 2020 Retirement Fund | 944,258 | |
| Mutual of America 2025 Retirement Fund | 663,135 | |
| Mutual of America 2030 Retirement Fund | 1,020,380 | |
| Mutual of America 2035 Retirement Fund | 916,859 | |
| Mutual of America 2040 Retirement Fund | 1,242,743 | |
| Mutual Funds: | | |
| Thornburg International Value R6 | | $ 610,483 |
| T. Rowe Price Equity Income | | 882,603 |
| Brown Advisory Growth Equity Fund Instl | | 888,704 |
| PIMCO Total Return Instl | | 841,340 |
| Vanguard Total Bond Market Index Admiral | | 808,012 |
| Common Collective Trust: | | |
| Reliance Trust Company Stable Value Fund | | 1,498,829 |

During 2015, the Plan's investments (including gains and losses on investments bought, sold and held during the year) appreciated (depreciated) in value by ($107,661) as follows:

| | |
|---|---|
| Mutual Funds | $ 148,790 |
| Pooled Separate Accounts | ( 280,450) |
| Common Collective Trust | 23,999 |
| | ($ 107,661) |

## NOTE D - FAIR VALUE MEASUREMENTS

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 (exit price). The three levels of the fair value hierarchy, which are based upon the inputs used to measure fair value, are described below:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices in active markets that are accessible at the measurement date for identical unrestricted assets or liabilities (for example, exchange quoted prices).

Level 2 - Inputs to the valuation methodology are observable inputs, other than Level 1 prices, such as quoted prices for similar assets or liabilities in active markets, quoted prices in markets that are not sufficiently active to qualify as Level 1, other observable inputs, or inputs that can be corroborated by observable market data for substantially the full term of the assets or liabilities.

Level 3 - Inputs to the valuation methodology are significant to the fair value measurement and unobservable (for example, supported by little or no market activity).

Financial assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The Plan's assessment of the significance of a particular input to the fair value measurement requires judgment and may affect the valuation of fair value assets and liabilities and their placement within the fair value hierarchy levels.

The Plan's investments accounted for at fair value as of December 31, 2015 are summarized below:

| | Level 2 | Level 3 | Total |
|---|---|---|---|
| Pooled separate accounts: | | | |
| Fixed income | $ 173,500 | | $ 173,500 |
| Equity | 692,305 | | 692,305 |
| Retirement funds | 6,439,627 | | 6,439,627 |
| Allocation | 1,137,125 | | 1,137,125 |
| Balanced | 276,797 | | 276,797 |
| Real estate | 7,071 | | 7,071 |
| Total pooled separate accounts | 8,726,425 | | 8,726,425 |
| Guaranteed investment contract | | $ 293,404 | 293,404 |
| | $8,726,425 | $ 293,404 | $9,019,829 |

**NOTE D - FAIR VALUE MEASUREMENTS (CONTINUED)**

The Plan's investments accounted for at fair value as of December 31, 2014 are summarized below:

| | Level 1 | Level 2 | Total |
|---|---|---|---|
| Mutual funds: | | | |
| Fixed income | $1,899,851 | | $1,899,851 |
| Blend | 1,015,189 | | 1,015,189 |
| Growth | 1,144,714 | | 1,144,714 |
| Value | 1,399,399 | | 1,399,399 |
| Foreign blend | 1,074,959 | | 1,074,959 |
| Foreign growth | 421,900 | | 421,900 |
| Total mutual funds | 6,956,012 | | 6,956,012 |
| Common collective trust | | $1,498,829 | 1,498,829 |
| | $6,956,012 | $1,498,829 | $8,454,841 |

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

Mutual funds are valued at the net asset value of shares held by the Plan at year end, as reported on the active markets in which the investments are traded.

Pooled separate accounts are valued at the net asset value of shares held by the Plan at year end. The net asset value, as provided by the custodian, is used as a practical expedient to estimate fair value. Net asset value is based on quoted market prices of the underlying investments, net of insurance company fees and expenses less their liabilities. This practical expedient is not used when it is determined to be probable that the accounts will sell the investments for an amount different than the reported net asset value.

Common collective trust is valued at the net asset value of shares held by the Plan at year end. The net asset value is used as a practical expedient to estimate fair value. Net asset value is based on the fair value of the trust's underlying assets, which are principally investment contracts and security-backed contracts, less its liabilities, as reported in the trust's audited financial statements. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported net asset value.

**NOTE D - FAIR VALUE MEASUREMENTS (CONTINUED)**

The guaranteed investment contract is valued at contract value, which approximates fair value (see Note G). Because the participants transact at contract value, fair value is determined annually for financial statement reporting purposes only.

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 as of the reporting date.

The table below sets forth a summary of changes in the fair value of the Plan's level 3 asset for the year ended December 31, 2015:

| | Guaranteed Investment Contract |
|---|---|
| Fair value, beginning of year | $ -0- |
| Purchases | 318,918 |
| Sales | ( 25,514) |
| Fair value, end of year | $ 293,404 |

**NOTE E - POOLED SEPARATE ACCOUNTS**

The Plan has investments in MALIC's pooled separate accounts. If the Plan Sponsor terminates the Plan's contract with MALIC, MALIC reserves the right to restrict withdrawal from the pooled separate accounts for 30 days. The investment strategies of the pooled separate accounts of the Plan are as follows:

Mutual of America Aggressive Allocation Fund seeks capital appreciation and, to a lesser extent, current income by investing primarily in equity shares of other funds of MALIC and also in fixed income funds of MALIC.

**NOTE E - POOLED SEPARATE ACCOUNTS (CONTINUED)**

Mutual of America Conservative Allocation Fund seeks current income and, to a lesser extent, capital appreciation by investing the majority of its assets in fixed income shares of other funds of MALIC and also in equity funds of MALIC.

Mutual of America Moderate Allocation Fund seeks capital appreciation and current income by investing both in equity and fixed income shares of other funds of MALIC.

Mutual of America Bond Fund seeks current income, with preservation of shareholders' capital a secondary objective by investing in primarily in publicly-traded, investment-grade debt securities.

T. Rowe Price Blue Chip Growth Portfolio seeks to provide long-term capital growth, with income a secondary objective by investing at least 80% of its net assets (including any borrowing for investment purposes) in the common stocks of large- and medium- sized blue chip growth companies.

Mutual of America Composite Fund seeks capital appreciation and current income by investing in a diversified portfolio of common stocks, debt securities, and money market instruments.

Calvert VP SRI Balanced Portfolio seeks to achieve a competitive total return through an actively managed portfolio of stocks, bonds, and money market instruments which offer income and capital growth opportunity by investing about 60% of its net assets in stocks and 40% in bonds or other fixed-income investments.

Mutual of America Equity Index Fund seeks investment results that correspond to the investment performance of the S&P 500 Index by investing in the 500 common stocks included in the S&P 500 Index to replicate, to the extent practicable, the weightings of such stocks in the S&P 500 Index.

Fidelity VIP Mid Cap Portfolio seeks long-term growth of capital by investing primarily in common stocks with at least 80% of assets in securities of companies with medium market capitalizations.

Fidelity VIP Asset Manager Portfolio seeks to obtain a high total return with reduced risk over the long term by allocating its assets among stocks, bonds, and short-term instruments.

**NOTE E - POOLED SEPARATE ACCOUNTS (CONTINUED)**

Fidelity VIP Contrafund Portfolio seeks long-term capital appreciation by investing primarily in common stocks whose value the adviser believes is not fully recognized by the public.

Fidelity VIP Equity-Income Portfolio seeks reasonable income and will also consider the potential for capital appreciation by investing at least 80% of its assets in income-producing equity securities, which tends to lead to investments in large cap “value” stocks.

American Funds Insurance Series New World Fund seeks long-term capital appreciation by investing primarily in common stocks of companies with significant exposure to countries with developing economies and/or markets and that the investment adviser believes have potential of providing capital appreciation.

Mutual of America Money Market Fund seeks current income to the extent consistent with maintenance of liquidity, investment quality, and stability of capital by investing in money market instruments that meet certain requirements.

Mutual of America Mid-Term Bond Fund seeks to produce a high level of current income, with the preservation of shareholders’ capital as a secondary objective by investing primarily in publicly traded, investment-grade debt securities.

Mutual of America Mid Cap Value Fund seeks capital appreciation and, to a lesser extent, current income by investing primarily in value stocks issued by companies with mid-sized market capitalizations.

Mutual of America International Fund seeks capital appreciation by investing, directly and/or indirectly, mainly in stocks of large and mid-cap companies in developed markets countries located outside of the United States (U.S.) and Canada.

Oppenheimer Main Street Fund seeks capital appreciation by investing in common stocks of U.S. companies of different capitalization ranges.

Mutual of America Retirement Income Fund seeks to achieve current income consistent with the preservation of capital and, to a lesser extent, capital appreciation by investing in shares of other series of MALIC in proportions that are balanced to meet the objective of the fund.

**NOTE E - POOLED SEPARATE ACCOUNTS (CONTINUED)**

Vanguard VIF REIT Index Portfolio seeks to provide a high level of income and moderate long-term capital appreciation by tracking the performance of a benchmark index that measures the performance of publicly traded real estate investment trusts by investing all, or substantially all, of its assets in the stocks that make up the index, holding each stock in approximately the same proportion as its weighting in the index.

PIMCO VIT Real Return Portfolio seeks maximum real return, consistent with preservation of real capital and prudent investment management by investing under normal circumstances at least 80% of its net assets in inflation-indexed bonds of varying maturities issued by the U.S. and non-U.S. governments, their agencies, or instrumentalities and corporations.

Mutual of America 2010, 2015, 2020, 2025, 2030, 2035, 2040, 2045, and 2050 seek to achieve current income and capital appreciation appropriate for the asset allocation associated with their approximate years of retirement which is included in the funds' names by investing in shares of other series of MALIC funds in proportions that are balanced to meet the objective of the funds.

Deutsche Variable Series I Capital Growth VIP seeks to provide long-term growth of capital by investing at least 65% of total assets in equities, mainly common stocks of U.S. companies.

Mutual of America Small Cap Growth Fund seeks capital appreciation by investing primarily in growth stocks issued by companies with small sized market capitalizations.

Mutual of America Small Cap Value Fund seeks capital appreciation by investing primarily in value stocks issued by companies with small sized market capitalizations that the adviser believes to be undervalued in the marketplace in relation to factors such as the company's assets, earnings or growth potential.

American Century VP Capital Appreciation Fund seeks capital growth by investing in stocks of medium-sized and smaller companies the adviser believes will increase in value over time.

Vanguard VIF Diversified Value Portfolio seeks to provide long-term capital appreciation and income by investing mainly in large- and mid-capitalization companies whose stocks are considered by the adviser to be undervalued.

**NOTE E - POOLED SEPARATE ACCOUNTS (CONTINUED)**

Vanguard VIF International Portfolio seeks to provide long-term capital appreciation by investing predominantly in the stocks of companies located outside the U.S. and is expected to diversify its assets in countries developed and emerging markets.

Mutual of America Mid-Cap Equity Index Fund seeks investment results that correspond to the investment performance of the S&P MidCap 400 Index by investing primarily in the 400 common stocks included in the S&P MidCap 400 Index to replicate, to the extent practicable, the weightings of such stocks in the S&P MidCap 400 Index.

Mutual of America All America Fund seeks to outperform the S&P 500 Index by investing in a diversified portfolio of primarily common stocks.

**NOTE F - INVESTMENT IN COMMON COLLECTIVE TRUST**

The Plan invested in the Reliance Trust Company Stable Value Fund (the Fund), a common collective trust fund. The primary investment objective is the safety and preservation of principal and accumulated interest for participant initiated transactions. The Fund invests in the MetLife Group Annuity Contract 25053 and MetLife Group Annuity Contract 37000, which consist of separately managed investment portfolios directed by Reliance Trust Company.

Under the Fund's provisions, participants could not initiate transfers to competing fixed income funds. Participants were permitted to direct withdrawals or transfers of all or a portion of their account balance within the Fund to non-competing funds. Transfers made to non-competing funds could not be transferred to competing funds for 90 days, but could be transferred back to the Fund at any time. Contract value represented deposits made to the contract, plus earnings at guaranteed crediting rates, less withdrawals and fees. There were no reserves against contract value for credit risk of the contract issuer or otherwise.

## NOTE G - GUARANTEED INVESTMENT CONTRACT

The Plan has a guaranteed investment contract with MALIC under which contributions from the Plan are maintained in MALIC's general account. Under the contract, the Plan owns a promise by the issuer to pay interest at crediting rates which are announced in advance and determined from time to time by MALIC, but not less frequently than once each calendar month. Participants transact at contract value. Contract value represents deposits made to the contract, plus earnings at guaranteed crediting rates, less withdrawals and fees. There are no reserves against contract value for credit risk of the contract issuer or otherwise. MALIC reserves the right to restrict withdrawal from the contract upon termination of the contract for six months. The Plan Sponsor does not believe that any events which would limit the Plan's ability to transact at contract value are probable of occurring.

The minimum crediting rate under the contract is 1.00%. The crediting interest rate is decided by MALIC not less frequently than once each calendar month. The net average yield and crediting interest rate on the contract were both approximately 1.00% for the year ended December 31, 2015. MALIC's investment committee establishes what they believe to be prudent interest rates for the contract considering market factors. The interest rate can fluctuate based on the performance of investments held in MALIC's general account.

## NOTE H - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

| | December 31, | |
|---|---|---|
| | 2015 | 2014 |
| Net assets available for benefits per accompanying financial statements - at contract value | $10,007,641 | $ 9,120,705 |
| Excess contributions payable | -0- | 7,919 |
| Adjustment to fair value from contract value for fully benefit-responsive investment contracts | -0- | 49,705 |
| Net assets per Form 5500 - at fair value | $10,007,641 | $ 9,178,329 |

## NOTE H - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (CONTINUED)

The following is a reconciliation of net increase per the financial statements to net income per the Form 5500 for the year ended December 31, 2015:

| | |
|---|---|
| Net increase in net assets per the financial statements | $ 886,936 |
| Less: Prior year adjustment from contract value to fair value for fully benefit-responsive investment contracts | ( 49,705) |
| Less: Prior year excess contributions payable | ( 7,919) |
| Net income per the Form 5500 | $ 829,312 |

## NOTE I - PLAN TERMINATION

Although it has not expressed any intent to do so, the Organization has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100 percent vested in their total participant account balance.

## NOTE J - RISKS AND UNCERTAINTIES

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

## NOTE K - TRANSACTIONS WITH PARTIES-IN-INTEREST

Parties-in-interest transactions include the investment in the funds of MALIC and the payment of administrative, investment, and advisory expenses by the Plan. Such transactions are exempt from being prohibited transactions.

# 401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF SPECIALIZED ALTERNATIVES FOR FAMILIES AND YOUTH OF AMERICA, INC.
# (F/K/A SPECIALIZED ALTERNATIVES FOR FAMILIES AND YOUTH OF AMERICA 401(K) PROFIT SHARING PLAN)

**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**
**December 31, 2015**
**EIN - 34-1600251**
**Plan Number - 001**

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (d) Cost | (e) Current value |
|---|---|---|---|---|
| * | Mutual of America Aggressive Allocation Fund | Pooled Separate Account | ** | $ 445,790 |
| * | Mutual of America Conservative Allocation Fund | Pooled Separate Account | ** | 241,273 |
| * | Mutual of America Moderate Allocation Fund | Pooled Separate Account | ** | 450,062 |
| * | Mutual of America Bond Fund | Pooled Separate Account | ** | 121,272 |
| * | T. Rowe Price Blue Chip Growth Portfolio | Pooled Separate Account | ** | 115,744 |
| * | Mutual of America Composite Fund | Pooled Separate Account | ** | 30,141 |
| * | Calvert VP SRI Balanced Portfolio | Pooled Separate Account | ** | 52,384 |
| * | Mutual of America Equity Index Fund | Pooled Separate Account | ** | 27,115 |
| * | Fidelity VIP Mid Cap Portfolio | Pooled Separate Account | ** | 70,250 |
| * | Fidelity VIP Asset Manager Portfolio | Pooled Separate Account | ** | 194,272 |
| * | Fidelity VIP Contrafund Portfolio | Pooled Separate Account | ** | 104,085 |
| * | Fidelity VIP Equity-Income Portfolio | Pooled Separate Account | ** | 12,766 |
| * | American Funds Insurance Series New World Fund | Pooled Separate Account | ** | 350 |
| * | Mutual of America Money Market Fund | Pooled Separate Account | ** | 133 |
| * | Mutual of America Mid-Term Bond Fund | Pooled Separate Account | ** | 32,705 |
| * | Mutual of America Mid Cap Value Fund | Pooled Separate Account | ** | 1,582 |
| * | Mutual of America International Fund | Pooled Separate Account | ** | 981 |
| * | Oppenheimer Main Street Fund | Pooled Separate Account | ** | 3,537 |
| * | Mutual of America Retirement Income Fund | Pooled Separate Account | ** | 230,617 |
| * | Vanguard VIF REIT Index Portfolio | Pooled Separate Account | ** | 7,071 |
| * | PIMCO VIT Real Return Portfolio | Pooled Separate Account | ** | 19,390 |
| * | Mutual of America 2010 Retirement Fund | Pooled Separate Account | ** | 1,279 |
| * | Mutual of America 2015 Retirement Fund | Pooled Separate Account | ** | 611,319 |
| * | Mutual of America 2020 Retirement Fund | Pooled Separate Account | ** | 944,258 |
| * | Mutual of America 2025 Retirement Fund | Pooled Separate Account | ** | 663,135 |
| * | Mutual of America 2030 Retirement Fund | Pooled Separate Account | ** | 1,020,380 |
| * | Mutual of America 2035 Retirement Fund | Pooled Separate Account | ** | 916,859 |

# 401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF SPECIALIZED ALTERNATIVES FOR FAMILIES AND YOUTH OF AMERICA, INC. (F/K/A SPECIALIZED ALTERNATIVES FOR FAMILIES AND YOUTH OF AMERICA 401(K) PROFIT SHARING PLAN)

**Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (Continued)**
**December 31, 2015**
**EIN - 34-1600251**
**Plan Number - 001**

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (d) Cost | (e) Current value |
|---|---|---|---|---|
| * | Mutual of America 2040 Retirement Fund | Pooled Separate Account | ** | 1,242,743 |
| * | Mutual of America 2045 Retirement Fund | Pooled Separate Account | ** | 436,125 |
| * | Mutual of America 2050 Retirement Fund | Pooled Separate Account | ** | 372,912 |
| * | Deutsche Variable Series I Capital Growth VIP | Pooled Separate Account | ** | 2,487 |
| * | Mutual of America Small Cap Growth Fund | Pooled Separate Account | ** | 75,215 |
| * | Mutual of America Small Cap Value Fund | Pooled Separate Account | ** | 84,964 |
| * | American Century VP Capital Appreciation Fund | Pooled Separate Account | ** | 72,827 |
| * | Vanguard VIF Diversified Value Portfolio | Pooled Separate Account | ** | 26,273 |
| * | Vanguard VIF International Portfolio | Pooled Separate Account | ** | 31,955 |
| * | Mutual of America Mid-Cap Equity Index Fund | Pooled Separate Account | ** | 59,719 |
| * | Mutual of America All America Fund | Pooled Separate Account | ** | 2,455 |
| | | | | 8,726,425 |
| * | Interest Accumulation Account | Guaranteed Investment Contract | ** | 293,404 |
| * | Participant Loans | 4.25% | -0- | 77,069 |
| | | | | $9,096,898 |

* Represents a party-in-interest to the plan.
** Cost omitted for participant directed investments.

| SCHEDULE H (Form 5500) | Financial Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | 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).<br>▶ **File as an attachment to Form 5500.** | **2015**<br>**This Form is Open to Public Inspection** |

For calendar plan year 2015 or fiscal plan year beginning and ending

| **A** Name of plan | **B** Three-digit plan number (PN) ▶ |
|---|---|
| **C** Plan sponsor's name as shown on line 2a of Form 5500 | **D** Employer Identification Number (EIN) |

## Part I Asset and Liability Statement

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

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

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

| | | (a) Amount | (b) Total |
|---|---|---|---|
| **(6)** Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| **(7)** Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| **(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) | | |
| **c** Other income | 2c | | |
| **d** Total income. Add all **income** amounts in column (b) and enter total | 2d | | |

## Expenses

| | | | |
|---|---|---|---|
| **e** Benefit payment and payments to provide benefits: | | | |
| **(1)** Directly to participants or beneficiaries, including direct rollovers | 2e(1) | | |
| **(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) | | |
| **f** Corrective distributions (see instructions) | 2f | | |
| **g** Certain deemed distributions of participant loans (see instructions) | 2g | | |
| **h** Interest expense | 2h | | |
| **i** Administrative expenses: **(1)** Professional fees | 2i(1) | | |
| **(2)** Contract administrator fees | 2i(2) | | |
| **(3)** Investment advisory and management fees | 2i(3) | | |
| **(4)** Other | 2i(4) | | |
| **(5)** Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | |
| **j** Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | |

## Net Income and Reconciliation

| | | | |
|---|---|---|---|
| **k** Net income (loss). Subtract line **2j** from line **2d** | 2k | | |
| **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)** ☐ Disclaimer **(4)** ☐ Adverse

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

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

**(1)** Name: **(2)** EIN:

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

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

## Part IV Compliance Questions

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

| During the plan year: | | Yes | No | N/A | Amount |
|---|---|---|---|---|---|
| **a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | 4a | | | | |
| **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 | | | | |

| | | | Yes | No | N/A | Amount |
|---|---|---|---|---|---|---|
| **c** | Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | 4c | | | | |
| **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 | | | | |
| **e** | Was this plan covered by a fidelity bond? | 4e | | | | |
| **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 | | | | |
| **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 | | | | |
| **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 | | | | |
| **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 | | | | |
| **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 | | | | |
| **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 | | | | |
| **l** | Has the plan failed to provide any benefit when due under the plan? | 4l | | | | |
| **m** | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | | | |
| **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 | | | | |
| **o** | Did the plan trust incur unrelated business taxable income? | 4o | | | | |
| **p** | Were in-service distributions made during the plan year? | 4p | | | | |

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

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

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

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

## Part V Trust Information

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

| **6c** Name of trustee or custodian | **6d** Trustee's or custodian's telephone number |
|---|---|
| | |

**Attachment to 2015 Form 5500**
**Schedule H, line 4i - Schedule of Assets (Held at End of Year)**

**Plan Name** 401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF SPECIALIZED ALTERNATIVES **EIN:** 27-1650251
**Plan Sponsor's Name** SPECIALIZED ALTERNATIVES FOR FAMILIES AND YOUTH OF AMERICA, INC. **PN:** 001

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value. | (d) Cost | (e) Current value |
|---|---|---|---|---|
| * | Mutual of America | GROUP ANNUITY CONTRACT<br>GENERAL ACCOUNT | | 293,404 |
| * | Mutual of America | GROUP ANNUITY CONTRACT<br>Aggressive Allocation Fund | | 445,790 |
| * | Mutual of America | GROUP ANNUITY CONTRACT<br>Conservative Allocation Fund | | 241,273 |
| * | Mutual of America | GROUP ANNUITY CONTRACT<br>Moderate Allocation Fund | | 450,062 |
| * | Mutual of America | GROUP ANNUITY CONTRACT<br>Bond Fund | | 121,272 |
| * | Mutual of America | GROUP ANNUITY CONTRACT<br>T. Rowe Price Blue Chip Growth | | 115,744 |
| * | Mutual of America | GROUP ANNUITY CONTRACT<br>Composite Fund | | 30,141 |

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**Plan Sponsor's Name** SPECIALIZED ALTERNATIVES FOR FAMILIES AND YOUTH OF AMERICA, INC. **PN:** 001

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value. | (d) Cost | (e) Current value |
|---|---|---|---|---|
| * | Mutual of America | GROUP ANNUITY CONTRACT<br>Calvert VP SRI Balanced Port. | | 52,384 |
| * | Mutual of America | GROUP ANNUITY CONTRACT<br>Equity Index Fund | | 27,115 |
| * | Mutual of America | GROUP ANNUITY CONTRACT<br>Fidelity VIP Mid-Cap | | 70,250 |
| * | Mutual of America | GROUP ANNUITY CONTRACT<br>Fidelity VIP Asset Manager | | 194,272 |
| * | Mutual of America | GROUP ANNUITY CONTRACT<br>Fidelity VIP Contrafund | | 104,085 |
| * | Mutual of America | GROUP ANNUITY CONTRACT<br>Fidelity VIP Equity Income | | 12,766 |
| * | Mutual of America | GROUP ANNUITY CONTRACT<br>American Funds IS New World | | 350 |

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**Plan Name** 401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF SPECIALIZED ALTERNATIVES **EIN:** 84-1650251
**Plan Sponsor's Name** SPECIALIZED ALTERNATIVES FOR FAMILIES AND YOUTH OF AMERICA, INC. **PN:** 001

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value. | (d) Cost | (e) Current value |
|---|---|---|---|---|
| * | Mutual of America | GROUP ANNUITY CONTRACT<br>Money Market Fund | | 133 |
| * | Mutual of America | GROUP ANNUITY CONTRACT<br>Mid-Term Bond Fund | | 32,705 |
| * | Mutual of America | GROUP ANNUITY CONTRACT<br>Mid-Cap Equity Index Fund | | 59,719 |
| * | Mutual of America | GROUP ANNUITY CONTRACT<br>Mid Cap Value Fund | | 1,582 |
| * | Mutual of America | GROUP ANNUITY CONTRACT<br>International Fund | | 981 |
| * | Mutual of America | GROUP ANNUITY CONTRACT<br>Oppenheimer Main Street VA | | 3,537 |
| * | Mutual of America | GROUP ANNUITY CONTRACT<br>Retirement Income Fund | | 230,617 |

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**Plan Name** 401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF SPECIALIZED ALTERNATIVES **EIN:** 27-1650251
**Plan Sponsor's Name** SPECIALIZED ALTERNATIVES FOR FAMILIES AND YOUTH OF AMERICA, INC. **PN:** 001

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value. | (d) Cost | (e) Current value |
|---|---|---|---|---|
| * | Mutual of America | GROUP ANNUITY CONTRACT<br>Vanguard VIF REIT Index Port. | | 7,071 |
| * | Mutual of America | GROUP ANNUITY CONTRACT<br>PIMCO VIT Real Return Port. | | 19,390 |
| * | Mutual of America | GROUP ANNUITY CONTRACT<br>2010 Retirement Fund | | 1,279 |
| * | Mutual of America | GROUP ANNUITY CONTRACT<br>2015 Retirement Fund | | 611,319 |
| * | Mutual of America | GROUP ANNUITY CONTRACT<br>2020 Retirement Fund | | 944,258 |
| * | Mutual of America | GROUP ANNUITY CONTRACT<br>2025 Retirement Fund | | 663,135 |
| * | Mutual of America | GROUP ANNUITY CONTRACT<br>2030 Retirement Fund | | 1,020,380 |

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**Plan Sponsor's Name** SPECIALIZED ALTERNATIVES FOR FAMILIES AND YOUTH OF AMERICA, INC. **PN:** 001

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value. | (d) Cost | (e) Current value |
|---|---|---|---|---|
| * | Mutual of America | GROUP ANNUITY CONTRACT<br>2035 Retirement Fund | | 916,859 |
| * | Mutual of America | GROUP ANNUITY CONTRACT<br>2040 Retirement Fund | | 1,242,743 |
| * | Mutual of America | GROUP ANNUITY CONTRACT<br>2045 Retirement Fund | | 436,125 |
| * | Mutual of America | GROUP ANNUITY CONTRACT<br>2050 Retirement Fund | | 372,912 |
| * | Mutual of America | GROUP ANNUITY CONTRACT<br>All America Fund | | 2,455 |
| * | Mutual of America | GROUP ANNUITY CONTRACT<br>Deutsche Capital Growth VIP | | 2,487 |
| * | Mutual of America | GROUP ANNUITY CONTRACT<br>Small Cap Growth Fund | | 75,215 |

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**Plan Sponsor's Name** SPECIALIZED ALTERNATIVES FOR FAMILIES AND YOUTH OF AMERICA, INC. **PN:** 001

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value. | (d) Cost | (e) Current value |
|---|---|---|---|---|
| * | Mutual of America | GROUP ANNUITY CONTRACT<br>Small Cap Value Fund | | 84,964 |
| * | Mutual of America | GROUP ANNUITY CONTRACT<br>American Century VP Cap Apprec | | 72,827 |
| * | Mutual of America | GROUP ANNUITY CONTRACT<br>Vanguard VIF Diversified Value | | 26,273 |
| * | Mutual of America | GROUP ANNUITY CONTRACT<br>Vanguard VIF International | | 31,955 |
| * | PARTICIPANT LOANS | Represents outstanding<br>Participant Loan Balance<br>Current & Prior plan Yrs.<br>Highest Int. Charged 4.25%<br>Lowest Int. Charged 4.25% | | 77,069 |
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