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
PLACER COMMUNITY ACTION COUNCIL INC. 403B PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1992

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)

PLACER COMMUNITY ACTION COUNCIL INC.

1166 HIGH ST
AUBURN, CA 95603

2b Employer Identification Number (EIN)
94-1647240

2c Plan Sponsor's telephone number
530-886-4130

2d Business code (see instructions)
813000

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	NANCY MYERS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

AMERICAN UNITED LIFE INSURANCE CO.

AMERICAN UNITED LIFE INSURANCE CO.

ONE AMERICAN SQUARE, PO BOX 368
INDIANAPOLIS, IN 46206-0368

Preparer's telephone number

800-261-9618

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**	131
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)**	118
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	120
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	18
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	138
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f	Total. Add lines **6d** and **6e**.	**6f**	139
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	135
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
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:
2F 2G 2L 2T

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)** [ ] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [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] 2 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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
PLACER COMMUNITY ACTION COUNCIL INC. 403B PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
PLACER COMMUNITY ACTION COUNCIL INC.

D Employer Identification Number (EIN)
94-1647240

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
AMERICAN UNITED LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0145825	60895	G76004	135	01/01/2015	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
6575	0

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

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

WS CALIFORNIA INSURANCE SERVIC
MAILCODE 1050-111
401 SOUTH TRYON 11TH FLOOR
CHARLOTTE, NC 28288

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6575	0	N/A	3

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

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

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

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

(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	98510
5	Current value of plan's interest under this contract in separate accounts at year end	5	1512106

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	85613
c	Additions: (1) Contributions deposited during the year	7c(1)	25289		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	465		
	(4) Transferred from separate account	7c(4)	0		
	(5) Other (specify below)	7c(5)	2801		
	▶ LOAN REPAYMENT				
	(6) Total additions			7c(6)	28555
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	114168
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	15438		
	(2) Administration charge made by carrier	7e(2)	220		
	(3) Transferred to separate account	7e(3)	0		
	(4) Other (specify below)	7e(4)	0		
	▶				
	(5) Total deductions			7e(5)	15658
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	98510

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)**	0
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)**	0
(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)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

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

A Name of plan
PLACER COMMUNITY ACTION COUNCIL INC. 403B PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
PLACER COMMUNITY ACTION COUNCIL INC.

D Employer Identification Number (EIN)
94-1647240

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
AXA EQUITABLE LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
13-5570651	00000	748803-0001	122	01/01/2015	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	869564
5	Current value of plan's interest under this contract in separate accounts at year end	5	410483

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

(3) ☐ guaranteed investment (4) ☒ other ▶ GUARANTEED INTEREST OPTION

b	Balance at the end of the previous year			7b	873752
c	Additions: (1) Contributions deposited during the year	7c(1)	0		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	24881		
	(4) Transferred from separate account	7c(4)	0		
	(5) Other (specify below)	7c(5)	10397		
	▶ LOAN REPAYMENTS				
	(6) Total additions			7c(6)	35278
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	909030
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	15245		
	(2) Administration charge made by carrier	7e(2)	1160		
	(3) Transferred to separate account	7e(3)	894		
	(4) Other (specify below)	7e(4)	22167		
	▶ LOAN ISSUED, WITHDRAWAL CHARGES				
	(5) Total deductions			7e(5)	39466
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	869564

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)**	0
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)**	0
(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)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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
PLACER COMMUNITY ACTION COUNCIL INC. 403B PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
PLACER COMMUNITY ACTION COUNCIL INC.

D Employer Identification Number (EIN)
94-1647240

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

AMERICAN UNITED LIFE INSURANCE CO

35-0145825

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

AXA EQUITABLE LIFE INSURANCE CO

13-5570651

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

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(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)

AMERICAN UNITED LIFE INSURANCE CO

35-0145825

(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 50 64 37 50 52 59 60 63 66 67	NONE	4725	Yes [X] No [ ]	Yes [ ] No [X]	15576	Yes [X] No [ ]

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

AXA EQUITABLE LIFE INSURANCE CO

13-5570651

(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?
37 58 28 25 59 60 62 63 67	RECORD KEEPER	1121	Yes [X] No [ ]	Yes [X] No [ ]	8323	Yes [ ] No [X]

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

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

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
AMERICAN UNITED LIFE INSURANCE CO	66 67	15576

(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.
AMERICAN UNITED LIFE INSURANCE CO 35-0145825	ASSET CHARGE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ALLIANCEBERNSTEIN INVESTMENTS 13-4064930	REVENUE SHARING FORMULA - SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ALLIANZ GLOBAL INVESTORS 13-3538489	REVENUE SHARING FORMULA - SEE ATTACHED

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
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN CENTURY INVESTMENTS 20-2036524	REVENUE SHARING FORMULA - SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN FUNDS 95-1411037	REVENUE SHARING FORMULA - SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BLACKROCK INC. 32-0174431	REVENUE SHARING FORMULA - SEE ATTACHED

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
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
CALVERT INVESTMENTS 52-6228948	REVENUE SHARING FORMULA - SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
COLUMBIA MGMT INVESTMENT ADVISORS 04-3156901	REVENUE SHARING FORMULA - SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DEUTSCHE 13-3241232	REVENUE SHARING FORMULA - SEE ATTACHED

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
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FIDELITY INVESTMENTS 04-2270522	REVENUE SHARING FORMULA - SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FIRST AMERICAN FUNDS 41-2003732	REVENUE SHARING FORMULA - SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FRED ALGER & COMPANY INC 13-2510833	REVENUE SHARING FORMULA - SEE ATTACHED

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
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
GOLDMAN SACHS ASSET MANAGEMENT 13-4166989	REVENUE SHARING FORMULA - SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
INVESCO 74-1881364	REVENUE SHARING FORMULA - SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
OPPENHEIMER FUNDS INC. 13-2527171	REVENUE SHARING FORMULA - SEE ATTACHED

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
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PAX WORLD INVESTMENTS 27-1374824	REVENUE SHARING FORMULA - SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIMCO 06-1349805	REVENUE SHARING FORMULA - SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIONEER INVESTMENTS 13-1961193	REVENUE SHARING FORMULA - SEE ATTACHED

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
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PRUDENTIAL INVESTMENTS 22-3468527	REVENUE SHARING FORMULA - SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
RIDGEWORTH 58-1604573	REVENUE SHARING FORMULA - SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
STATE STREET INSTITUTIONAL TRUST 04-2456637	REVENUE SHARING FORMULA - SEE ATTACHED

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
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
T ROWE PRICE 52-1184650	REVENUE SHARING FORMULA - SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
THORNBURG INVESTMENT MANAGEMENT 85-0301299	REVENUE SHARING FORMULA - SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VICTORY 31-1394672	REVENUE SHARING FORMULA - SEE ATTACHED

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
PLACER COMMUNITY ACTION COUNCIL INC. 403B PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
PLACER COMMUNITY ACTION COUNCIL INC.

D Employer Identification Number (EIN)
94-1647240

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 II

b Name of sponsor of entity listed in (a): AMERICAN UNITED LIFE INSURANCE CO

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)
35-0145825-000	P	1512106

a Name of MTIA, CCT, PSA, or 103-12 IE: POOLED SEPERATE ACCOUNT 48

b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-5570651-000	P	410483

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
PLACER COMMUNITY ACTION COUNCIL INC. 403B PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
PLACER COMMUNITY ACTION COUNCIL INC.

D Employer Identification Number (EIN)
94-1647240

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	86317	140209
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(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)	2033833	1922589
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	959365	968074
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	3079515	3030872
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
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	3079515	3030872

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)	80626	
(B) Participants	2a(1)(B)	226367	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		306993
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	5949	
(F) Other	2b(1)(F)	25346	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		31295
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(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)	0	
(B) Other	2b(5)(B)	0	
(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)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-57661
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		280627
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	321457	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		321457
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: **(1)** Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	7813	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		7813
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		329270
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-48643
l Transfers of assets:			
(1) To this plan	2l(1)		0
(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: JOHN WADDELL & CO. CPA'S **(2)** EIN: 94-2329070

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			325000
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				
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
PLACER COMMUNITY ACTION COUNCIL INC. 403B PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
PLACER COMMUNITY ACTION COUNCIL INC.

D Employer Identification Number (EIN)
94-1647240

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

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

EIN(s): 35-0145825 13-5570651

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PLACER COMMUNITY ACTION COUNCIL, INC. 403(B) PLAN

EIN #94-1647240
Plan #002

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October 14, 2016

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator
Placer Community Action Council, Inc. 403(b) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Placer Community Action Council, Inc. 403(b) 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

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by the AXA Equitable Life Insurance Company (AXA) and American United Life Insurance Company (AUL), the custodians of the Plan, except for comparing

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916/488/2460
Fax/488/2466

the information with the related information included in the financial statements. We have been informed by the plan administrator that AXA and AUL hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from AXA and AUL 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 custodians is complete and accurate.

Disclaimer of Opinion

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

Other Matter – Supplemental Schedule

The supplemental Schedule of Assets (Held at End of Year) as of and for the year ended December 31, 2015, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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

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

John Waddell & Co., CPAs

PLACER COMMUNITY ACTION COUNCIL, INC. 403(B) PLAN

Statements of Net Assets Available for Benefits
December 31, 2015 and 2014

	2015	2014
ASSETS		
Investments		
Investments at fair value		
Annuity contract investment accounts	**$ 1,922,594**	$ 2,033,833
Guaranteed investment contracts	**968,074**	959,365
Total Investments	**2,890,668**	2,993,198
Receivables		
Notes receivable from participants	**140,209**	86,317
Total Assets	**3,030,877**	3,079,515
NET ASSETS AVAILABLE FOR BENEFITS	**$ 3,030,877**	$ 3,079,515

See accompanying notes to financial statements.

PLACER COMMUNITY ACTION COUNCIL, INC. 403(B) PLAN

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

Additions		
Investment Income:		
Interest	$	25,346
Net depreciation in fair value of investments		(57,658)
Total Investment Income (Loss)		(32,312)
Participant loan interest income		5,949
Contributions:		
Employer		80,626
Participant		226,367
Total Contributions		306,993
Total Additions		280,630
Deductions		
Distributions to participants		321,457
Administrative expenses		7,811
Total Deductions		329,268
Net Decrease		(48,638)
Net Assets Available for Benefits		
Beginning of year		3,079,515
End of Year	$	3,030,877

See accompanying notes to financial statements.

Placer Community Action Council, Inc. 403(b) Plan

Notes to Financial Statements
December 31, 2015 and 2014

NOTE 1 DESCRIPTION OF PLAN

The following description of the Placer Community Action Council, Inc. 403(b) Plan (the Plan) provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

General

The Plan was established effective January 1, 1992. The Plan was amended and restated effective November 1, 2012. All employees who work more than 20 hours per week with three months of service are eligible to participate in the Plan, in accordance with the universal availability standards.

The Plan is a defined contribution 403(b) plan subject to the provisions of the Employee Retirement Income Security Act (ERISA) and is administered by the employer.

Vesting

Contributions are immediately 100% vested.

Contributions

Participants may contribute up to the limits permitted by the Internal Revenue Code, including "catch up" contributions for participants attaining age 50. The Plan also allows Roth elective deferrals. Participants may also contribute amounts representing distributions from other qualified plans (rollovers). Participants direct the investment of their contributions into various investment options offered by the Plan. The employer may make discretionary non-elective contributions. The employer made a 2.5% of salary non-elective contribution during the years ended December 31, 2015 and 2014. Employer contributions are funded each pay period.

Participant Accounts

Each participant's account is credited with the participant's contributions, the employer's contributions, plan earnings, and administrative expenses. Allocations are based on account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Plan Benefits

Participants may receive all or a portion of their account balance upon termination of employment. Depending upon the event, the withdrawal may be subject to early withdrawal penalties imposed by the Internal Revenue Code and the California Revenue and Taxation Code. Payments will be made in the form of a lump sum amount, except in the case of required minimum distributions which are made in installments, or other types of distribution options depending on the investment product selected. In-service distributions are permitted for those attaining age 59 1/2 and in the case of hardship.

NOTE 1 DESCRIPTION OF PLAN – CONTINUED

Notes Receivable from Participants

Participants may borrow from their accounts a minimum of $1,000 up to a maximum of 50% of their account balance. No loans greater than $50,000 are permitted. The loans are secured by the balance in the Participant's account and bear interest at locally prevailing rates. Principal and interest are paid ratably through payroll deductions.

Plan Termination

Although it has not expressed any intent to do so, the employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements of the Plan are prepared on 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 investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The statement of net assets available for benefits presents the guaranteed investment contract at contract value, which approximates fair value.

Estimates

Management uses estimates and assumptions in preparing financial statements in accordance with accounting principles generally accepted in the United States of America. Those estimates and assumptions affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities, and the reported revenues and expenses. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value as reported to the plan by AXA and AUL (see Note 4). 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.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – CONTINUED

Investment Valuation and Income Recognition – Continued

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid 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 loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Administrative Costs

Certain expenses of maintaining the Plan are paid directly by the plan sponsor and are excluded from these financial statements. Investment related expenses are included in net appreciation of fair value of investments.

Payment of Benefits

Benefits are recorded when paid.

Subsequent Events

Management has evaluated subsequent events through the date the financial statements were available to be issued, which was October 14, 2016.

NOTE 3 INSURANCE COMPANY CONTRACTS

The Plan has investment contracts with AXA Equitable Life Insurance Company (AXA) and American United Life Insurance Company (AUL). Both contracts provide a selection of investment options based on the value of the underlying open-ended mutual funds. Participants may, without restriction, transact at the daily Net Unit Values, which represent the Net Asset Values of the underlying mutual funds.

Each contract also offers a guaranteed interest option as described further below.

NOTE 3 INSURANCE COMPANY CONTRACTS – CONTINUED

AXA Guaranteed Interest Option

The AXA Guaranteed Interest Option (GIO) is an investment option available to Plan participants for contributions made prior to November 1, 2012. AXA guarantees the interest and principal. Contributions to the GIO become part of AXA's general account.

AXA assigns an interest rate to each amount allocated to the GIO. Over time, different rates may apply to different amounts invested. Each year, AXA sets the lifetime minimum guaranteed interest rate and the annual minimum guaranteed interest rate. These rates apply to all contracts issued in that calendar year. AXA sets current interest rates for the GIO on a monthly basis. Current rates may be equal to or higher than the annual minimum guaranteed rate, but will never be lower. There are two components of the current rate – a new money rate and a pooled interest rate. The pooled interest rate applies to money that has been invested in the GIO longer than 13 months. Crediting rates for the year ended December 31, 2015 ranged from 1.75% - 3.00%.

Investments in the GIO are subject to a withdrawal charge depending on the contract series in effect in the year the participant selected the GIO option. Contracts in the 201 Series are subject to a 5% withdrawal charge for six years based on the date of the applicable contribution. Contracts in the 100 & 200 series are subject to a withdrawal charge based on the contract issue date as follows:

Contract Year	Charge
1 - 5	6%
6 - 8	5%
9	4%
10	3%
11	2%
12	1%
13	0

AUL Stable Value Account

The Plan has a group annuity contract with AUL that offers a fixed interest investment option (the Stable Value Account) through AUL's general account. Funds allocated to the Stable Value Account are placed in the AUL general account where they are invested in accordance with AUL's general account investment policy. The Stable Value Account has no stated maturity. Interest rates are declared annually prior to the beginning of the calendar year and guaranteed for that year until a new rate is set for the next year. Participants can transfer funds into and out of the account without any restrictions. The termination and subsequent distribution of the entire contract, which can only be initiated by the plan sponsor and not by individual participants, may result in the application of a surrender charge.

NOTE 3 INSURANCE COMPANY CONTRACTS – CONTINUED

The guaranteed minimum interest rate was 0.5% as of December 31, 2015 and 2014. The crediting interest rate was .075% and 0.5% as of December 31, 2015 and 2014, respectively. The average rate earned by participants was 0.5% for the years ended December 31, 2015 and 2014.

NOTE 4 FAIR VALUE MEASUREMENTS

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

The three levels of fair value hierarchy are described as follows:

Level 1: Unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2: Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets, inputs other than quoted prices that are observable, inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement as determined by the custodians. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

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

NOTE 4 FAIR VALUE MEASUREMENTS – CONTINUED

Group annuity contract investment accounts: Valued at NAV of units within the separate account of each portfolio, which is a based on the NAV of the underlying mutual funds. For investments through AUL, each separate account is a registered unit investment trust. For investments through AXA, each investment option is a subaccount of an AXA separate account. Amounts allocated to any investment account are invested in shares of the corresponding mutual fund.

Guaranteed investment contracts: Valued at fair value by discounting the related cash flows based on yields of similar instruments with comparable durations considering the credit worthiness of the issuer. Interest rates were reset quarterly for the AUL Fixed Account and monthly for AXA GIO. Accordingly, contract value, which represented net contributions plus interest at the contract rate, approximated fair value.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value:

Assets at Fair Value as of December 31, 2015

	Level 1	Level 2	Level 3	Total
Annuity contract investment accounts				
Mutual funds	$ -	1,922,594	$ -	$ 1,922,594
Guaranteed investment contracts	-	-	968,074	968,074
Total assets at fair value	$ -	$ 1,922,594	$ 968,074	$ 2,890,668

Assets at Fair Value as of December 31, 2014

	Level 1	Level 2	Level 3	Total
Annuity contract investment accounts				
Mutual funds	$ -	$ 2,033,833	$ -	$ 2,033,833
Guaranteed investment contracts	-	-	959,365	959,365
Total assets at fair value	$ -	$ 2,033,833	$ 959,365	$ 2,993,198

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

	Level 3
Balance, beginning of year	$ 959,365
Investment earnings	25,346
Purchases	38,487
Sales	(55,124)
	$ 968,074

NOTE 4 FAIR VALUE MEASUREMENTS – CONTINUED

The following table presents selected information with respect to the valuation of the Plan's Level 3 investments:

	Valuation Techinque	Unobservable Inputs	2015 Range (Average)	2014 Range (Average)
AUL Stable Value	Discounted Cash flows	Risk-adjusted discount rate	0.5% - 0.75% (0.50%)	0.50% (0.50%)
AXA Guaranteed Interest	Discounted Cash flows	Risk-adjusted discount rate	1.75% - 3.00% (2.85%)	1.75% - 3.00% (2.90%)

The following table sets forth a summary of the Plan's investments with a reported estimated fair value using net asset value per share as of December 31, 2015 and 2014:

	Fair Value at December 31 2015	Fair Value at December 31 2014	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Annuity contract investment accounts	$ 968,074	$ 959,365	None	Daily	None

NOTE 5 CERTIFIED INVESTMENTS

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and supplemental schedule, including investments and notes receivable from participants held at December 31, 2015 and 2014, and net appreciation in fair value of investments, interest and dividends for the year ended December 31, 2015, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by AUL and AXA (the custodians of the Plan).

NOTE 6 INCOME TAX STATUS

The Plan is intended to comply with the applicable requirements of Section 403(b) of the Internal Revenue Code of 1986, as amended (IRC). A tax determination letter program is not yet available for IRC Section 403(b) plans through the Internal Revenue Service (IRS). The terms of the Plan have been prepared to conform to the sample language provided by the IRS in Revenue Procedures 2007-71. The Plan administrator believes that the Plan is currently designed and being operated in compliance with applicable requirements of the IRC and as such is exempt from Federal income taxes.

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2012.

NOTE 7 RELATED-PARTY TRANSACTIONS AND PARTY IN INTEREST TRANSACTIONS

Certain Plan investments are managed by AXA and AUL. AXA and AUL are the custodians as defined by the Plan and, therefore, these investments and investment transactions qualify as party-in-interest transactions. All administrative expenses were paid to AUL.

NOTE 8 RISKS AND UNCERTAINTIES

The Plan assets are invested in a variety of investments. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and those changes could materially affect the amounts reported in the Statement of Net Assets Available for Benefits.

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

Plan Name PLACER COMMUNITY ACTION COUNCIL INC. 403b PLAN **EIN:** 94-1647240
Plan Sponsor's Name PLACER COMMUNITY ACTION COUNCIL INC. **PN:** 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current Value
*	AMERICAN UNITED LIFE INS CO.	ALGER CAP APP INST R	-	$ 7,949
*	AMERICAN UNITED LIFE INS CO.	AMERCENT EQTY GRTH A	-	7,356
*	AMERICAN UNITED LIFE INS CO.	AMERCENT ONE CHOICE IN Ret A	-	312,027
*	AMERICAN UNITED LIFE INS CO.	AMERCENT ONE CHOICE 2020 A	-	151,917
*	AMERICAN UNITED LIFE INS CO.	AMERCENT ONE CHOICE 2025 A	-	163,164
*	AMERICAN UNITED LIFE INS CO.	AMERCENT ONE CHOICE 2045 A	-	23,649
*	AMERICAN UNITED LIFE INS CO.	AMERCENT ONE CHOICE 2030 A	-	250,224
*	AMERICAN UNITED LIFE INS CO.	AMERCENT ONE CHOICE 2035 A	-	88,291
*	AMERICAN UNITED LIFE INS CO.	AMERCENT ONE CHOICE 2040 A	-	109,333
*	AMERICAN UNITED LIFE INS CO.	AMERCENT ONE CHOICE 2055 A	-	36,359
*	AMERICAN UNITED LIFE INS CO.	AMERCENT ONE CHOICE 2050 A	-	82,475
*	AMERICAN UNITED LIFE INS CO.	AMERFDS EUROPAC GRTH R3	-	529
*	AMERICAN UNITED LIFE INS CO.	AMERFDS NEW PERSPECTIVE R3	-	4,434
*	AMERICAN UNITED LIFE INS CO.	AUL STABLE VALUE ACCOUNT	-	98,510
*	AMERICAN UNITED LIFE INS CO.	BLACKROCK GLOBAL ALLOC R	-	96,003
*	AMERICAN UNITED LIFE INS CO.	CALVERT VP SRI MIDCAP GRTH PRT	-	9,742
*	AMERICAN UNITED LIFE INS CO.	FIDELITY ADV LEV COMP STOCK T	-	10,453
*	AMERICAN UNITED LIFE INS CO.	FIDELITY ADV NEW INSIGHTS FD T	-	20,863
*	AMERICAN UNITED LIFE INS CO.	GOLDMANSACHS MIDCAP VAL S	-	1,410
*	AMERICAN UNITED LIFE INS CO.	GOLDMANSACHS SMCAPVAL SVC	-	26,792
*	AMERICAN UNITED LIFE INS CO.	INVESCO SMCAP GRTH R	-	12,556
*	AMERICAN UNITED LIFE INS CO.	NUVEEN MIDCAP INDX R3	-	8,890
*	AMERICAN UNITED LIFE INS CO.	OPPENHEIMER DEV MKTS A	-	11,005
*	AMERICAN UNITED LIFE INS CO.	OPPENHEIMER INTL GRTH A	-	5,393
*	AMERICAN UNITED LIFE INS CO.	OPPENHEIMER GOLD & SPCL MIN A	-	1,271
*	AMERICAN UNITED LIFE INS CO.	RIDGEWORTH LARGECAP VALEQTY A	-	1,499
*	AMERICAN UNITED LIFE INS CO.	PAX WLD GLBL ENV MKTS R	-	2,447
			SUBTOTAL	$ 1,544,541

Attachment to 2015 Form 5500

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

Plan Name PLACER COMMUNITY ACTION COUNCIL INC. 403b PLAN **EIN:** 94-1647240

Plan Sponsor's Name PLACER COMMUNITY ACTION COUNCIL INC. **PN:** 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current Value
		BALANCE FORWARD		$ 1,544,541
*	AMERICAN UNITED LIFE INS CO.	PIMCO REAL RETURN R	-	849
*	AMERICAN UNITED LIFE INS CO.	PIMCO TOTAL RETURN R	-	5,864
*	AMERICAN UNITED LIFE INS CO.	PIONEER BOND A	-	3,879
*	AMERICAN UNITED LIFE INS CO.	PIONEER STRAT INC A	-	9,511
*	AMERICAN UNITED LIFE INS CO.	PRUDENTIAL GLOBAL REALESTATE A	-	2,022
*	AMERICAN UNITED LIFE INS CO.	PRUDENTIAL HIGH-YIELD A	-	6,809
*	AMERICAN UNITED LIFE INS CO.	PRUDENTIAL TOTAL RETURN BOND A	-	104
*	AMERICAN UNITED LIFE INS CO.	STATE ST EQTY 500 INDX R	-	11,960
*	AMERICAN UNITED LIFE INS CO.	TROWPRICE EQTY INC R	-	19,550
*	AMERICAN UNITED LIFE INS CO.	TROWPRICE INTL GRTH & INC R	-	5,528
*	AXA EQUITABLE LIFE INS CO.	COM STCK INDEX	-	49,222
*	AXA EQUITABLE LIFE INS CO.	LG CAP VAL MANAGED VOL	-	43,868
*	AXA EQUITABLE LIFE INS CO.	BLACKROCK BASIC VALUE EQTY	-	26,679
*	AXA EQUITABLE LIFE INS CO.	MID CAP VAL MANAGED VOL	-	9,867
*	AXA EQUITABLE LIFE INS CO.	INTERNATIONAL EQUITY INDEX	-	2,320
*	AXA EQUITABLE LIFE INS CO.	LG CAP GRW MANAGED VOL	-	12,027
*	AXA EQUITABLE LIFE INS CO.	LOOMIS SAYLES GROWTH	-	5,308
*	AXA EQUITABLE LIFE INS CO.	MORGAN STANLEY MID CAP GR	-	15,609
*	AXA EQUITABLE LIFE INS CO.	ALLIANCE BERNSTEIN SM CP GR	-	4,220
*	AXA EQUITABLE LIFE INS CO.	GLB EQTY MANAGED VOL	-	24,386
*	AXA EQUITABLE LIFE INS CO.	AGGRESSIVE EQUITY	-	45,794
*	AXA EQUITABLE LIFE INS CO.	EQUITY 500 INDEX	-	12,896
*	AXA EQUITABLE LIFE INS CO.	MODERATE ALLOCATION	-	16,560
*	AXA EQUITABLE LIFE INS CO.	GAMCO SMALL COMPANY VALUE	-	21,907
*	AXA EQUITABLE LIFE INS CO.	UBS GROWTH AND INCOME	-	6,292
*	AXA EQUITABLE LIFE INS CO.	JP MORGAN VAL OPPORTUNITIES	-	9,388
			SUBTOTAL	$ 1,916,960

Attachment to 2015 Form 5500

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

Plan Name PLACER COMMUNITY ACTION COUNCIL INC. 403b PLAN **EIN:** 94-1647240

Plan Sponsor's Name PLACER COMMUNITY ACTION COUNCIL INC. **PN:** 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current Value
		BALANCE FORWARD		$ 1,916,960
*	AXA EQUITABLE LIFE INS CO.	MID CAP VALUE	-	5,989
*	AXA EQUITABLE LIFE INS CO.	MFS INTERNATIONAL GROWTH	-	3,912
*	AXA EQUITABLE LIFE INS CO.	CONSERV-PLUS ALLOCATION	-	850
*	AXA EQUITABLE LIFE INS CO.	LARGE CAP GROWTH INDEX	-	9,903
*	AXA EQUITABLE LIFE INS CO.	OPPENHEIMER GLOBAL	-	1,540
*	AXA EQUITABLE LIFE INS CO.	VP MID CAP VAL	-	2
*	AXA EQUITABLE LIFE INS CO.	VIP SMALL CAP GROWTH	-	1
*	AXA EQUITABLE LIFE INS CO.	V.I. INTERNATIONAL GR	-	348
*	AXA EQUITABLE LIFE INS CO.	EMG MRKTS EQTY	-	273
*	AXA EQUITABLE LIFE INS CO.	MUT LG CP EQTY MANAGED VOL	-	314
*	AXA EQUITABLE LIFE INS CO.	CORE BOND INDEX	-	1,800
*	AXA EQUITABLE LIFE INS CO.	INTERMEDIATE GOVERNMENT BND	-	1,470
*	AXA EQUITABLE LIFE INS CO.	QUALITY BOND PLUS	-	2,299
*	AXA EQUITABLE LIFE INS CO.	CALVERT SOCIALLY RESP	-	2,100
*	AXA EQUITABLE LIFE INS CO.	MID CAP GROWTH	-	1,150
*	AXA EQUITABLE LIFE INS CO.	INT CORE MANAGED VOL	-	11,522
*	AXA EQUITABLE LIFE INS CO.	INT VAL MANAGED VOL	-	15,098
*	AXA EQUITABLE LIFE INS CO.	T. ROWE PRICE GROWTH STOCK	-	14,091
*	AXA EQUITABLE LIFE INS CO.	INVESCO COMSTOCK	-	1,966
*	AXA EQUITABLE LIFE INS CO.	PMCO ULTRA SHORT BOND	-	1,900
*	AXA EQUITABLE LIFE INS CO.	SMALL CAP VALUE	-	3,496
*	AXA EQUITABLE LIFE INS CO.	TMP GLB EQTY MANAGED VOL	-	1,343
*	AXA EQUITABLE LIFE INS CO.	LG CAP CORE MANAGED VOL	-	2,390
*	AXA EQUITABLE LIFE INS CO.	CORE BOND	-	210
*	AXA EQUITABLE LIFE INS CO.	BOSTON ADVISORS EQTY INCOME	-	1,257
*	AXA EQUITABLE LIFE INS CO.	MULTI-SECTOR BOND	-	800
			SUBTOTAL	$ 2,002,984

Attachment to 2015 Form 5500

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

Plan Name PLACER COMMUNITY ACTION COUNCIL INC. 403b PLAN **EIN:** 94-1647240

Plan Sponsor's Name PLACER COMMUNITY ACTION COUNCIL INC. **PN:** 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current Value
		BALANCE FORWARD		$ 2,002,984
*	AXA EQUITABLE LIFE INS CO.	MODERATE-OLUS ALLOCATION	-	60
*	AXA EQUITABLE LIFE INS CO.	VIP MID CAP	-	733
*	AXA EQUITABLE LIFE INS CO.	MID CAP INDEX	-	2,325
*	AXA EQUITABLE LIFE INS CO.	SMALL COMPANY INDEX	-	4,871
*	AXA EQUITABLE LIFE INS CO.	LARGE CAP VALUE INDEX	-	4,983
*	AXA EQUITABLE LIFE INS CO.	VIP MID CAP GROWTH	-	119
*	AXA EQUITABLE LIFE INS CO.	SMALL CAP GROWTH	-	4,193
*	AXA EQUITABLE LIFE INS CO.	TECHNOLOGY	-	98
*	AXA EQUITABLE LIFE INS CO.	AGGRESSIVE ALLOCATION	-	422
*	AXA EQUITABLE LIFE INS CO.	VIT MID VAP VAL	-	28
*	AXA EQUITABLE LIFE INS CO.	INTERNATIONAL VALUE	-	29
*	AXA EQUITABLE LIFE INS CO.	V.I. GLBL REAL ESTATE	-	25
*	AXA EQUITABLE LIFE INS CO.	INVESTORS GR STOCK	-	234
*	AXA EQUITABLE LIFE INS CO.	GUARANTEED INTEREST ACCOUNT	-	869,564
			SUBTOTAL	2,890,668
		PARTICIPANT LOANS, RATES 4.82% - 6.00%		140,209
				$ 3,030,877

* Denotes party in interest

Schedule C Attachment for Line Item 3(e)

Plan Name **G76004 PLACER COMMUNITY ACTION COUNCIL INC. 403B PLAN**

Plan Number **002** **Plan Year End** **12/31/2015**

EIN **94-1647240**

Revenue Sharing Formula:

The investment options of the Plan include various portfolios within an AUL separate account. The separate account in turn invests in investment portfolios of certain open-end management investment companies. AUL receives indirect compensation from these investment companies for the services provided by AUL.

The compensation received by AUL is computed by each investment company by multiplying the daily account balance of the AUL separate account's interest in a particular portfolio by a predetermined percentage rate negotiated with the investment company. This indirect compensation is not charged to the plan or participants accounts but is paid directly by the investment company.

The investment company, the underlying investment portfolio, and the annual compensation percentages are shown below.

Investment Company	Investment Portfolio	Annual Percentage
ALLIANCEBERNSTEIN INVESTMENTS	AB SmCap Grth R	0.60
ALLIANZ GLOBAL INVESTORS	AllianzGI NFJ MidCap Val R	0.65
AMERICAN CENTURY INVESTMENTS	AmerCent One Choice 2015 A	0.60
AMERICAN CENTURY INVESTMENTS	AmerCent One Choice 2020 A	0.60
AMERICAN CENTURY INVESTMENTS	AmerCent One Choice 2025 A	0.60
AMERICAN CENTURY INVESTMENTS	AmerCent One Choice 2030 A	0.60
AMERICAN CENTURY INVESTMENTS	AmerCent One Choice 2035 A	0.60
AMERICAN CENTURY INVESTMENTS	AmerCent One Choice 2040 A	0.60
AMERICAN CENTURY INVESTMENTS	AmerCent One Choice 2045 A	0.60
AMERICAN CENTURY INVESTMENTS	AmerCent One Choice 2050 A	0.60
AMERICAN CENTURY INVESTMENTS	AmerCent One Choice 2055 A	0.60
AMERICAN CENTURY INVESTMENTS	AmerCent Eqty Grth A	0.60

Investment Company	Investment Portfolio	Annual Percentage
AMERICAN CENTURY INVESTMENTS	AmerCent Ginnie Mae A	0.50
AMERICAN CENTURY INVESTMENTS	AmerCent One Choice In Ret A	0.60
AMERICAN CENTURY INVESTMENTS	AmerCent RealEstate A	0.60
AMERICAN FUNDS	AmerFds EuroPac Grth R3	0.60
AMERICAN FUNDS	AmerFds New Perspective R3	0.60
AMERICAN FUNDS	AmerFds Washington Mutual R3	0.60
BLACKROCK INC.	BlackRock Global Alloc R	0.75
CALVERT INVESTMENTS	Calvert VP SRI MidCap Grth Prt	0.10
COLUMBIA MGMT INVESTMENT ADVISORS	Columbia Seligman Com & Info A	0.50
DEUTSCHE	Deutsche Strat Govt Secs A	0.55
FIDELITY INVESTMENTS	Fidelity Adv Lev Comp Stock T	0.75
FIDELITY INVESTMENTS	Fidelity Adv New Insights Fd T	0.75
FIRST AMERICAN FUNDS	Nuveen MidCap Indx R3	0.65
FIRST AMERICAN FUNDS	Nuveen MidCap Grth Ops R3	0.75
FIRST AMERICAN FUNDS	Nuveen SmCap Index R3	0.65
FRED ALGER & COMPANY, INC	Alger Cap App Inst R	0.75
GOLDMAN SACHS ASSET MANAGEMENT	GoldmanSachs MidCap Val S	0.60
GOLDMAN SACHS ASSET MANAGEMENT	GoldmanSachs SmCapVal Svc	0.60
GOLDMAN SACHS ASSET MANAGEMENT	GoldmanSachs Tech Opps Svc	0.60
INVESCO	Invesco SmCap Grth R	0.75
INVESCO	Invesco Energy Fd A	0.50
OPPENHEIMER FUNDS INC.	Oppenheimer Dev Mkts A	0.50
OPPENHEIMER FUNDS INC.	Oppenheimer Dev Mkts R	0.59
OPPENHEIMER FUNDS INC.	Oppenheimer Gold & Spcl Min A	0.50
OPPENHEIMER FUNDS INC.	Oppenheimer Gold & Spcl Min R	0.60
OPPENHEIMER FUNDS INC.	Oppenheimer Intl Grth A	0.50
OPPENHEIMER FUNDS INC.	Oppenheimer Intl Grth R	0.60
PAX WORLD INVESTMENTS	Pax Wld Glbl Env Mkts R	0.60
PIMCO	PIMCO Real Return R	0.60
PIMCO	PIMCO Total Return R	0.60
PIONEER INVESTMENTS	Pioneer Bond A	0.60
PIONEER INVESTMENTS	Pioneer Strat Inc A	0.60
PRUDENTIAL INVESTMENTS	Prudential Jenn Natural Recs A	0.55
PRUDENTIAL INVESTMENTS	Prudential High-Yield A	0.55
PRUDENTIAL INVESTMENTS	Prudential Total Return Bond A	0.55

Investment Company	Investment Portfolio	Annual Percentage
PRUDENTIAL INVESTMENTS	Prudential Global RealEstate A	0.55
RIDGEWORTH	RidgeWorth LarCap ValEqty A	0.60
STATE STREET INSTITUTIONAL TRUST	State Street Equty 500 Indx R	0.60
T ROWE PRICE	TRowePrice Intl Grth & Inc R	0.65
T ROWE PRICE	TRowePrice Eqty Inc R	0.65
THORNBURG INVESTMENT MANAGEMENT	Thornburg Ltd-Term Inc R3	0.55
THORNBURG INVESTMENT MANAGEMENT	Thornburg Inv Inc Builder R3	0.70
VICTORY	Victory Sycam Small Co Op R	0.75

Plan Type **3 403ER**

Schedule H, Line 4i
Schedule of Assets (Held At End of Year)

Name of Plan: PLACER COMMUNITY ACTION COUNCIL INC. 403B PLAN
Employer Identification Number: 94-1647240
For plan year (beginning/ending): 01-01-2015 TO 12-31-2015 Plan number: 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	FRED ALGER & COMPANY INC	ALGER CAP APP INST R MUTUAL FUND SHARES	0	7,949
	AMERICAN CENTURY INVESTMENTS	AMERCENT EQTY GRTH A MUTUAL FUND SHARES	0	7,356
	AMERICAN CENTURY INVESTMENTS	AMERCENT ONE CHOICE 2020 A MUTUAL FUND SHARES	0	151,917
	AMERICAN CENTURY INVESTMENTS	AMERCENT ONE CHOICE 2025 A MUTUAL FUND SHARES	0	163,164
	AMERICAN CENTURY INVESTMENTS	AMERCENT ONE CHOICE 2045 A MUTUAL FUND SHARES	0	23,649
	AMERICAN CENTURY INVESTMENTS	AMERCENT ONE CHOICE 2030 A MUTUAL FUND SHARES	0	250,224
	AMERICAN CENTURY INVESTMENTS	AMERCENT ONE CHOICE 2035 A MUTUAL FUND SHARES	0	88,291
	AMERICAN CENTURY INVESTMENTS	AMERCENT ONE CHOICE 2040 A MUTUAL FUND SHARES	0	109,333
	AMERICAN CENTURY INVESTMENTS	AMERCENT ONE CHOICE 2055 A MUTUAL FUND SHARES	0	36,359
	AMERICAN CENTURY INVESTMENTS	AMERCENT ONE CHOICE 2050 A MUTUAL FUND SHARES	0	82,475
	AMERICAN CENTURY INVESTMENTS	AMERCENT ONE CHOICE IN RET A MUTUAL FUND SHARES	0	312,027
	AMERICAN FUNDS	AMERFDS EUROPAC GRTH R3 MUTUAL FUND SHARES	0	529
	AMERICAN FUNDS	AMERFDS NEW PERSPECTIVE R3 MUTUAL FUND SHARES	0	4,434
*	AMERICAN UNITED LIFE INS CO	AUL STABLE VALUE ACCOUNT	0	98,510
	BLACKROCK INC.	BLACKROCK GLOBAL ALLOC R MUTUAL FUND SHARES	0	96,003
	CALVERT INVESTMENTS	CALVERT VP SRI MIDCAP GRTH PRT MUTUAL FUND SHARES	0	9,742
	FIDELITY INVESTMENTS	FIDELITY ADV LEV COMP STOCK T MUTUAL FUND SHARES	0	10,453
	FIDELITY INVESTMENTS	FIDELITY ADV NEW INSIGHTS FD T MUTUAL FUND SHARES	0	20,863
	GOLDMAN SACHS ASSET MANAGEMENT	GOLDMANSACHS MIDCAP VAL S MUTUAL FUND SHARES	0	1,410
	GOLDMAN SACHS ASSET MANAGEMENT	GOLDMANSACHS SMCAPVAL SVC MUTUAL FUND SHARES	0	26,792
	INVESCO	INVESCO SMCAP GRTH R MUTUAL FUND SHARES	0	12,556
	PARTICIPANTS	LOANS 5.21% TO 6%	0	83,326
	FIRST AMERICAN FUNDS	NUVEEN MIDCAP INDX R3 MUTUAL FUND SHARES	0	8,890
	OPPENHEIMER FUNDS INC.	OPPENHEIMER DEV MKTS A MUTUAL FUND SHARES	0	11,005
	OPPENHEIMER FUNDS INC.	OPPENHEIMER GOLD & SPCL MIN A MUTUAL FUND SHARES	0	1,271
	OPPENHEIMER FUNDS INC.	OPPENHEIMER INTL GRTH A MUTUAL FUND SHARES	0	5,393
	PAX WORLD INVESTMENTS	PAX WLD GLBL ENV MKTS R MUTUAL FUND SHARES	0	2,447
	PIMCO	PIMCO REAL RETURN R MUTUAL FUND SHARES	0	849
	PIMCO	PIMCO TOTAL RETURN R MUTUAL FUND SHARES	0	5,864
	PIONEER INVESTMENTS	PIONEER BOND A MUTUAL FUND SHARES	0	3,879
	PIONEER INVESTMENTS	PIONEER STRAT INC A MUTUAL FUND SHARES	0	9,511
	PRUDENTIAL INVESTMENTS	PRUDENTIAL GLOBAL REALESTATE A MUTUAL FUND SHARES	0	2,022
	PRUDENTIAL INVESTMENTS	PRUDENTIAL HIGH-YIELD A MUTUAL FUND SHARES	0	6,809
	PRUDENTIAL INVESTMENTS	PRUDENTIAL TOTAL RETURN BOND A MUTUAL FUND SHARES	0	104
	RIDGEWORTH	RIDGEWORTH LARCAP VALEQTY A MUTUAL FUND SHARES	0	1,499
	STATE STREET INSTITUTIONAL TRUST	STATE STREET EQUTY 500 INDX R MUTUAL FUND SHARES	0	11,960
	T ROWE PRICE	TROWEPRICE EQTY INC R MUTUAL FUND SHARES	0	19,550
	T ROWE PRICE	TROWEPRICE INTL GRTH & INC R MUTUAL FUND SHARES	0	5,528
	AXA EQUITABLE LIFE INS CO	GIA	0	869,564

	AXA EQUITABLE LIFE INS CO	EQ/COM STCK INDEX		49,222
	AXA EQUITABLE LIFE INS CO	AXA LG GAP VAL MANAGED VOL		43,868
	AXA EQUITABLE LIFE INS CO	AXA MID CAP VAL MANAGED VOL		9,867
	AXA EQUITABLE LIFE INS CO	EQ INTERNATIONAL EQUITY INDEX		2,320
	AXA EQUITABLE LIFE INS CO	MULTIMANAGER AGGRESSIVE EQUITY		45,794
	AXA EQUITABLE LIFE INS CO	AXA MODERATE ALLOCATION		16,560
	AXA EQUITABLE LIFE INS CO	AXA MUT LG CP EQTY MANAGED VOL		313
	AXA EQUITABLE LIFE INS CO	AXA GLB EQTY MANAGED VOL		24,386
	AXA EQUITABLE LIFE INS CO	EQ OPPENHEIMER GLOBAL		1,540
	AXA EQUITABLE LIFE INS CO	EQ CORE BOND INDEX		1,800
	AXA EQUITABLE LIFE INS CO	EQ EQUITY 500 INDEX		12,896
	AXA EQUITABLE LIFE INS CO	EQ GAMCO SMALL COMPANY VALUE		21,907
	AXA EQUITABLE LIFE INS CO	AXA INT VAL MANAGED VOL		15,098
	AXA EQUITABLE LIFE INS CO	EQ JP MORGAN VAL OPPORTUNITIES		9,388
	AXA EQUITABLE LIFE INS CO	CHARTER MULTI SECTOR BOND		800
	AXA EQUITABLE LIFE INS CO	EQ BLACKROCK BASIC VALUE EQTY		26,679
	AXA EQUITABLE LIFE INS CO	EQ BOSTON ADVISORS EQTY INCOME		1,257
	AXA EQUITABLE LIFE INS CO	EQ LARGE CAP GROWTH INDEX		9,903
	AXA EQUITABLE LIFE INS CO	MULTIMANGER TECHNOLOGY		98
	AXA EQUITABLE LIFE INS CO	EQ QUALITY BOND PLUS		2,299
	AXA EQUITABLE LIFE INS CO	EQ INTERMEDIATE GOVERNMENT BND		1,470
	AXA EQUITABLE LIFE INS CO	AXA LG CAP GRW MANAGED VOL		12,027
	AXA EQUITABLE LIFE INS CO	EQ T ROWE PRICE GROWTH STOCK		14,091
	AXA EQUITABLE LIFE INS CO	MULTIMANAGER MID CAP GROWTH		1,150
	AXA EQUITABLE LIFE INS CO	AXA AB SMALL CAP GROWTH		4,219
	AXA EQUITABLE LIFE INS CO	AXA INT CORE MANAGEMENT VOL		11,522
	AXA EQUITABLE LIFE INS CO	IVY FUNDS VIP MID CAP GROWTH		119
	AXA EQUITABLE LIFE INS CO	CHARTER SMALL CAP VALUE		3,496
	AXA EQUITABLE LIFE INS CO	EQ LARGE CAP VALUE INDEX		4,982
	AXA EQUITABLE LIFE INS CO	MULTIMANGER MID CAP VALUE		5,988
	AXA EQUITABLE LIFE INS CO	EQ SMALL COMPANY INDEX		4,871
	AXA EQUITABLE LIFE INS CO	EQ UBS GROWTH AND INCOME		6,292
	AXA EQUITABLE LIFE INS CO	EQ MID CAP INDEX		2,325
	AXA EQUITABLE LIFE INS CO	CHARTER SMALL CAP GROWTH		4,193
	AXA EQUITABLE LIFE INS CO	EQ INVESCO COMSTOCK		1,966
	AXA EQUITABLE LIFE INS CO	EQ MORGAN STANLEY MID CAP GR		15,609
	AXA EQUITABLE LIFE INS CO	AXA LOOMIS SAYLES GROWTH		5,308
	AXA EQUITABLE LIFE INS CO	EQ MFS INTERNATIONAL GROWTH		3,912
	AXA EQUITABLE LIFE INS CO	MULTIMANAGER CORE BOND		210
	AXA EQUITABLE LIFE INS CO	EQ CALVERT SOCIALLY RESP		2,100
	AXA EQUITABLE LIFE INS CO	AXA MODERATE PLUS ALLOCATION		60
	AXA EQUITABLE LIFE INS CO	AXA LG CAP CORE MANAGED VOL		2,390
	AXA EQUITABLE LIFE INS CO	AXA AGGRESSIVE ALLOCATION		421
	AXA EQUITABLE LIFE INS CO	AXA TMP GLB EQTY MANAGED VOL		1,343
	AXA EQUITABLE LIFE INS CO	EQ PIMCO ULTRA SHORT BOND		1,900
	AXA EQUITABLE LIFE INS CO	FIDELITY VIP MID CAP		733
	AXA EQUITABLE LIFE INS CO	INVESCO VI INTERNATIONAL GR		347

	AXA EQUITABLE LIFE INS CO	LAZARD RETIREMT EMG MRKTS EQTY		273
	AXA EQUITABLE LIFE INS CO	MFS MASS INVESTORS GROWTH STOCK		234
	AXA EQUITABLE LIFE INS CO	AXA CONSERV PLUS ALLOCATION		850
	AXA EQUITABLE LIFE INS CO	AMERICAN CENTURY VP MID CAP VAL		2
	AXA EQUITABLE LIFE INS CO	IVY FUNDS VIP SMALL CAP GROWTH		1
	AXA EQUITABLE LIFE INS CO	GOLDMAN SACHS VIT MID CAP VAL		28
	AXA EQUITABLE LIFE INS CO	MFS INTERNATIONAL VALUE		28
	AXA EQUITABLE LIFE INS CO	INVESCO VI GLBL REAL ESTATE		25
	AXA EQUITABLE LIFE INS CO	LOAN BALANCE	0	56,883