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 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

2016

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2016 or fiscal plan year beginning 07/01/2016 and ending 06/30/2017

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.)
- ☒ a single-employer plan
- ☐ a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

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

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 07/01/2007

2a Plan sponsor's name (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)
AABR, INC.

1508 COLLEGE POINT BLVD.
COLLEGE POINT, NY 11356

2b Employer Identification Number (EIN) 13-1968035

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

2d Business code (see instructions) 624100

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	04/13/2018	MARY BOSNACK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number

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

5	Total number of participants at the beginning of the plan year	**5**	886
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)**	741
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	799
b	Retired or separated participants receiving benefits	**6b**	7
c	Other retired or separated participants entitled to future benefits	**6c**	116
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	922
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f	Total. Add lines **6d** and **6e**.	**6f**	923
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	559
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	24
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2E 2F 2G 2J 2L 3C 3D

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 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 2016 Form M-1 annual report. If the plan was not required to file the 2016 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

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 07/01/2016 and ending 06/30/2017

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

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
AABR, INC.

D Employer Identification Number (EIN)
13-1968035

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
BRIGHTHOUSE 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
06-0566090	87726	039433	45	07/01/2016	06/30/2017

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
3461	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

METLIFE INVESTORS DISTRIBUTION COMP
1095 AVENUE OF THE AMERICAS
NEW YORK, NY 10036

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3461			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	1585767
5	Current value of plan's interest under this contract in separate accounts at year end	5	167401

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	1565855
c	Additions: (1) Contributions deposited during the year	7c(1)	10176		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	54224		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	64400
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	1630255
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	39922		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)	4566		
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	44488
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	1585767

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 07/01/2016 and ending 06/30/2017

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

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
AABR, INC.

D Employer Identification Number (EIN)
13-1968035

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
MUTUAL OF AMERICA LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1614399	88668	054189H	145	07/01/2016	06/30/2017

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	190922
5	Current value of plan's interest under this contract in separate accounts at year end	5	150075

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. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	189496
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	2603		
	(4) Transferred from separate account	7c(4)	2580		
	(5) Other (specify below)	7c(5)	4017		
	▶ FORFEITURES APPLIED				
	(6) Total additions			7c(6)	9200
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	198696
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	7774		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	7774
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	190922

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2016** **This Form is Open to Public Inspection.**

For calendar plan year 2016 or fiscal plan year beginning 07/01/2016 and ending 06/30/2017

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

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
AABR, INC.

D Employer Identification Number (EIN)
13-1968035

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

THE VANGUARD GROUP, INC.
PO BOX 2600
VALLEY FORGE, PA 19482-2600

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

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

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

OPPENHEIMER FUNDS, INC.
PO BOX 5270
DENVER, CO 80217-5270

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

AMERICAN CENTURY INVESTMENT MANAGEM

PO BOX 419786
KANSAS CITY, MO 64141-6786

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

CALVERT INVESTMENT MANAGEMENT, INC.

4550 MONTGOMERY AVENUE
SUITE 1000N
BETHESDA, MD 20814

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

CAPITAL RESEARCH AND MANAGEMENT CO

333 SOUTH HOPE STREET
LOS ANGELES, CA 90071

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

PIMCO

840 NEWPORT CENTER DRIVE
NEWPORT BEACH, CA 92660

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

T. ROWE PROCE ASSOCIATES, INC.

100 EAST PRATT STREET
BALTIMORE, MD 21202

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

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

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

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

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

PROFESSIONAL CAPITAL SERVICES, LLC

1801 MARKET STREET
10TH FLOOR
PHILADELPHIA, PA 19102

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 15	CONTRACT ADMINISTRATOR	43894	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

VALUE ARCHITECTS ASSET MANAGEMENT

50 HARRISON STREET
SUITE 312
HOBOKEN, NJ 07030

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT ADVISOR	30806	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2016

This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning 07/01/2016 and ending 06/30/2017

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

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
13-1968035

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT NUMBER SA2

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-1614399-000	P	150075

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

b Name of sponsor of entity listed in (a): BRIGHTHOUSE 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)
06-0566090-000	P	167401

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

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a Plan name

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

a Plan name

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

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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)

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

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 07/01/2016 and ending 06/30/2017

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

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
AABR, INC.

D Employer Identification Number (EIN)
13-1968035

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	104249	46046
(2) Participant contributions	1b(2)	12398	12008
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	191255	211077
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	277691	317476
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	6061730	6893619
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	1852137	1866615
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	8499460	9346841
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	8499460	9346841

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)	313479	
	(B) Participants	2a(1)(B)	319998	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		633477
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	13174	
	(F) Other	2b(1)(F)	56871	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		70045
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	153268	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		153268
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		41016
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		600541
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1498347
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	547248	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		547248
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		15961
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	43892	
(3) Investment advisory and management fees	2i(3)	30806	
(4) Other	2i(4)	13059	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		87757
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		650966
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		847381
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified **(2)** ☐ Qualified **(3)** ☒ Disclaimer **(4)** ☐ Adverse

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

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

(1) Name: LOEB AND TROPER LLP **(2)** EIN: 13-1517563

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a	X		88722
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n			
o	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

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 sections 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

2016

This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning 07/01/2016 and ending 06/30/2017

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

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
AABR, INC.

D Employer Identification Number (EIN)
13-1968035

Part I Distributions

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

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

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

EIN(s): 20-0937408

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes ☐ No

22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter _____/_____/_____ and the serial number _____.

22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter _____/_____/_____.

LOEB & TROPER LLP

Independent Auditor's Report

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

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the 403(b) Thrift Plan of AABR, Inc. (the "Plan"), which comprise the statement of net assets available for benefits as of June 30, 2017 and 2016, and the related statement of changes in net assets available for benefits for the year ended June 30, 2017, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Mutual of America Life Insurance Company ("Mutual of America"), Brighthouse Life Insurance Company ("Brighthouse Financial"), Oppenheimer Funds Services ("Oppenheimer"), as agent of OFI Global Trust Company, and the AdvisorTrust, Inc. ("AdvisorTrust"), the asset custodians of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodians hold the Plan's investment assets and execute investment transactions related to those assets. The plan administrator has obtained a certification from the custodians as of June 30, 2017 and 2016, and for the year ended June 30, 2017, that the information provided to the plan administrator by the custodians is complete and accurate.

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

Disclaimer of Opinion

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

Other Matter

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

Loeb & Troper LLP

March 15, 2018

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 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

2016

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2016 or fiscal plan year beginning 07/01/2016 and ending 06/30/2017

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.)
- ☒ a single-employer plan
- ☐ a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
AABR, Inc. 403(b) Thrift Plan

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 07/01/2007

2a Plan sponsor's name (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)
AABR, Inc.

1508 College Point Blvd.

College Point NY 11356

2b Employer Identification Number (EIN)
13-1968035

2c Plan Sponsor's telephone number
(718) 321-3800

2d Business code (see instructions)
624100

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

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

SIGN HERE	Mary Bosnack	4/13/18	Mary Bosnack
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Mary Bosnack	4/13/18	Mary Bosnack
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number

403(b) THRIFT PLAN
OF AABR, INC.

FINANCIAL STATEMENTS
AND AUDITOR'S REPORT

JUNE 30, 2017

403(b) THRIFT PLAN
OF AABR, INC.

TABLE OF CONTENTS

Independent Auditor's Report

Exhibit

A - Statement of Net Assets Available for Benefits

B - Statement of Changes in Net Assets Available for Benefits

Notes to Financial Statements

Schedule

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

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

LOEB & TROPER LLP

Independent Auditor's Report

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Loeb & Troper LLP

March 15, 2018

EXHIBIT A

403(b) THRIFT PLAN
OF AABR, INC.

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

JUNE 30, 2017 AND 2016

	2017	2016
Assets		
Investments, at fair value, certified (Note 3)		
Fixed annuity accounts	$ 1,799,522	$ 1,787,114
Variable annuity accounts	53,099	51,306
Pooled separate accounts	317,476	277,691
Mutual funds	6,880,776	6,050,004
Investments, PlanMember - noncertified, at fair value		
Variable annuity accounts	13,994	13,717
Mutual funds	12,843	11,726
Total investments, at fair value	9,077,710	8,191,558
Notes receivable from participants, certified (Note 3)	211,077	191,255
Employer contributions receivable	46,046	104,249
Employee contributions receivable	12,008	12,398
Net assets available for benefits (Exhibit B)	$ 9,346,841	$ 8,499,460

See independent auditor's report.

The accompanying notes are an integral part of these statements.

EXHIBIT B

403(b) THRIFT PLAN
OF AABR, INC.

STATEMENT OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS

YEAR ENDED JUNE 30, 2017

Additions to net assets attributed to:		
Employer contributions	$	313,479
Participant contributions		319,998
Rollovers		
Net appreciation in fair value of investments, certified (Note 3)		639,883
Net appreciation in fair value of investments, PlanMember - noncertified		1,674
Interest income, certified (Note 3)		56,871
Dividend income, certified (Note 3)		153,120
Dividend income, PlanMember - noncertified		148
Interest income on notes receivable from participants, certified (Note 3)		13,174
Total additions		1,498,347
Deductions from net assets attributed to:		
Benefits paid to participants		547,248
Certain deemed distributions of participant accounts (Note 1)		15,961
Administrative expense (Notes 2 and 6)		87,757
Total deductions		650,966
Net increase		847,381
Net assets available for benefits:		
Beginning of year		8,499,460
End of year (Exhibit A)	$	9,346,841

See independent auditor's report.

The accompanying notes are an integral part of these statements.

403(b) THRIFT PLAN
OF AABR, INC.

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2017

NOTE 1 - DESCRIPTION OF PLAN

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

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

Contributions - Each year participants are permitted to contribute to the Tax Deferred Annuity Plan an amount from their salary not to exceed $18,000, as prescribed by the Internal Revenue Code (IRC) for 2017. Participants who have attained age 50 before the end of the plan year are eligible to make catchup contributions. An employee becomes eligible to participate in the Tax Deferred Annuity Plan, with respect to making elective deferrals, beginning on the first of the month following the date of hire. An employee becomes eligible to participate in the Plan, with respect to employer nonmatching contributions, after one year of service, completing one thousand hours and attaining the age of twenty-one. The Plan accepts rollovers and transfers from other qualified plans. The contributions will be allocated after the end of each quarter and participants must be employed on the last day of the plan quarter to receive the employer contribution for that quarter.

The annual employer contribution is equal to a percentage of compensation for that plan year. A different discretionary percentage is determined by the employer each year, based on number of years of service. In 2017, the percentages were as follows:

Years of Service	Percentage of Compensation till 12/31/2016	Percentage of Compensation after 1/1/2017
Less than 5 years	0.5%	0.25%
5 years, but less than 10 years	1.5	0.75
10 years, but less than 15 years	3.5	1.75
15 years, but less than 20 years	5.5	2.75
20 years or more	6.5	3.25

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

-continued-

403(b) THRIFT PLAN
OF AABR, INC.

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2017

NOTE 1 - DESCRIPTION OF PLAN (continued)

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

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

Years of Vesting Service	Percentage
Less than 2 years	0%
2 years	20
3 years	40
4 years	60
5 years	80
6 years or more	100

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

Forfeited accounts - Forfeited accounts are the nonvested amounts in the accounts of participants who terminate employment. Forfeitures are used to pay certain Plan expenses and/or to reduce future employer contributions to the Plan. As of June 30, 2017 and 2016, forfeited nonvested accounts totaled $14,597 and $8,815, respectively. During the year ended June 30, 2017, $6,500 was used to cover administrative expenses. During the year ended June 30, 2017 there were forfeitures of $12,282.

-continued-

403(b) THRIFT PLAN
OF AABR, INC.

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2017

NOTE 1 - DESCRIPTION OF PLAN (continued)

Notes receivable from participants

(i) Oppenheimer, and AdvisorTrust - Participants have the ability to borrow against their account balance in the Plan. A participant may borrow up to the lesser of 50% of his or her vested account balance or $50,000. The Plan requires a minimum loan of $1,000. The principal, along with any interest and administrative charges, is repaid by the employee, who is billed directly by Oppenheimer, and through payroll deductions for AdvisorTrust. Loans are to be repaid within five years, unless participants are using the loan to purchase their principal residence, which extends the maturity date of the loan. The loan's interest rate is based on the prime rate of interest and ranges from 3.25% to 6%. Loan balances outstanding from Oppenheimer, and AdvisorTrust were $11,171, and $199,906, respectively, as of June 30, 2017; and $19,864, and $171,391, respectively, as of June 30, 2016.

(ii) Mutual of America and Brighthouse Financial - Participants' loans transacted with Mutual of America and Brighthouse Financial are not shown in the Plan's statement of net assets available for benefits as the loans are not made from Plan assets and are therefore not considered assets of the Plan. Loan interest rates may be fixed or variable and can be increased or decreased by Mutual of America and Brighthouse Financial. Principal and interest are paid ratably by the participant directly to Mutual of America and Brighthouse Financial. The loans are secured and collateralized by the participant's vested account balance. A default charge will be assessed against the portion of the loan collateral used to foreclose on all or part of any loan. Interest is charged at rates ranging from 3.67% to 6%. Loan balances outstanding from Mutual of America and Brighthouse Financial were $3,642 and $83,069, respectively, as of June 30, 2017 and $3,642 and $83,069, respectively, as of June 30, 2016.

As of June 30, 2017, defaulted participant loans deemed as distributions totaled $15,961.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

-continued-

403(b) THRIFT PLAN
OF AABR, INC.

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2017

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for the 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 normally would receive if they were to initiate permitted transactions under the terms of the Plan. The Plan's investment in the Mutual of America Interest Accumulation Account; the Metropolitan Life Insurance Company's Fund 16B Account and T-Flex account are recorded at contract value. Contract value represents contributions made under the contract, plus a minimum rate of interest earned, at a rate determined by Mutual of America and the Metropolitan Life Insurance Company, less withdrawals and transfers to other accounts. This account does not have any liquidity restrictions, is fully benefit-responsive, and has been classified as a Guaranteed Interest Account (see Note 4 for a further discussion of the Guaranteed Interest Account).

Recent accounting pronouncements - In May 2015, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2015-07, Fair Value Measurement (Topic 820) - Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or its Equivalent), which removes the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using the net asset value per share practical expedient. ASU 2015-07 also removes the requirement to make certain disclosures for all investments that are eligible to be measured at fair value using the net asset value per share practical expedient. Reporting entities will be required to disclose the amount of investments measured at net asset value (or its equivalent) using the practical expedient to reconcile total investments in the fair value hierarchy to total investments measured at fair value. ASU 2015-07 is effective for public business entities for fiscal years beginning after December 15, 2015, and interim periods within those fiscal years. The effective date for all other entities is fiscal years beginning after December 15, 2016, and interim periods within those fiscal years. ASU 2015-07 should be applied retrospectively to all periods presented and early adoption is permitted.

-continued-

403(b) THRIFT PLAN
OF AABR, INC.

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2017

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

In July 2015, the FASB issued ASU 2015-12, *Plan Accounting: Defined Benefit Pension Plans, Defined Contribution Pension Plans and Health and Welfare Benefit Plans*. Part I eliminates the requirements to measure the fair value of fully benefit-responsive investment contracts and provide certain disclosures. Contract value is the only required measure for fully benefit-responsive investment contracts. Part II eliminates the requirements to disclose individual investments that represent 5 percent or more of net assets available for benefits and the net appreciation or depreciation in fair value of investments by general type. Part II also simplifies the level of disaggregation of investments that are measured using fair value. Plans will continue to disaggregate investments that are measured using fair value by general type; however, plans are no longer required to also disaggregate investments by nature, characteristics and risks. Further, the disclosure of information about fair value measurements shall be provided by general type of plan asset. Part III provides a measurement date practical expedient for employee benefit plans when the employer's fiscal period does not coincide with a month-end. The ASU is effective for fiscal years beginning after December 15, 2015, with early adoption permitted. Parts I and III are not applicable to the Plan. Part II is to be applied retrospectively. Management has adopted Part II and prior disclosures have been updated to conform to the new guidance.

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

Investment valuation and income recognition - Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

The Plan's investment in the Mutual of America Interest Accumulation Account, the Metropolitan Life Insurance Company Fund 16B Account and the Metropolitan Life Insurance Company T. Flex Account is recorded at fair value. This account has no liquidity restriction and is not benefit-responsive.

-continued-

403(b) THRIFT PLAN
OF AABR, INC.

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2017

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

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

Administrative expenses - Investment advisory fees, as well as direct plan processing fees, are paid from plan assets. Fees paid by the Plan to the custodians for investment management services were included as a reduction of the investment return on each fund. All other expenses of administering the Plan are paid by AABR, Inc., which is the Plan Sponsor. (See Note 6)

Payment of benefits - Benefits are recorded when paid.

Fair Value Measurements

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

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

-continued-

403(b) THRIFT PLAN
OF AABR, INC.

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2017

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Fair Value Measurements (continued)

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at June 30, 2017 as compared to those used at June 30, 2016.

Fixed annuity accounts - The fixed annuity contracts are composed of the Mutual of America Interest Accumulation Account, Metropolitan Life Insurance Company T. Flex Account and the Metropolitan Life Insurance Company Fund 16B Account. The fixed annuity accounts are reported at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the creditworthiness of the issuer. The fixed annuity contracts are non-benefit responsive.

Mutual funds - Valued at the net asset value (NAV) of shares held at year end. The mutual funds held by the Plan are deemed to be actively traded.

Pooled separate accounts and variable annuities - Valued at the net asset value ("NAV") of shares held by the Plan at year end. These investments have readily determinable fair values and transact at NAV.

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

-continued-

403(b) THRIFT PLAN
OF AABR, INC.

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2017

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Fair Value Measurements (continued)

The following table sets forth by level, within the fair value hierarchy, the assets at fair value as of June 30, 2017 and 2016:

	2017			
	Level 1	**Level 2**	**Level 3**	**Total**
Investments - certified				
Fixed annuity accounts			$ 1,799,522	$ 1,799,522
Variable annuity accounts		$ 53,099		53,099
Pooled separate accounts		317,476		317,476
Mutual funds	$ 6,880,776			6,880,776
Total certified investments	6,880,776	370,575	1,799,522	9,050,873
Investments, PlanMember - noncertified				
Variable annuity accounts		13,994		13,994
Mutual funds	12,843			12,843
Total noncertified investments	12,843	13,994	-	26,837
Total investments at fair value	$ 6,893,619	$ 384,569	$ 1,799,522	$ 9,077,710

-continued-

403(b) THRIFT PLAN
OF AABR, INC.

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2017

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Fair Value Measurements (continued)

	2016			
	Level 1	**Level 2**	**Level 3**	**Total**
Investments - certified				
Fixed annuity accounts			$ 1,787,114	$ 1,787,114
Variable annuity accounts		$ 51,306		51,306
Pooled separate accounts		277,691		277,691
Mutual funds	$ 6,050,004			6,050,004
Total certified investments	6,050,004	328,997	1,787,114	8,166,115
Investments, PlanMember - noncertified				
Variable annuity accounts		13,717		13,717
Mutual funds	11,726			11,726
Total noncertified investments	11,726	13,717	-	25,443
Total investments at fair value	$ 6,061,730	$ 342,714	$ 1,787,114	$ 8,191,558

Changes in Fair Value of Investments Using Significant Unobservable Inputs (Level 3)

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended June 30, 2017:

	Fixed Annuity Accounts
Balance, beginning of year	$ 1,787,114
Interest income	56,871
Interest income on notes receivable from participants	1,204
Purchases	13,095
Sales	(58,762)
Balance, end of year	$ 1,799,522

-continued-

403(b) THRIFT PLAN
OF AABR, INC.

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2017

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Fair Value Measurements (continued)

Quantitative Information About Significant Unobservable Inputs Used in Level 3 Fair Value Measurements

The following table represents the Plan's Level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, as of December 31, 2017 and 2016, respectively, and the significant unobservable inputs and the ranges of values for those inputs.

Investment	Fair Value 2017	Fair Value 2016	Principal Valuation Technique	Unobservable Inputs	Weighted Average
Mutual of America Fixed Annuity Account	$ 190,922	$ 189,496	Underlying value of investments held under the contract	Issuer crediting rate	3.0%
Metropolitan Life Insurance Company Fixed Annuity Accounts	$ 1,608,600	$ 1,597,618	Underlying value of investments held under the contract	Issuer crediting rate	3.5%

Uncertainty in income taxes - The Plan has determined that there are no material uncertain tax positions that require recognition or disclosure in the financial statements. Tax returns for the years ending June 30, 2014 and subsequent remain subject to examination by applicable taxing authorities.

Subsequent events - Subsequent events have been evaluated through March 15, 2018, which is the date the financial statements were available to be issued.

-continued-

403(b) THRIFT PLAN
OF AABR, INC.

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2017

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

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

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

	2017	2016
Fixed Annuity Accounts - Non-Benefit Responsive		
Mutual of America	$ 190,922	$ 189,496
Metropolitan Life Insurance	1,608,600	1,597,618
Total fixed annuity accounts – non-benefit responsive	1,799,522	1,787,114
Variable Annuity Accounts		
Metropolitan Life Insurance	53,099	51,306
Pooled Separate Accounts		
Mutual of America	150,075	137,613
Brighthouse Financial	167,401	140,078
Total pooled separate accounts	317,476	277,691
Mutual Funds		
Oppenheimer	871,798	781,110
AdvisorTrust	6,008,978	5,268,894
Total mutual funds	6,880,776	6,050,004
Total investments, at fair value, certified	$ 9,050,873	$ 8,166,115

-continued-

403(b) THRIFT PLAN
OF AABR, INC.

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2017

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

	2017	2016
Notes Receivable from Participants		
AdvisorTrust	$ 199,906	$ 171,391
Oppenheimer	11,171	19,864
Total notes receivable from participants, certified	$ 211,077	$ 191,255

For the year ended June 30, 2017, the following information in the statement of changes in net assets available for benefits was also certified by the asset custodians:

Net appreciation in fair value of investments	$ 639,883
Interest income	$ 56,871
Dividend income	$ 153,120
Interest income on notes receivable from participants	$ 13,174

NOTE 4 - RISKS AND UNCERTAINTIES

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

-continued-

403(b) THRIFT PLAN
OF AABR, INC.

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2017

NOTE 5 - PLAN TERMINATION

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

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

Plan investments are units of a general account, and pooled separate accounts or mutual funds managed by Mutual of America, Brighthouse Financial, PlanMember, Oppenheimer and AdvisorTrust, the custodians of the Plan. Fees paid by the Plan to the custodians for investment management services were included as a reduction of the investment return on each fund. In addition, during 2017 the Plan paid $87,757 to parties in interest for investment advisory and direct plan processing fees. These transactions qualify as party-in-interest transactions, which are deemed to be "exempt" from Prohibited Transactions Rules, as defined by Department of Labor regulations.

NOTE 7 - TAX STATUS

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

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

For the plan years ended June 30, 2017 and 2016, employee withholdings in the amount of $7,958 and $80,764, respectively, were not remitted within the appropriate time period described in 29 CFR 2510.3-102. These transactions constitute prohibited transactions as defined by ERISA. The employer is aware of the occurrence and has calculated the lost earnings to the Plan. Required payments were made through Voluntary Filer Correction Program (VFCP) subsequent to the year end. Therefore, per 29 CFR 2510.3-102 these are not considered as corrected at June 30, 2017.

403(b) THRIFT PLAN
OF AABR, INC.

SCHEDULE 1

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

JUNE 30, 2017

(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	Number of Shares	(d) Cost**	(e) Current Value
Investments, certified					
	Fixed Annuity Accounts-Non-Benefit Responsive				
*	Mutual of America Interest Accumulation Account	Fixed annuity account			$ 190,922
*	Metropolitan Life Insurance Company	Fund 16B Account			51,251
*	Metropolitan Life Insurance Company	T flex account			1,557,349
	Total fixed annuity accounts - non-benefit responsive				1,799,522
	Variable Annuity Accounts				
*	Metropolitan Life Insurance Company	Fixed Rider Account			53,099
	Pooled Separate Accounts				
*	Mutual of America Money Market Fund	Separate Account	273		636
*	Mutual of America All America Fund	Separate Account	222		3,966
*	Mutual of America Bond Fund	Separate Account	282		1,798
*	Mutual of America Composite Fund	Separate Account	231		2,257
*	Mutual of America Mid-Term Bond Fund	Separate Account	16,332		39,374
*	Mutual of America Mid-Cap Equity Index	Separate Account	2,881		12,651
*	Mutual of America Equity Index Fund	Separate Account	1,954		12,496
*	Mutual of America Aggressive Allocation Fund	Separate Account	2,834		7,791
*	Mutual of America Mid Cap Value Fund	Separate Account	3,457		7,035
*	Mutual of America Small Cap Growth Fund	Separate Account	2,373		5,348
*	Mutual of America Small Cap Value Fund	Separate Account	2,399		5,534
*	Mutual of America International Fund	Separate Account	2		2
*	Mutual of America 2015 Retirement Fund	Separate Account	2,111		3,123

-continued-

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

JUNE 30, 2017

(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	Number of Shares	(d) Cost**	(e) Current Value
Investments, certified					
	Pooled Separate Accounts *(continued)*				
*	Mutual of America 2020 Retirement Fund	Separate Account	3,412		$ 5,123
*	Mutual of America 2030 Retirement Fund	Separate Account	6,065		9,852
*	Mutual of America 2040 Retirement Fund	Separate Account	435		710
*	Mutual of America 2045 Retirement Fund	Separate Account	1,654		2,678
	Deutsche VSI Capital Growth VIP Separate account	Separate Account	19		1,551
	American Century VP Capital Appreciation	Separate Account	151		6,677
	Calvert VP SRI Balanced Fund Separate account	Separate Account	231		1,258
	Fidelity VIP Mid Cap Portfolio	Separate Account	35		2,765
	Fidelity VIP Contrafund Portfolio	Separate Account	23		1,995
	Fidelity VIP Equity-Income Portfolio	Separate Account	65		4,829
	Vanguard VIF REIT Index Portfolio	Separate Account	11		192
	Vanguard VIF Diversified Value	Separate Account	239		6,699
	Vanguard VIF International Separate account	Separate Account	120		3,735
	Frontier Mid Cap Grw Port	Separate Account	18		21
	BlackRock Diversified	Separate Account	1,075		4,526
	Fidelity VIP Eqty Income	Separate Account	3,670		19,462
*	MetLife Stock Index Port	Separate Account	30,738		61,234
	Jennison Growth Portfolio	Separate Account	35,750		61,545
	BlackRock Capital App	Separate Account	4		21
	ClearBridge Agg Gr Port	Separate Account	1,562		20,592
	Total pooled separate accounts				317,476

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

JUNE 30, 2017

(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	Number of Shares	(d) Cost**	(e) Current Value
Investments, certified					
	Mutual Funds				
*	Oppenheimer Capital Appreciation Fund A	Mutual Fund	1,294		$ 75,172
*	Oppenheimer Discovery Fund A	Mutual Fund	542		41,952
*	Oppenheimer Discovery Fund B	Mutual Fund	64		3,594
*	Oppenheimer Global Fund A	Mutual Fund	211		18,873
*	Oppenheimer Global Fund B	Mutual Fund	93		7,609
*	Oppenheimer Global Strategic Income Fund A	Mutual Fund	4,228		16,702
*	Oppenheimer Global Strategic Income Fund B	Mutual Fund	828		3,278
*	Oppenheimer Government Cash Reserves A	Mutual Fund	3,626		3,626
*	Oppenheimer Government Cash Reserves B	Mutual Fund	842		842
*	Oppenheimer Government Cash Reserves C	Mutual Fund	1,207		1,207
*	Oppenheimer Government Money Market Fund A	Mutual Fund	58,649		58,649
*	Oppenheimer International Diversified Fund A	Mutual Fund	60		986
*	Oppenheimer International Diversified Fund B	Mutual Fund	63		1,015
*	Oppenheimer Main Street Fund A	Mutual Fund	9,613		494,214
*	Oppenheimer Main Street Fund B	Mutual Fund	1,150		56,670
*	Oppenheimer Main Street Fund C	Mutual Fund	208		10,159
*	Oppenheimer Main Street Mid Cap Fund A	Mutual Fund	1,791		51,197
*	Oppenheimer Main Street Mid Cap Fund B	Mutual Fund	303		7,306
*	Oppenheimer Main Street Mid Cap Fund C	Mutual Fund	307		7,436
*	Oppenheimer Portfolio Series: Moderate Investor Fund A	Mutual Fund	86		1,004
*	Oppenheimer Portfolio Series: Moderate Investor Fund B	Mutual Fund	80		927
*	Oppenheimer Value Fund A	Mutual Fund	228		8,223
*	Oppenheimer Value Fund B	Mutual Fund	33		1,158

-continued-

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

JUNE 30, 2017

(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
Investments, certified			**Number of Shares**		
	Mutual Funds ***(continued)***				
	Blackrock Fedfund Institutional Shares	Mutual Fund	1,323		$ 1,323
	Vanguard 500 Index Fund-Admiral Shares	Mutual Fund	1,729		386,882
	Vanguard Emerging Markets Stock Index AD	Mutual Fund	1,656		56,097
	Vanguard Extended Market Index Admiral Shares	Mutual Fund	747		57,987
	Vanguard Federal Money Market Investor	Mutual Fund	46,415		46,415
	Vanguard Growth Index Admiral Shares	Mutual Fund	2,018		131,952
	Vanguard Intermediate Term Bond Index AD	Mutual Fund	25,323		289,191
	Vanguard Short Term Bond Index Fund Admiral Shares	Mutual Fund	1,786		18,681
	Vanguard Target Retirement 2015 Fund	Mutual Fund	55,918		858,343
	Vanguard Target Retirement 2020 Fund	Mutual Fund	22,786		689,056
	Vanguard Target Retirement 2025 Fund	Mutual Fund	59,569		1,050,196
	Vanguard Target Retirement 2030 Fund	Mutual Fund	26,081		826,757
	Vanguard Target Retirement 2035 Fund	Mutual Fund	24,414		473,386
	Vanguard Target Retirement 2040 Fund	Mutual Fund	24,324		808,288
	Vanguard Total Bond Market Index Amerial Shares	Mutual Fund	8,795		94,725
	Vanguard Value Index - Admiral Shares	Mutual Fund	5,760		216,876
	Vanguard Federal Money Market Investor	Mutual Fund	2,822		2,822
	Total mutual funds				6,880,776

-continued-

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

JUNE 30, 2017

(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	Number of Shares	(d) Cost**	(e) Current Value
Investments, PlanMember - noncertified					
	Variable Annuity Accounts				
	Symetra Flexible Premium Plus	Variable annuity contract			$ 13,994
	Mutual Funds				
*	Oppenheimer Cash Reserves A	Mutual Fund	3,098		3,098
*	Oppenheimer Global Fund A	Mutual Fund	8		693
*	Oppenheimer Global Fund B	Mutual Fund	27		2,229
*	Oppenheimer Main Street A	Mutual Fund	7		344
*	Oppenheimer Main Street B	Mutual Fund	73		3,603
	Vanguard Gnma Adm	Mutual Fund	12		129
	Vanguard Short Term Invmt Grade Admiral	Mutual Fund	7		74
	Vanguard Emerg Mrkts Index	Mutual Fund	2		52
	Vanguard Growth Index	Mutual Fund	4		277
	Vanguard Hi Yld Corp Adm	Mutual Fund	58		343
	Vanguard Int Inv Grade Adm	Mutual Fund	41		403
	Vanguard Lg-Trm Duration	Mutual Fund	1		12
	Vanguard Mid Cap Gr In Adm	Mutual Fund	5		238
	Vanguard Mid-Cap Val Index	Mutual Fund	5		255
	Vanguard Small Cap Growth	Mutual Fund	5		203
	Vanguard Sm-Cap Value Inst	Mutual Fund	7		195
	Vanguard Ttl Bond Mrkt Inx	Mutual Fund	23		244
	Vanguard Ttl Int Stk Index	Mutual Fund	1		159
	Vanguard Value Index	Mutual Fund	8		292
	Total mutual funds				12,843
	Total investments				9,077,710

-continued-

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

JUNE 30, 2017

(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	Number of Shares	(d) Cost**	(e) Current Value
	Notes Receivable from Participants				
*	Notes receivable, certified	Notes receivable with interest rates of 3.25% - 6.00% various maturity dates through June 2022			$ 211,077
	Total notes receivable				211,077
	Total assets held for investment purposes at end of year - Form 5500, Schedule H				$ 9,288,787

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

403(b) THRIFT PLAN
OF AABR, INC.

SCHEDULE 2

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

JUNE 30, 2017

Participant Contributions Transferred Late to the Plan		Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if late participant loan repayments are included: ✓		Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
$ 7,958	(1)	$ 7,958			
80,764	(2)	80,764			
$ 88,722		$ 88,722			

(1) Represents delinquent contributions from various 2017 payroll periods
(2) Represents delinquent contributions from various 2016 payroll periods

See independent auditor's report.

SCHEDULE H (Form 5500)	Financial Information	OMB No. 1210-0110
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), and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**2016** **This Form is Open to Public Inspection**

For calendar plan year 2016 or fiscal plan year beginning and ending

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

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f		
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l		

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

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

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

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified **(2)** ☐ Qualified **(3)** ☐ Disclaimer **(4)** ☐ Adverse

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

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

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

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

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

Part IV Compliance Questions

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

During the plan year:

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

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**			
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**			
e	Was this plan covered by a fidelity bond?	**4e**			
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**			
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**			
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**			
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**			
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	**4j**			
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**			
l	Has the plan failed to provide any benefit when due under the plan?	**4l**			
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			
o	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	**4o**			

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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

Part V Trust Information

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

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

Attachment to 2016 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name AABR, Inc. 403(b) Thrift Plan **EIN:** 13-1968035

Plan Sponsor's Name AABR, Inc. **PN:** 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Blackrock Fed Fund Institutional Sh	MUTUAL FUND		1,323
	Participant Loan	INTEREST RATES 5.25% TO 6.00%		199,905
	Vanguard 500 Index Admiral	MUTUAL FUND		386,882
	Vanguard Emerging Mkts Stock Idx Ad	MUTUAL FUND		56,097
	Vanguard Extended Market Idx Adm	MUTUAL FUND		57,987
	Vanguard Federal Money Market Inves	MONEY MARKET FUND		49,237
	Vanguard Growth Index Adm	MUTUAL FUND		131,952

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

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

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Vanguard Interm-Term Bond Index Adm	MUTUAL FUND		289,191
	Vanguard Short-Term Bond Index Adm	MUTUAL FUND		18,681
	Vanguard Target Retirement 2015 Inv	MUTUAL FUND		858,343
	Vanguard Target Retirement 2020 Inv	MUTUAL FUND		689,056
	Vanguard Target Retirement 2025 Inv	MUTUAL FUND		1,050,196
	Vanguard Target Retirement 2030 Inv	MUTUAL FUND		826,757
	Vanguard Target Retirement 2035 Inv	MUTUAL FUND		473,386

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

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

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Vanguard Target Retirement 2040 Inv	MUTUAL FUND		808,288
	Vanguard Total Bond Market Index Ad	MUTUAL FUND		94,725
	Vanguard Value Index Adm	MUTUAL FUND		216,876
	T-Flex	MUTUAL FUND		1,481,417
	Frontier Mid Cap Grw Port	POOLED SEPARATE ACCOUNT		21
	BH/Wellington Balanced	POOLED SEPARATE ACCOUNT		4,526
	Fidelity VIP Eqty Income	POOLED SEPARATE ACCOUNT		19,462

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	Fixed Rider	MUTUAL FUND		53,099
	MetLife Stock Index Port	POOLED SEPARATE ACCOUNT		61,233
	Jennison Growth Portfolio	POOLED SEPARATE ACCOUNT		61,545
	BlackRock Capital App	POOLED SEPARATE ACCOUNT		21
	ClearBridge Agg Gr Port	POOLED SEPARATE ACCOUNT		20,592
	Fund 16B	MUTUAL FUND		51,251
	MetLife Loan Account	INTEREST RATES 5.20% TO 6.00%		75,932

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

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(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Oppenheimer Loan Account	INTEREST RATES 3.25% TO 8.25%		11,171
	Oppenheimer Capital Appreciation Fu	MUTUAL FUND		75,172
	Oppenheimer Discovery Fund A	MUTUAL FUND		41,951
	Oppenheimer Discovery Fund B	MUTUAL FUND		3,594
	Oppenheimer Global Fund A	MUTUAL FUND		18,873
	Oppenheimer Global Fund B	MUTUAL FUND		7,609
	Oppenheimer Global Strategic Income	MUTUAL FUND		16,702

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

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(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Oppenheimer Global Strategic Income	MUTUAL FUND		3,278
	Oppenheimer Government Cash Reserve	MUTUAL FUND		3,626
	Oppenheimer Government Cash Reserve	MUTUAL FUND		842
	Oppenheimer Government Cash Reserve	MUTUAL FUND		1,207
	Oppenheimer Government Money Market	MUTUAL FUND		58,649
	Oppenheimer International Diversifi	MUTUAL FUND		986
	Oppenheimer International Diversifi	MUTUAL FUND		1,015

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(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Oppenheimer Main Street Fund A	MUTUAL FUND		494,214
	Oppenheimer Main Street Fund B	MUTUAL FUND		56,670
	Oppenheimer Main Street Fund C	MUTUAL FUND		10,159
	Oppenheimer Main Street Mid Cap Fun	MUTUAL FUND		51,197
	Oppenheimer Main Street Mid Cap Fun	MUTUAL FUND		7,306
	Oppenheimer Main Street Mid Cap Fun	MUTUAL FUND		7,436
	Oppenheimer Portfolio Series: Moder	MUTUAL FUND		1,004

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

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(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Oppenheimer Portfolio Series: Moder	MUTUAL FUND		927
	Oppenheimer Value Fund A	MUTUAL FUND		8,223
	Oppenheimer Value Fund B	MUTUAL FUND		1,158
	Mutual of America Interest Accumula	MUTUAL FUND		190,922
	Mutual of America Aggressive Alloca	POOLED SEPARATE ACCOUNT		7,791
	Mutual of America Bond Fund	POOLED SEPARATE ACCOUNT		1,798
	Mutual of America Composite Fund	POOLED SEPARATE ACCOUNT		2,257

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

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Plan Sponsor's Name AABR, Inc. **PN:** 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Calvert VP SRI Balanced Portfolio	POOLED SEPARATE ACCOUNT		1,258
	Mutual of America Equity Index Fund	POOLED SEPARATE ACCOUNT		12,496
	Fidelity VIP Mid Cap Portfolio	POOLED SEPARATE ACCOUNT		2,765
	Fidelity VIP Contrafund Portfolio	POOLED SEPARATE ACCOUNT		1,995
	Fidelity VIP Equity-Income Portfoli	POOLED SEPARATE ACCOUNT		4,829
	Mutual of America Money Market Fund	POOLED SEPARATE ACCOUNT		636
	Mutual of America Mid-Term Bond Fun	POOLED SEPARATE ACCOUNT		39,374

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

Plan Name AABR, Inc. 403(b) Thrift Plan **EIN:** 13-1968035

Plan Sponsor's Name AABR, Inc. **PN:** 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Mutual of America Mid-Cap Equity In	POOLED SEPARATE ACCOUNT		12,651
	Mutual of America Mid Cap Value Fun	POOLED SEPARATE ACCOUNT		7,035
	Mutual of America International Fun	POOLED SEPARATE ACCOUNT		2
	Vanguard VIF REIT Index Portfolio	POOLED SEPARATE ACCOUNT		192
	Mutual of America 2015 Retirement F	POOLED SEPARATE ACCOUNT		3,123
	Mutual of America 2020 Retirement F	POOLED SEPARATE ACCOUNT		5,123
	Mutual of America 2030 Retirement F	POOLED SEPARATE ACCOUNT		9,852

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

Plan Name AABR, Inc. 403(b) Thrift Plan **EIN:** 13-1968035
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(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Mutual of America 2040 Retirement	POOLED SEPARATE ACCOUNT F		710
	Mutual of America 2045 Retirement	POOLED SEPARATE ACCOUNT F		2,677
	Mutual of America All America Fund	POOLED SEPARATE ACCOUNT		3,966
	Deutsche VSI Capital Growth VIP	POOLED SEPARATE ACCOUNT		1,551
	Mutual of America Small Cap Growth	POOLED SEPARATE ACCOUNT		5,348
	Mutual of America Small Cap Value	POOLED SEPARATE ACCOUNT F		5,534
	American Century VP Capital Appreci	POOLED SEPARATE ACCOUNT		6,677

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

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

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Vanguard VIF Diversified Value Port	POOLED SEPARATE ACCOUNT		6,699
	Vanguard VIF International Portfoli	POOLED SEPARATE ACCOUNT		3,735
	CASH RESERVES A	MUTUAL FUND		3,098
	FLEXIBLE PREMIUM PLUS	MUTUAL FUND		13,994
	GLOBAL FUND B	MUTUAL FUND		2,229
	OPPENHEIMER GLOBAL A	MUTUAL FUND		693
	OPPENHEIMER MAIN STREET A	MUTUAL FUND		344

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

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Plan Sponsor's Name AABR, Inc. **PN:** 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	OPPENHEIMER MAIN STREET B	MUTUAL FUND		3,603
	VANGUARD GNMA ADM	MUTUAL FUND		129
	VANGUARD SHORT TERM INVMT GRADE ADM	MUTUAL FUND		75
	VANGUARD EMERG MRKTS INDEX	MUTUAL FUND		52
	VANGUARD GROWTH INDEX	MUTUAL FUND		277
	VANGUARD HI YLD CORP ADM	MUTUAL FUND		343
	VANGUARD INT INV GRADE ADM	MUTUAL FUND		404

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	VANGUARD LG-TRM DURATION	MUTUAL FUND		12
	VANGUARD MID CAP GR IN ADM	MUTUAL FUND		238
	VANGUARD MID-CAP VAL INDEX	MUTUAL FUND		255
	VANGUARD SMALL CAP GROWTH	MUTUAL FUND		203
	VANGUARD SM-CAP VALUE INST	MUTUAL FUND		195
	VANGUARD TTL BOND MRKT INX	MUTUAL FUND		244
	VANGUARD TTL INT STK INDEX	MUTUAL FUND		159

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(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	VANGUARD VALUE INDX	MUTUAL FUND		292