

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2015 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2015 or fiscal plan year beginning <u>07/01/2015</u> and ending <u>06/30/2016</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) ____ B This return/report is: ☐ the first return/report; ☐ the final return/report; ☒ an amended return/report; ☐ a short plan year return/report (less than 12 months). C If the plan is a collectively-bargained plan, check here. ☐ D Check box if filing under: ☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information										
1a Name of plan <u>COLEMAN PROFESSIONAL SERVICES 403B PLAN</u> 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) <u>COLEMAN PROFESSIONAL SERVICES</u> <u>5982 RHODES RD</u> <u>KENT, OH 44240</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>03/29/1982</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>34-1240178</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>330-676-6916</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>621498</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>03/29/1982</u>		2b Employer Identification Number (EIN) <u>34-1240178</u>		2c Plan Sponsor's telephone number <u>330-676-6916</u>		2d Business code (see instructions) <u>621498</u>	
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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.	05/08/2018	NELSON BURNS
	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) <u>AMERICAN UNITED LIFE INSURANCE CO.</u> <u>AMERICAN UNITED LIFE INSURANCE CO.</u> <u>ONE AMERICAN SQUARE, PO BOX 368</u> <u>INDIANAPOLIS, IN 46206-0368</u>			Preparer's telephone number <u>800-261-9618</u>

3a Plan administrator's name and address ☒ 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: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 738
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) 677
a(2) Total number of active participants at the end of the plan year	6a(2) 750
b Retired or separated participants receiving benefits.....	6b 0
c Other retired or separated participants entitled to future benefits.....	6c 165
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 915
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 0
f Total. Add lines 6d and 6e	6f 915
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 520
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 26
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2F 2G 2L 2S 2T	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ 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) ☒ 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) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III	Form M-1 Compliance Information (to be completed by welfare benefit plans)
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11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

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

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

11c Enter the Receipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2015 This Form is Open to Public Inspection
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For calendar plan year 2015 or fiscal plan year beginning 07/01/2015 and ending 06/30/2016		
A Name of plan COLEMAN PROFESSIONAL SERVICES 403B PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 COLEMAN PROFESSIONAL SERVICES		
		D Employer Identification Number (EIN) 34-1240178

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.
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1 Coverage Information:

(a) Name of insurance carrier AMERICAN UNITED LIFE INSURANCE COMPANY
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0145825	60895	G62207	520	07/01/2015	06/30/2016

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

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

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

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(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	910765
5 Current value of plan's interest under this contract in separate accounts at year end	5	2574675

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 ▶ **GROUP ANNUITY CONTRACT**

b Balance at the end of the previous year	7b	750030
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c Additions: (1) Contributions deposited during the year	7c(1)	127693	
(2) Dividends and credits	7c(2)	0	
(3) Interest credited during the year	7c(3)	32897	
(4) Transferred from separate account	7c(4)	19019	
(5) Other (specify below)	7c(5)	432	

▶ **LOAN REPAYMENT**

(6) Total additions	7c(6)	180041
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d Total of balance and additions (add lines 7b and 7c(6))	7d	930071
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	8098	
(2) Administration charge made by carrier	7e(2)	2181	
(3) Transferred to separate account	7e(3)	4814	
(4) Other (specify below)	7e(4)	4213	

▶ **LOANS ISSUED**

(5) Total deductions	7e(5)	19306
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	910765
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	

Specify nature of costs ▶

Part IV Provision of Information

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

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

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

For calendar plan year 2015 or fiscal plan year beginning 07/01/2015 and ending 06/30/2016		
A Name of plan COLEMAN PROFESSIONAL SERVICES 403B PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 COLEMAN PROFESSIONAL SERVICES	D Employer Identification Number (EIN) 34-1240178	

Part I	Service Provider Information (see instructions)
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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)..... ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation AMERICAN UNITED LIFE INSURANCE CO 35-0145825
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(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

AMERICAN UNITED LIFE INSURANCE CO

35-0145825

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 50 64 66 67 52 59 60 63	NONE	1091	Yes ☒ No ☐	Yes ☐ No ☒	38772	Yes ☒ No ☐

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

J R HILL AND ASSOCIATES

34-1914557

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 27 28 50 51	NONE	7976	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	66 67	38772
(d) Enter name and EIN (address) of source of indirect compensation AMERICAN UNITED LIFE INSURANCE CO 35-0145825 (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. ASSET CHARGE		
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0
(d) Enter name and EIN (address) of source of indirect compensation AMERICAN CENTURY INVESTMENTS 20-2036524 (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. REVENUE SHARING FORMULA - SEE ATTACHED		
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0
(d) Enter name and EIN (address) of source of indirect compensation AMERICAN FUNDS 95-1411037 (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. REVENUE SHARING FORMULA - SEE ATTACHED		

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CALVERT INVESTMENTS 52-6228948	REVENUE SHARING FORMULA - SEE ATTACHED	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
COLUMBIA MGMT INVESTMENT ADVISORS 13-3180631	REVENUE SHARING FORMULA - SEE ATTACHED	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FIDELITY INVESTMENTS 04-2270522	REVENUE SHARING FORMULA - SEE ATTACHED	

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FRANKLIN TEMPLETON INVESTMENTS 94-3382187	REVENUE SHARING FORMULA - SEE ATTACHED

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

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

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
RUSSELL INVESTMENT COMPANY 91-1175092	REVENUE SHARING FORMULA - SEE ATTACHED

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 07/01/2015 and ending 06/30/2016

A Name of plan <u>COLEMAN PROFESSIONAL SERVICES 403B PLAN</u>	B Three-digit plan number (PN) ► <u>002</u>	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>COLEMAN PROFESSIONAL SERVICES</u>	D Employer Identification Number (EIN) <u>34-1240178</u>	

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

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

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

c EIN-PN <u>35-0145825-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2574675</u>
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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)
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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)
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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)
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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)
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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)
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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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning 07/01/2015 and ending 06/30/2016		
A Name of plan COLEMAN PROFESSIONAL SERVICES 403B PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 COLEMAN PROFESSIONAL SERVICES	D Employer Identification Number (EIN) 34-1240178	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a	0	0
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	147605	186191
	(2) Participant contributions	1b(2)	43656	57172
	(3) Other.....	1b(3)	0	0
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
	(2) U.S. Government securities.....	1c(2)	0	0
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)	0	0
	(B) All other.....	1c(3)(B)	0	0
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)	0	0
	(B) Common	1c(4)(B)	0	0
	(5) Partnership/joint venture interests	1c(5)	0	0
	(6) Real estate (other than employer real property)	1c(6)	0	0
	(7) Loans (other than to participants)	1c(7)	0	0
	(8) Participant loans	1c(8)	51484	38467
	(9) Value of interest in common/collective trusts.....	1c(9)	0	0
	(10) Value of interest in pooled separate accounts.....	1c(10)	0	0
	(11) Value of interest in master trust investment accounts	1c(11)	0	0
	(12) Value of interest in 103-12 investment entities	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	1957604	2574675
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	750030	910765
	(15) Other	1c(15)	0	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	2950379	3767270

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	2950379	3767270
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	186191	
(B) Participants	2a(1)(B)	732031	
(C) Others (including rollovers)	2a(1)(C)	9407	
(2) Noncash contributions	2a(2)	0	927629
(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)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	1635	
(F) Other	2b(1)(F)	32897	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		34532
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)	0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	16414
c Other income	2c	0
d Total income. Add all income amounts in column (b) and enter total	2d	978575

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	153271
(2) To insurance carriers for the provision of benefits	2e(2)	0
(3) Other	2e(3)	0
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	153271
f Corrective distributions (see instructions)	2f	0
g Certain deemed distributions of participant loans (see instructions)	2g	0
h Interest expense	2h	0
i Administrative expenses: (1) Professional fees	2i(1)	0
(2) Contract administrator fees	2i(2)	8413
(3) Investment advisory and management fees	2i(3)	0
(4) Other	2i(4)	0
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)	8413
j Total expenses. Add all expense amounts in column (b) and enter total	2j	161684

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	816891
l Transfers of assets:		
(1) To this plan	2l(1)	0
(2) From this plan	2l(2)	0

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified **(2)** ☐ Qualified **(3)** ☒ 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: SCHLABIG & ASSOCIATES, LTD.

(2) EIN: 34-0876435

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	☒	☐	☐	546523
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.)	☐	☒	☐	

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

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?

If "Yes," enter the amount of any plan assets that reverted to the employer this year. ☐ Yes ☒ No Amount:

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

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

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

Part V Trust Information

6a Name of trust

6b Trust's EIN

6c Name of trustee or custodian

6d Trustee's or custodian's telephone number

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 07/01/2015 and ending 06/30/2016

A Name of plan <u>COLEMAN PROFESSIONAL SERVICES 403B PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>COLEMAN PROFESSIONAL SERVICES</u>	D Employer Identification Number (EIN) <u>34-1240178</u>

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	<u>0</u>
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): <u>35-0145825</u>		
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 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
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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
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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
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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.
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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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule R (Form 5500) 2015
v. 150123

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	0.00
	b The corresponding number for the second preceding plan year	15b	0.00
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
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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
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20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A
22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____. (See instructions for tax law changes and codes).		
22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number _____.		
22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ____/____/____.		
23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

Financial Statements
And Supplemental Information

COLEMAN PROFESSIONAL SERVICES
EMPLOYEES' 403(B) PLAN

June 30, 2016 and 2015

FINANCIAL STATEMENTS
AND SUPPLEMENTAL INFORMATION

COLEMAN PROFESSIONAL SERVICES
EMPLOYEES' 403(B) PLAN

June 30, 2016 and 2015

<u>FINANCIAL STATEMENTS</u>	<u>Page</u>
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SUPPLEMENTAL INFORMATION

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INDEPENDENT AUDITORS' REPORT

To the Board of Directors
Coleman Professional Services Employees' 403(b) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Coleman Professional Services Employees' 403(b) Plan, which comprise the statements of net assets available for plan benefits as of June 30, 2016 and 2015, and the related statements of changes in net assets available for plan benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

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 matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's 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 G, which was certified by American United Life Insurance Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended June 30, 2016 and 2015, that the information provided to the plan administrator by the trustee is complete and accurate.

INDEPENDENT AUDITORS' REPORT – CONTINUED

Disclaimer of Opinion

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

Other Matter

The supplemental Schedule of Delinquent Participant Contributions and the Schedule of Assets (Held at End of Year) as of or for the year ended June 30, 2016, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

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

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

Schlating + Associates, Ltd.

April 18, 2017
Akron, Ohio

STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS

COLEMAN PROFESSIONAL SERVICES EMPLOYEES' 403(B) PLAN

	June 30,	
	2016	2015
ASSETS		
Employer's contribution receivable	\$ 186,191	\$ 147,605
Employees' contribution receivable	57,172	43,656
	<u>243,363</u>	<u>191,261</u>
Notes receivable from participants	<u>38,467</u>	<u>51,484</u>
Investments at fair value:		
AUL Fixed Account	910,765	750,030
One America Money Market Fund	0	21,515
Goldman Sachs Money Market Government AD Fund	28,133	0
American Century Ultra Investors Fund	175,219	151,739
State Street Equity 500 Index Fund	185,079	135,780
American Century International Growth Fund	98,511	87,358
Vanguard Short-Term Federal Inv Fund	49,680	62,195
Oppenheimer Developing Markets Fund	67,441	57,749
Templeton Global Bond Fund	122,247	100,033
American Funds American Balanced Fund	298,310	231,093
American Funds Washington Mutual Fund	170,481	132,877
Columbia Mid Cap Index Fund	108,624	84,932
Columbia Small Cap Index Fund	144,312	121,911
Prudential Total Return Bond Fund	2,658	1,541
PIMCO Real Return Admin Fund	2,351	1,263
Amercent One Choice IN Ret Inv	81,239	73,426
Amercent One Choice 2020 Inv	340,616	251,115
Amercent One Choice 2025 Inv	88,256	86,351
Amercent One Choice 2030 Inv	123,617	68,008
Amercent One Choice 2035 Inv	120,027	81,187
Amercent One Choice 2040 Inv	114,951	77,906
Amercent One Choice 2045 Inv	121,083	71,296
Amercent One Choice 2050 Inv	70,724	38,477
Amercent One Choice 2055 Inv	61,029	19,852
Amercent One Choice 2060 Inv	87	0
	<u>3,485,440</u>	<u>2,707,634</u>
NET ASSETS AVAILABLE FOR PLAN BENEFITS	<u>\$ 3,767,270</u>	<u>\$ 2,950,379</u>

The accompanying notes are an integral part of these statements.

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS

COLEMAN PROFESSIONAL SERVICES EMPLOYEES' 403(B) PLAN

		For the years ended June 30,	
		2016	2015
ADDITIONS			
Additions to net assets attributed to:			
Investment income:			
Interest from fixed account		\$ 32,897	\$ 25,975
Interest on notes receivable from participants		1,635	1,777
Net appreciation in fair value of investments		16,414	39,528
		<u>50,946</u>	<u>67,280</u>
Contributions:			
Employee contributions		732,031	657,742
Employer's contributions less forfeitures		186,191	149,766
Rollover contributions		9,407	38,813
		<u>927,629</u>	<u>846,321</u>
	TOTAL ADDITIONS	<u>978,575</u>	<u>913,601</u>
DEDUCTIONS			
Deductions from net assets attributed to:			
Benefits paid to participants		153,271	127,800
Administrative expenses		8,413	7,796
	TOTAL DEDUCTIONS	<u>161,684</u>	<u>135,596</u>
	NET INCREASE	816,891	778,005
NET ASSETS AVAILABLE FOR PLAN BENEFITS			
Beginning of year		2,950,379	2,172,374
	END OF YEAR	<u>\$ 3,767,270</u>	<u>\$ 2,950,379</u>

The accompanying notes are an integral part of these statements.

NOTES TO FINANCIAL STATEMENTS

COLEMAN PROFESSIONAL SERVICES EMPLOYEES' 403(B) PLAN

June 30, 2016 and 2015

NOTE A – DESCRIPTION OF PLAN

The following description of the Coleman Professional Services Employees' 403(b) Plan (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General: The Plan was established to provide eligible employees (as defined below) a vehicle to invest voluntary pre-tax employee contributions, Roth employee contributions, and receive discretionary matching employer contributions and discretionary employer contributions. The Plan is a defined contribution plan covering substantially all employees of Coleman Professional Services (the "Organization"). Individuals are eligible to participate in the Plan immediately upon employment with the Company. The Plan is subject to Section 403(b)(1) of the Internal Revenue Code and the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions: Participants in the Plan may elect to contribute to the Plan according to their written wage reduction agreement with the Organization not to exceed the amount specified under Section 402(g) of the Internal Revenue Code.

In addition, the Plan allows for discretionary employer matching contributions by the Organization. A participant is eligible to receive the discretionary matching contribution once the participant has been credited with one year of service and is employed on the last day of the Plan year. A year of service is earned when an employee is credited with at least 1,000 hours in a twelve-month consecutive period commencing on the anniversary of the date in which an employee first performs an hour of service for the Organization. For 2016 and 2015, the discretionary matching contributions authorized were equal to 2% of compensation.

All Organization and participant contributions are subject to the limitations imposed under Internal Revenue Code.

Participant Accounts: Participant account balances are maintained to reflect each participant's interest in the Plan's funds. Each participant's account is increased by the Organization's matching contribution, the participant's contribution, an allocated share of investment income, and net appreciation in contract/fair value of investments. Account balances are decreased by participant distributions, administrative expenses, and any net depreciation in the contract/fair value of investments. Allocations are based upon participant's earnings or individual account balances as defined. The maximum benefit is the participant's vested account balance.

NOTES TO FINANCIAL STATEMENTS—CONTINUED

COLEMAN PROFESSIONAL SERVICES EMPLOYEES' 403(B) PLAN

June 30, 2016 and 2015

NOTE A—DESCRIPTION OF PLAN—CONTINUED

Vesting: Participants are immediately vested in their voluntary contributions and related earnings. Vesting in the Organization's discretionary matching contributions plus actual earnings (losses) thereon is based on years of continuous service with the participant being fully vested after six years of credited service. A year of service is earned when an employee is credited with at least 1,000 hours in a twelve-month consecutive period commencing from the anniversary of the date in which the employee first performs an hour of service for the Organization. Participants are automatically 100% vested upon death, total and permanent disability, or are employed on or after normal retirement age.

Notes Receivable from Participants: Participants are able to borrow from their accounts a minimum of \$1,000 up to a maximum of \$50,000 or 50% of their account balance, whichever is less. All outstanding loans are secured by the balance in the participants' accounts and bear interest at 4.25%. Principal and interest is paid ratably through biweekly payroll deductions.

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unapplied interest. Interest income is recorded on the accrual basis. As of June 30, 2016 and 2015, no allowance for credit losses has been recorded. If a participant does not make loan repayments and the plan administrator considers the participation loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document.

Payment of Benefits: Distributions are not permitted before age 59 $\frac{1}{2}$, except in the event of death, disability, termination of employment, or proven financial hardship. The balance in a participant's account not previously withdrawn may be paid to the participant or their designated beneficiary in the event of death, permanent disability, retirement, or other termination of employment with the Organization. Participants with accounts of \$5,000 or more may elect to receive a lump-sum distribution, roll over the amount into another qualified plan or leave the funds invested in the Plan. Participants with accounts of more than \$1,000 but less than \$5,000 who do not contact management of the plan sponsor will have an individual IRA account created and the participant's funds will be rolled over into the new IRA account. Participants with accounts of less than \$1,000 automatically receive lump-sum distributions if they do not contact management of the plan sponsor.

Forfeited Accounts: Forfeited or terminated participant accounts are used to offset employer contributions. During 2016 and 2015, employer contributions were reduced by \$3,036 and \$2,241, respectively, from forfeited non-vested accounts.

NOTES TO FINANCIAL STATEMENTS—CONTINUED

COLEMAN PROFESSIONAL SERVICES EMPLOYEES' 403(B) PLAN

June 30, 2016 and 2015

NOTE B—SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting: The accompanying financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Estimates: The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Risks and Uncertainties: The Plan provides for various investment options in any combination of investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits and the Statements of Changes in Net Assets Available for Benefits.

Investment Valuation and Income Recognition: The Plan's investments are stated at fair value. The shares of mutual funds and money market funds are valued at quoted market values, which represent the net asset values of shares held by the fund at year end.

Purchases and sales of securities are recorded on a trade-date basis. Interest is recorded on the accrual basis and dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought, sold, and held during the year.

Subsequent Events: Subsequent events were evaluated through April 18, 2017, which is the date the financial statements were available to be issued.

NOTE C—FUNDING POLICY

The Organization's funding policy is to match up to two percent (2%) of eligible participants' plan year compensation, net of applied forfeitures, which were \$189,227 and \$147,605 for the plan years ended June 30, 2016 and 2015, respectively. The plan has met ERISA minimum funding requirements for the plan years ended June 30, 2016 and 2015.

NOTE D—PLAN TERMINATION

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

NOTES TO FINANCIAL STATEMENTS—CONTINUED

COLEMAN PROFESSIONAL SERVICES EMPLOYEES' 403(B) PLAN

June 30, 2016 and 2015

NOTE E—TAX STATUS

It is the Plan's intention to be organized and operated as tax-exempt under the appropriate sections of the Internal Revenue Code ("IRC"). It is our understanding that the Internal Revenue Service does not yet have a determination letter program for 403(b) plans; therefore, the Plan has not yet applied for a determination letter. The plan sponsor does intend to file for determination once a program has been established. The plan sponsor is not aware of any course of action or series of events that have occurred that might adversely affect the Plan's qualified status and believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

The plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements. As of June 30, 2016, the Plan was no longer subject to examination by the Internal Revenue Service for the tax years ended before June 30, 2013.

NOTE F—FAIR VALUE MEASUREMENTS

The Financial Accounting Standards Board established a framework for measuring fair value. That 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 under this framework 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: <ul style="list-style-type: none">• 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. |

If an 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.

NOTES TO FINANCIAL STATEMENTS—CONTINUED

COLEMAN PROFESSIONAL SERVICES EMPLOYEES' 403(B) PLAN

June 30, 2016 and 2015

NOTE F—FAIR VALUE MEASUREMENTS - CONTINUED

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

The assets' 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.

There have not been changes in the methodologies used as of June 30, 2016 and 2015.

Fair values of assets (liabilities) measured on a recurring basis at June 30, 2016 and 2015 are as follows:

		<u>Fair Value Measurements at Reporting Date Using</u>		
		Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
<u>June 30, 2016</u>	<u>Fair Value</u>			
Mutual Funds	\$ 2,574,675	\$ 2,574,675	\$ 0	\$ 0
AUL Fixed Account	910,765	0	0	910,765
Total	<u>\$ 3,485,440</u>	<u>\$ 2,574,675</u>	<u>\$ 0</u>	<u>\$ 910,765</u>
 <u>June 30, 2015</u>				
Mutual Funds	\$ 1,957,604	\$ 1,957,604	\$ 0	\$ 0
AUL Fixed Account	750,030	0	0	750,030
Total	<u>\$ 2,707,634</u>	<u>\$ 1,957,604</u>	<u>\$ 0</u>	<u>\$ 750,030</u>

Money Market Funds: The carrying amounts reported in the statements of financial position approximate fair market values as the amounts are equivalent to cash.

NOTES TO FINANCIAL STATEMENTS—CONTINUED

COLEMAN PROFESSIONAL SERVICES EMPLOYEES' 403(B) PLAN

June 30, 2016 and 2015

NOTE F—FAIR VALUE MEASUREMENTS – CONTINUED

Investments: Investments in marketable securities with readily determinable fair values and all investments in debt securities are reported at their fair values in the statements of financial position based upon closing price on the active market on which the individual securities are traded. Mutual funds are valued at the net asset value of shares held by the Plan at the end of its fiscal year. Unrealized gains and losses are included in the change in net assets. These effects are included in changes in unrestricted net assets because the gains and losses are unrestricted.

AUL Fixed Account: The Fixed Option Fund (See Note J) is reported at contract value, which is principal invested plus interest earned. AUL has determined contract value is an appropriate representation of fair value as the Fixed Option has no liquid market value (not tradable or assignable) and there are no defined maturities of cash flows. All withdrawals and/or transfers from the Fixed Option are performed at contract value.

The following table summarizes the activity for the AUL Fixed Account for the year ended June 30, 2016:

July 1, 2015	\$ 750,030
Total gain included in changes in net assets available for benefit	32,897
Purchases	147,144
Sales, issuances, and settlements	<u>(19,306)</u>
June 30, 2016	<u>\$ 910,765</u>

NOTE G—INFORMATION PREPARED AND CERTIFIED BY TRUSTEE (UNAUDITED)

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified as complete and accurate by the trustee at and for years ended June 30:

NOTES TO FINANCIAL STATEMENTS—CONTINUED

COLEMAN PROFESSIONAL SERVICES
EMPLOYEES' 403(B) PLAN

June 30, 2016 and 2015

NOTE G—INFORMATION PREPARED AND CERTIFIED BY TRUSTEE (UNAUDITED) -
CONTINUED

	2016	2015
Investments at fair value:		
AUL Fixed Account	\$ 910,765	\$ 750,030
One America Money Market Fund	0	21,515
Goldman Sachs Money Market Government AD Fund	28,133	0
American Century Ultra Investors Fund	175,219	151,739
State Street Equity 500 Index Fund	185,079	135,780
American Century International Growth Fund	98,511	87,358
Vanguard Short-Term Federal Inv Fund	49,680	62,195
Oppenheimer Developing Market Fund	67,441	57,749
Templeton Global Bond Fund	122,247	100,033
American Funds American Balanced Fund	298,310	231,093
American Funds Washington Mutual Fund	170,481	132,877
Columbia Mid Cap Index Fund	108,624	84,932
Columbia Small Cap Index Fund	144,312	121,911
Prudential Total Return Bond Fund	2,658	1,541
PIMCO Real Return Admin Fund	2,351	1,263
Amercent One Choice IN Ret Inv	81,239	73,426
Amercent One Choice 2020 Inv	340,616	251,115
Amercent One Choice 2025 Inv	88,256	86,351
Amercent One Choice 2030 Inv	123,617	68,008
Amercent One Choice 2035 Inv	120,027	81,187
Amercent One Choice 2040 Inv	114,951	77,906
Amercent One Choice 2045 Inv	121,083	71,296
Amercent One Choice 2050 Inv	70,724	38,477
Amercent One Choice 2055 Inv	61,029	19,852
Amercent One Choice 2060 Inv	87	0
	<u>\$ 3,485,440</u>	<u>\$ 2,707,634</u>
Interest from Fixed Account	\$ 32,897	\$ 25,975
Net Appreciation in Fair Value of Investments	<u>\$ 16,414</u>	<u>\$ 39,528</u>

NOTES TO FINANCIAL STATEMENTS—CONTINUED

COLEMAN PROFESSIONAL SERVICES EMPLOYEES' 403(B) PLAN

June 30, 2016 and 2015

NOTE H—INVESTMENTS

The following investments represent five percent (5%) or more of the Plan's net assets available for benefits.

	<u>June 30, 2016</u>
AUL Fixed Account	\$ 910,765
American Funds American Balanced Fund	298,310
Amercent One Choice 2020 Inv	340,616
	<u>June 30, 2015</u>
AUL Fixed Account	\$ 750,030
American Century Ultra Investors Fund	151,739
American Funds American Balanced Fund	231,093
American Funds Washington Mutual Fund	251,115

NOTE I—TRANSACTIONS WITH PARTIES-IN-INTEREST

Certain Plan investments are shares of mutual funds managed by American United Life Insurance Company. American United Life Insurance Company was the trustee for the years ended June 30, 2016 and 2015, as defined by the Plan and, therefore, these transactions are considered to be transacted with a party-in-interest.

The Plan does not consider the Organization's contributions to the Plan to be party-in-interest transactions. The Organization provides certain accounting, administrative, and investment management services to the Plan for which no fees are charged. The Organization also pays some of the administrative expenses of the Plan.

NOTE J—INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan is in a benefit-responsive investment contract with American United Life Insurance Company (AUL). AUL maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract is included in the financial statements at contract value, which is an approximation of fair value, as reported to the Plan by AUL. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

NOTES TO FINANCIAL STATEMENTS—CONTINUED

COLEMAN PROFESSIONAL SERVICES
EMPLOYEES' 403(B) PLAN

June 30, 2016 and 2015

NOTE J—INVESTMENT CONTRACT WITH INSURANCE COMPANY—CONTINUED

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The average yield and crediting interest rates were approximately 4.0% for 2016 and 2015. The crediting interest rate is based on an agreed-upon formula with the issuer, but may not be less than 1%. Such interest rates are reviewed on a quarterly basis for resetting.

Certain events, such as the premature termination of the contract by the Plan or the termination of the Plan, would limit the Plan's ability to transact at contract value with AUL. The Plan administrator believes the occurrence of such events that would limit the Plan's ability to transact at contract value with plan participants is not probable.

NOTE K - EXCESS PARTICIPANT CONTRIBUTIONS

The Plan is in compliance with Actual Contribution Percentage (ACP) requirement for the plan years ended June 30, 2016 and 2015.

NOTE L - PROHIBITED TRANSACTIONS - DELINQUENT PARTICIPANT CONTRIBUTIONS

As required by ERISA, the Plan Sponsor is required to segregate employee contributions to the Plan from its general assets as soon as practicable. Total contributions of approximately \$546,523 were not remitted timely and are considered prohibited transactions. The Plan Sponsor intends to make an interest payment of \$452 to compensate the Plan for lost investment earnings related to these prohibited transactions. Also see page 16.

SCHEDULE H, LINE4a - SCHEDULE DELINQUENT PARTICIPANT CONTRIBUTIONS

COLEMAN PROFESSIONAL SERVICES

EMPLOYEES' 403(B) PLAN

EIN: 34-1240178 Plan - 002

June 30, 2016

	Total that constitute Nonexempt Prohibited Transactions			
Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are Included X	546,523			

See accompanying notes and independent auditors' report.

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

COLEMAN PROFESSIONAL SERVICES
 EMPLOYEES' 403(B) PLAN
 EIN: 34-1240178 Plan - 002

June 30, 2016

(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)	(e) Current Value
			Cost	
*	AUL Fixed Account	GIC		\$ 910,765
	Goldman Sachs Money Market Government AD Fund	Mutual Fund		28,133
	American Century Ultra Investors Fund	Mutual Fund		175,219
	State Street Equity 500 Index Fund	Mutual Fund		185,079
	American Century International Growth Fund	Mutual Fund		98,511
	Vanguard Short-Term Federal Inv Fund	Mutual Fund		49,680
	Oppenheimer Developing Markets Fund	Mutual Fund		67,441
	Templeton Global Bond Fund	Mutual Fund		122,247
	American Funds American Balanced Fund	Mutual Fund		298,310
	American Funds Washington Mutual Fund	Mutual Fund		170,481
	Columbia Mid Cap Index Fund	Mutual Fund		108,624
	Columbia Small Cap Index Fund	Mutual Fund		144,312
	Prudential Total Return Bond Fund	Mutual Fund		2,658
	PIMCO Real Return Admin Fund	Mutual Fund		2,351
	Amercent One Choice IN Ret Inv	Mutual Fund		81,239
	Amercent One Choice 2020 Inv	Mutual Fund		340,616
	Amercent One Choice 2025 Inv	Mutual Fund		88,256
	Amercent One Choice 2030 Inv	Mutual Fund		123,617
	Amercent One Choice 2035 Inv	Mutual Fund		120,027
	Amercent One Choice 2040 Inv	Mutual Fund		114,951
	Amercent One Choice 2045 Inv	Mutual Fund		121,083
	Amercent One Choice 2050 Inv	Mutual Fund		70,724
	Amercent One Choice 2055 Inv	Mutual Fund		61,029
	Amercent One Choice 2060 Inv	Mutual Fund		87
				<u>\$ 3,485,440</u>

* Party-in-interest, see Note I.

See accompanying notes and independent auditors' report.

Schedule C Attachment for Line Item 3(e)

Plan Name **G62207 COLEMAN PROFESSIONAL SVCS EES 403B PLAN**

Plan Number **002** **Plan Year End** **6/30/2016**

EIN **34-1240178**

Revenue Sharing Formula:

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

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

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

Investment Company	Investment Portfolio	Annual Percentage
AMERICAN CENTURY INVESTMENTS	AmerCent One Choice In Ret Inv	0.35
AMERICAN CENTURY INVESTMENTS	AmerCent One Choice 2020 Inv	0.35
AMERICAN CENTURY INVESTMENTS	AmerCent One Choice 2025 Inv	0.35
AMERICAN CENTURY INVESTMENTS	AmerCent One Choice 2030 Inv	0.35
AMERICAN CENTURY INVESTMENTS	AmerCent One Choice 2035 Inv	0.35
AMERICAN CENTURY INVESTMENTS	AmerCent One Choice 2040 Inv	0.35
AMERICAN CENTURY INVESTMENTS	AmerCent One Choice 2045 Inv	0.35
AMERICAN CENTURY INVESTMENTS	AmerCent One Choice 2050 Inv	0.35
AMERICAN CENTURY INVESTMENTS	AmerCent One Choice 2055 Inv	0.35
AMERICAN CENTURY INVESTMENTS	AmerCent One Choice 2060 Inv	0.35
AMERICAN CENTURY INVESTMENTS	AmerCent Intl Grth Inv	0.35
AMERICAN CENTURY INVESTMENTS	AmerCent Ultra Inv	0.35
AMERICAN FUNDS	AmerFds American Balanced R4	0.35

Investment Company	Investment Portfolio	Annual Percentage
AMERICAN FUNDS	AmerFds Washington Mutual R4	0.35
CALVERT INVESTMENTS	Calvert VP SRI MidCap Grth Prt	0.10
COLUMBIA MGMT INVESTMENT ADVISORS	Columbia MidCap Indx A	0.25
COLUMBIA MGMT INVESTMENT ADVISORS	Columbia SmCap Indx A	0.25
FIDELITY INVESTMENTS	Fidelity VIP Grth Init	0.15
FIDELITY INVESTMENTS	Fidelity VIP Asset Mngr Init	0.15
FRANKLIN TEMPLETON INVESTMENTS	Templeton Global Bond A	0.40
GOLDMAN SACHS ASSET MANAGEMENT	GoldmanSachs Money Mkt Gvt Ad	0.30
OPPENHEIMER FUNDS INC.	Oppenheimer Dev Mkts A	0.50
PIMCO	PIMCO Real Return Adm	0.25
PRUDENTIAL INVESTMENTS	Prudential Total Return Bond Z	0.25
RUSSELL INVESTMENT COMPANY	Russell LP In Ret Fd R1	0.20
RUSSELL INVESTMENT COMPANY	Russell LP 2020 Strat Fd R1	0.20
RUSSELL INVESTMENT COMPANY	Russell LP 2030 Strat Fd R1	0.20
RUSSELL INVESTMENT COMPANY	Russell LP 2040 Strat Fd R1	0.20
RUSSELL INVESTMENT COMPANY	Russell LP 2050 Strat Fd R1	0.20
RUSSELL INVESTMENT COMPANY	Russell LP 2055 Strat R1	0.20
RUSSELL INVESTMENT COMPANY	Russell LP 2015 Strat Fd R1	0.20
RUSSELL INVESTMENT COMPANY	Russell LP 2025 Strat Fd R1	0.20
RUSSELL INVESTMENT COMPANY	Russell LP 2035 Strat Fd R1	0.20
RUSSELL INVESTMENT COMPANY	Russell LP 2045 Strat Fd R1	0.20
STATE STREET INSTITUTIONAL TRUST	State Street Equity 500 Idx Adm	0.15
T ROWE PRICE	TRowePrice Eqty Inc Ins	0.25

Plan Type 3 403ER

Schedule H/I, Line 4a
Schedule of Delinquent Participant Contributions

Name of Plan:

COLEMAN PROFESSIONAL SERVICES 403B PLAN

Employer Identification No.: ► 34-1240178

Plan year (beginning/ending): ► 07/01/2015 - 06/30/2016 Plan number: ► 002

Participant Contributions Transferred Late to 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	
X	546523	0	0	0

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

Name of Plan: COLEMAN PROFESSIONAL SVCS EES 403B PLAN
Employer Identification Number: 34-1240178
For plan year (beginning/ending): 07-01-2015 TO 06-30-2015 Plan number: 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	AMERICAN CENTURY INVESTMENTS	AMERCENT INTL GRTH INV MUTUAL FUND SHARES	0	98,511
	AMERICAN CENTURY INVESTMENTS	AMERCENT ONE CHOICE 2025 INV MUTUAL FUND SHARES	0	88,256
	AMERICAN CENTURY INVESTMENTS	AMERCENT ONE CHOICE 2035 INV MUTUAL FUND SHARES	0	120,027
	AMERICAN CENTURY INVESTMENTS	AMERCENT ONE CHOICE 2055 INV MUTUAL FUND SHARES	0	61,029
	AMERICAN CENTURY INVESTMENTS	AMERCENT ONE CHOICE 2020 INV MUTUAL FUND SHARES	0	340,616
	AMERICAN CENTURY INVESTMENTS	AMERCENT ONE CHOICE 2030 INV MUTUAL FUND SHARES	0	123,617
	AMERICAN CENTURY INVESTMENTS	AMERCENT ONE CHOICE 2040 INV MUTUAL FUND SHARES	0	114,951
	AMERICAN CENTURY INVESTMENTS	AMERCENT ONE CHOICE 2045 INV MUTUAL FUND SHARES	0	121,083
	AMERICAN CENTURY INVESTMENTS	AMERCENT ONE CHOICE 2050 INV MUTUAL FUND SHARES	0	70,724
	AMERICAN CENTURY INVESTMENTS	AMERCENT ONE CHOICE 2060 INV MUTUAL FUND SHARES	0	87
	AMERICAN CENTURY INVESTMENTS	AMERCENT ONE CHOICE IN RET INV MUTUAL FUND SHARES	0	81,239
	AMERICAN CENTURY INVESTMENTS	AMERCENT ULTRA INV MUTUAL FUND SHARES	0	175,219
	AMERICAN FUNDS	AMERFDS AMERICAN BALANCED R4 MUTUAL FUND SHARES	0	298,310
	AMERICAN FUNDS	AMERFDS WASHINGTON MUTUAL R4 MUTUAL FUND SHARES	0	170,481
*	AMERICAN UNITED LIFE INS CO	AUL FIXED ACCOUNT	0	910,765
	COLUMBIA MGMT INVESTMENT ADVISORS	COLUMBIA MIDCAP INDX A MUTUAL FUND SHARES	0	108,624
	COLUMBIA MGMT INVESTMENT ADVISORS	COLUMBIA SMCAP INDX A MUTUAL FUND SHARES	0	144,312
	GOLDMAN SACHS ASSET MANAGEMENT	GOLDMANSACHS MONEY MKT GVT AD MUTUAL FUND SHARES	0	28,133
	PARTICIPANTS	LOANS 4.25% TO 4.25%	0	38,467
	OPPENHEIMER FUNDS INC.	OPPENHEIMER DEV MKTS A MUTUAL FUND SHARES	0	67,441
	PIMCO	PIMCO REAL RETURN ADM MUTUAL FUND SHARES	0	2,351
	PRUDENTIAL INVESTMENTS	PRUDENTIAL TOTAL RETURN BOND Z MUTUAL FUND SHARES	0	2,658
	STATE STREET INSTITUTIONAL TRUST	STATE STREET EQUITY 500 IDX ADM MUTUAL FUND SHARES	0	185,079
	FRANKLIN TEMPLETON INVESTMENTS	TEMPLETON GLOBAL BOND A MUTUAL FUND SHARES	0	122,247
	THE VANGUARD GROUP INC	VANGUARD ST FEDERAL INV MUTUAL FUND SHARES	0	49,680