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| <b>Form 5500</b><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.5em; font-weight: bold;">2015</div><br><br><b>This Form is Open to Public Inspection</b> |
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|  |  |
|--|--|
| <b>Part I</b>  | <b>Annual Report Identification Information</b>  |
| For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u> |  |
| <b>A</b> This return/report is for:  | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or<br><input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____ |
| <b>B</b> This return/report is:  | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).  |
| <b>C</b> If the plan is a collectively-bargained plan, check here. ....                                  | <input type="checkbox"/>   |
| <b>D</b> Check box if filing under:  | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)  |

|   |   |
|---|---|
| <b>Part II</b>  | <b>Basic Plan Information</b> —enter all requested information  |
| <b>1a</b> Name of plan  | MICHIGAN COMMUNITY SERVICES INC. 401K PROFIT SHARING PLAN AND TRUST   |
| <b>1b</b> Three-digit plan number (PN) ▶  | 001   |
| <b>1c</b> Effective date of plan  | 10/01/1984  |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>MICHIGAN COMMUNITY SERVICES INC. | <b>2b</b> Employer Identification Number (EIN)<br>38-2443447<br><br><b>2c</b> Plan Sponsor's telephone number<br>810-635-4407<br><br><b>2d</b> Business code (see instructions)<br>623000 |
| 5239 MORRISH ROAD<br>P.O. BOX 317<br>SWARTZ CREEK MI 48473  |   |

**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.

|   |   |      |  |
|---|---|------|--|
| <b>SIGN HERE</b>  |   |      | GREG KIRKLAND  |
|   | <b>Signature of plan administrator</b>    | Date | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b>  |   |      |  |
|   | <b>Signature of employer/plan sponsor</b> | Date | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b>  |   |      |  |
|   | <b>Signature of DFE</b>                   | Date | Enter name of individual signing as DFE                      |
| Preparer's name (including firm name, if applicable) and address (include room or suite number)<br>One America<br>OneAmerica<br>One American Square, PO Box 368<br><br>Indianapolis IN 46206-0368 |   |      | Preparer's telephone number<br><br>800-261-9618              |

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

Form 5500 (2015)  
v. 150123

|   |  |
|---|--|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor  | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>   |
| <b>4</b> 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:<br><b>a</b> Sponsor's name   | <b>4b</b> EIN<br><br><b>4c</b> PN  |
| <b>5</b> Total number of participants at the beginning of the plan year   | <b>5</b> 460   |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).  |  |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year.....  | <b>6a(1)</b> 445   |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....   | <b>6a(2)</b> 387   |
| <b>b</b> Retired or separated participants receiving benefits.....  | <b>6b</b> 0  |
| <b>c</b> Other retired or separated participants entitled to future benefits.....   | <b>6c</b> 16   |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....   | <b>6d</b> 403  |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....   | <b>6e</b> 1  |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....   | <b>6f</b> 404  |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....  | <b>6g</b> 194  |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested .....   | <b>6h</b> 10   |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....  | <b>7</b>   |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E 2F 2G 2J 2K 2T 3D  |  |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:   |  |
| <b>9a</b> Plan funding arrangement (check all that apply)<br><b>(1)</b> <input checked="" type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor   | <b>9b</b> Plan benefit arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor  |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)   |  |
| <b>a Pension Schedules</b><br><b>(1)</b> <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br><b>(2)</b> <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br><b>(3)</b> <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | <b>b General Schedules</b><br><b>(1)</b> <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br><b>(2)</b> <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br><b>(3)</b> <input checked="" type="checkbox"/> <u>1</u> <b>A</b> (Insurance Information)<br><b>(4)</b> <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br><b>(5)</b> <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br><b>(6)</b> <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |

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|                 |   |
|-----------------|---|
| <b>Part III</b> | <b>Form M-1 Compliance Information (to be completed by welfare benefit plans)</b> |
|-----------------|---|

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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.

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

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**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 \_\_\_\_\_

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|  |   |   |
|--|---|---|
| <b>SCHEDULE A</b><br><b>(Form 5500)</b><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><hr/> <small>Department of Labor<br/>Employee Benefits Security Administration</small><br><hr/> <small>Pension Benefit Guaranty Corporation</small> | <b>Insurance Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b><br><br>► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110<br><br><hr/> <b>2015</b><br><br><hr/> <b>This Form is Open to Public Inspection</b> |
|--|---|---|

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

|   |   |     |
|---|---|-----|
| <b>A</b> Name of plan<br>MICHIGAN COMMUNITY SERVICES INC. 401K PROFIT SHARING PLAN AND TRUST          | <b>B</b> Three-digit plan number (PN) ►                         | 001 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><br>MICHIGAN COMMUNITY SERVICES INC. | <b>D</b> Employer Identification Number (EIN)<br><br>38-2443447 |     |

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

**1** Coverage Information:

**(a)** Name of insurance carrier

AMERICAN UNITED LIFE INSURANCE COMPANY

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|---|-------------------------|------------|
|            |               |                                       |   | (f) From                | (g) To     |
| 35-0145825 | 60895         | G92217                                | 194   | 01/01/2015              | 12/31/2015 |

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

| (a) Total amount of commissions paid | (b) Total amount of fees paid |
|--------------------------------------|-------------------------------|
| 2,338                                | 0                             |

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

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

DALY-MERRITT INC  
100 MAPLE STREET

WYANDOTTE MI 48192

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
| 2,338   | 0                               | N/A         | 3                     |

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

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

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

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

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

---

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

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

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

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

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

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

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| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|--|---------------------------------|--------------------|------------------------------|
|  | <b>(c)</b> Amount               | <b>(d)</b> 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.

|  |          |           |
|--|----------|-----------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> | 598,232   |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end .....   | <b>5</b> | 2,650,671 |

**6 Contracts With Allocated Funds:****a** State the basis of premium rates ▶

|  |           |  |
|--|-----------|--|
| <b>b</b> Premiums paid to carrier .....  | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year .....  | <b>6c</b> |  |
| <b>d</b> 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. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

**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>b</b> Balance at the end of the previous year ..... | <b>7b</b> | 604,344 |
|--|-----------|---------|

|   |              |        |  |
|---|--------------|--------|--|
| <b>c</b> Additions: (1) Contributions deposited during the year ..... | <b>7c(1)</b> | 53,443 |  |
| (2) Dividends and credits .....                                       | <b>7c(2)</b> | 0      |  |
| (3) Interest credited during the year .....                           | <b>7c(3)</b> | 23,153 |  |
| (4) Transferred from separate account .....                           | <b>7c(4)</b> | 29,931 |  |
| (5) Other (specify below) .....                                       | <b>7c(5)</b> | 9,767  |  |

▶ LOAN REPAYMENT

|                           |              |         |
|---------------------------|--------------|---------|
| (6) Total additions ..... | <b>7c(6)</b> | 116,294 |
|---------------------------|--------------|---------|

|   |           |         |
|---|-----------|---------|
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) ..... | <b>7d</b> | 720,638 |
|---|-----------|---------|

**e Deductions:**

|   |              |        |  |
|---|--------------|--------|--|
| (1) Disbursed from fund to pay benefits or purchase annuities during year ..... | <b>7e(1)</b> | 65,435 |  |
| (2) Administration charge made by carrier .....                                 | <b>7e(2)</b> | 3,472  |  |
| (3) Transferred to separate account .....                                       | <b>7e(3)</b> | 31,814 |  |
| (4) Other (specify below) .....   | <b>7e(4)</b> | 21,685 |  |

▶ LOANS ISSUED

|                            |              |         |
|----------------------------|--------------|---------|
| (5) Total deductions ..... | <b>7e(5)</b> | 122,406 |
|----------------------------|--------------|---------|

|   |           |         |
|---|-----------|---------|
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) ..... | <b>7f</b> | 598,232 |
|---|-----------|---------|

**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:

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

**10** Nonexperience-rated contracts:

|  |            |  |
|--|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier.....   | <b>10a</b> |  |
| <b>b</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..... | <b>10b</b> |  |

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. ▶

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

|   |   |            |            |            |
|---|---|------------|------------|------------|
| For calendar plan year 2015 or fiscal plan year beginning   |   | 01/01/2015 | and ending | 12/31/2015 |
| <b>A</b> Name of plan<br>MICHIGAN COMMUNITY SERVICES INC. 401K PROFIT SHARING PLAN AND TRUST          | <b>B</b> Three-digit plan number (PN) ▶                         | 001        |            |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><br>MICHIGAN COMMUNITY SERVICES INC. | <b>D</b> Employer Identification Number (EIN)<br><br>38-2443447 |            |            |            |

|               |  |
|---------------|--|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--|

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>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| AMERICAN UNITED LIFE INSURANCE CO 35-0145825  |

|  |
|--|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation |
|--|

|   |
|---|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|---|

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

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

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

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

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

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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)<br>Service<br>Code(s)                    | (c)<br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | (d)<br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0-. | (e)<br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | (f)<br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | (g)<br>Enter total indirect<br>compensation received by<br>service provider excluding<br>eligible indirect<br>compensation for which you<br>answered "Yes" to element<br>(f). If none, enter -0-. | (h)<br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>estimated amount? |
|--|---|---|--|--|---|--|
| 15 50 66<br>50 52 67<br>64 59<br>60<br>37 63 | NONE  | 3,187   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | 27,313  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                      |

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

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

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

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

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

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

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

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

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

**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<br>(see instructions) | (c) Enter amount of indirect<br>compensation |
|---|---|--|
|   | 66<br><br>67                            |  |
| AMERICAN UNITED LIFE INSURANCE CO                       |   | 27,313                                       |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any<br>formula used to determine the service provider's eligibility<br>for or the amount of the indirect compensation. |
|---|--|
| AMERICAN UNITED LIFE INSURANCE CO                      35-0145825   | ASSET CHARGE   |

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

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

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

| (d) Enter name and EIN (address) of source of indirect compensation    | (e) Describe the indirect compensation, including any<br>formula used to determine the service provider's eligibility<br>for or the amount of the indirect compensation. |
|--|--|
| AMERICAN FUNDS    95-1411037 | REVENUE SHARING FORMULA - SEE<br>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<br>(see instructions) | (c) Enter amount of indirect compensation |
|---|---|---|
| AMERICAN UNITED LIFE INSURANCE CO                       | 63 59<br>60<br>52                       | 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. |
|---|--|
| ARIEL INVESTMENT 02-0712418   | REVENUE SHARING FORMULA - SEE ATTACHED   |

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

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

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

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

**Part I Service Provider Information (continued)**

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

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

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

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---|---|---|
| AMERICAN UNITED LIFE INSURANCE CO                       | 63 59<br>60<br>52                       | 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. |
|---|--|
| JANUS CAPITAL GROUP INC 75-3019319                                  | 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<br>(see instructions) | (c) Enter amount of indirect compensation |
|---|---|---|
| AMERICAN UNITED LIFE INSURANCE CO                       | 63 59<br>60<br>52                       | 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<br>(see instructions) | (c) Enter amount of indirect compensation |
|---|---|---|
| AMERICAN UNITED LIFE INSURANCE CO                       | 63 59<br>60<br>52                       | 0   |

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

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

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|---|---|---|
| AMERICAN UNITED LIFE INSURANCE CO                       | 63 59<br>60<br>52                       | 0   |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|--|
| STATE STREET GLOBAL ADVISORS 04-1867445                             | REVENUE SHARING FORMULA - SEE ATTACHED   |

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

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

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

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



**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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|   |  |  |
|---|--|--|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2015</div><br><br><b>This Form is Open to Public Inspection.</b> |
|---|--|--|

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

|  |  |     |
|--|--|-----|
| <b>A</b> Name of plan<br>MICHIGAN COMMUNITY SERVICES INC. 401K PROFIT SHARING PLAN AND TRUST                 | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span> | 001 |
|  |  |     |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><br>MICHIGAN COMMUNITY SERVICES INC. | <b>D</b> Employer Identification Number (EIN)<br><br>38-2443447            |     |

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

|   |                        |   |
|---|------------------------|---|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT II                  |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): AMERICAN UNITED LIFE INSURANCE CO |                        |   |
| <b>c</b> EIN-PN 35-0145825 000  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2,650,671 |
|   |                        |   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                      |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a):                                   |                        |   |
| <b>c</b> EIN-PN   | <b>d</b> Entity code   | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)           |
|   |                        |   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                      |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a):                                   |                        |   |
| <b>c</b> EIN-PN   | <b>d</b> Entity code   | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)           |
|   |                        |   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                      |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a):                                   |                        |   |
| <b>c</b> EIN-PN   | <b>d</b> Entity code   | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)           |
|   |                        |   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                      |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a):                                   |                        |   |
| <b>c</b> EIN-PN   | <b>d</b> Entity code   | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)           |
|   |                        |   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                      |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a):                                   |                        |   |
| <b>c</b> EIN-PN   | <b>d</b> Entity code   | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)           |
|   |                        |   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                      |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a):                                   |                        |   |
| <b>c</b> EIN-PN   | <b>d</b> Entity code   | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)           |
|   |                        |   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                      |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a):                                   |                        |   |
| <b>c</b> EIN-PN   | <b>d</b> Entity code   | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)           |

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

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

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

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

|  |  |  |
|--|--|--|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2015</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2015 or fiscal plan year beginning <b>01/01/2015</b> and ending <b>12/31/2015</b>   |  |  |
| <b>A</b> Name of plan<br>MICHIGAN COMMUNITY SERVICES INC. 401K PROFIT SHARING PLAN AND TRUST   | <b>B</b> Three-digit plan number (PN) <b>►</b>   | 001  |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><br>MICHIGAN COMMUNITY SERVICES INC.  | <b>D</b> Employer Identification Number (EIN)<br><br>38-2443447  |  |

| Part I Asset and Liability Statement  |                 |                       |                 |
|---|-----------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. |                 |                       |                 |
| Assets  |                 | (a) Beginning of Year | (b) End of Year |
| <b>a</b> Total noninterest-bearing cash .....   | <b>1a</b>       | 0                     | 0               |
| <b>b</b> Receivables (less allowance for doubtful accounts):  |                 |                       |                 |
| <b>(1)</b> Employer contributions .....   | <b>1b(1)</b>    | 0                     | 0               |
| <b>(2)</b> Participant contributions .....  | <b>1b(2)</b>    | 0                     | 0               |
| <b>(3)</b> Other.....   | <b>1b(3)</b>    | 0                     | 0               |
| <b>c</b> General investments:   |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    | 0                     | 0               |
| <b>(2)</b> U.S. Government securities.....  | <b>1c(2)</b>    | 0                     | 0               |
| <b>(3)</b> Corporate debt instruments (other than employer securities):   |                 |                       |                 |
| <b>(A)</b> Preferred .....  | <b>1c(3)(A)</b> | 0                     | 0               |
| <b>(B)</b> All other.....   | <b>1c(3)(B)</b> | 0                     | 0               |
| <b>(4)</b> Corporate stocks (other than employer securities):   |                 |                       |                 |
| <b>(A)</b> Preferred .....  | <b>1c(4)(A)</b> | 0                     | 0               |
| <b>(B)</b> Common .....   | <b>1c(4)(B)</b> | 0                     | 0               |
| <b>(5)</b> Partnership/joint venture interests .....  | <b>1c(5)</b>    | 0                     | 0               |
| <b>(6)</b> Real estate (other than employer real property) .....  | <b>1c(6)</b>    | 0                     | 0               |
| <b>(7)</b> Loans (other than to participants) .....   | <b>1c(7)</b>    | 0                     | 0               |
| <b>(8)</b> Participant loans .....  | <b>1c(8)</b>    | 119,466               | 113,662         |
| <b>(9)</b> Value of interest in common/collective trusts.....   | <b>1c(9)</b>    | 0                     | 0               |
| <b>(10)</b> Value of interest in pooled separate accounts.....  | <b>1c(10)</b>   | 0                     | 0               |
| <b>(11)</b> Value of interest in master trust investment accounts .....   | <b>1c(11)</b>   | 0                     | 0               |
| <b>(12)</b> Value of interest in 103-12 investment entities .....   | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....  | <b>1c(13)</b>   | 2,667,913             | 2,650,671       |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....   | <b>1c(14)</b>   | 604,344               | 598,232         |
| <b>(15)</b> Other .....   | <b>1c(15)</b>   | 0                     | 0               |

**1d** Employer-related investments:

|  |              | (a) Beginning of Year | (b) End of Year |
|--|--------------|-----------------------|-----------------|
| (1) Employer securities .....  | <b>1d(1)</b> | 0                     | 0               |
| (2) Employer real property .....                                     | <b>1d(2)</b> | 0                     | 0               |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    | 0                     | 0               |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 3,391,723             | 3,362,565       |

**Liabilities**

|   |           |   |   |
|---|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> | 0 | 0 |
| <b>h</b> Operating payables .....   | <b>1h</b> | 0 | 0 |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> | 0 | 0 |
| <b>j</b> Other liabilities .....  | <b>1j</b> | 0 | 0 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|   |           |           |           |
|---|-----------|-----------|-----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 3,391,723 | 3,362,565 |
|---|-----------|-----------|-----------|

**Part II Income and Expense Statement**

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

**Income**

|  |                 | (a) Amount | (b) Total |
|--|-----------------|------------|-----------|
| <b>a Contributions:</b>  |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....  | <b>2a(1)(A)</b> | 36,746     |           |
| <b>(B)</b> Participants .....  | <b>2a(1)(B)</b> | 192,375    |           |
| <b>(C)</b> Others (including rollovers) .....  | <b>2a(1)(C)</b> | 0          |           |
| (2) Noncash contributions .....  | <b>2a(2)</b>    | 0          |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 229,121   |
| <b>b Earnings on investments:</b>  |                 |            |           |
| (1) Interest:  |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 0          |           |
| <b>(B)</b> U.S. Government securities .....  | <b>2b(1)(B)</b> | 0          |           |
| <b>(C)</b> Corporate debt instruments .....  | <b>2b(1)(C)</b> | 0          |           |
| <b>(D)</b> Loans (other than to participants) .....  | <b>2b(1)(D)</b> | 0          |           |
| <b>(E)</b> Participant loans .....   | <b>2b(1)(E)</b> | 5,239      |           |
| <b>(F)</b> Other .....   | <b>2b(1)(F)</b> | 23,153     |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 28,392    |
| (2) Dividends: <b>(A)</b> Preferred stock .....  | <b>2b(2)(A)</b> | 0          |           |
| <b>(B)</b> Common stock .....  | <b>2b(2)(B)</b> | 0          |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 0          |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 0         |
| (3) Rents .....  | <b>2b(3)</b>    |            | 0         |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 0          |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....  | <b>2b(4)(B)</b> | 0          |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> | 0          |           |
| <b>(B)</b> Other .....   | <b>2b(5)(B)</b> | 0          |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | 0         |

|  | (a) Amount    | (b) Total |
|--|---------------|-----------|
| <b>(6)</b> Net investment gain (loss) from common/collective trusts .....                              | <b>2b(6)</b>  | 0         |
| <b>(7)</b> Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  | 0         |
| <b>(8)</b> Net investment gain (loss) from master trust investment accounts .....                      | <b>2b(8)</b>  | 0         |
| <b>(9)</b> Net investment gain (loss) from 103-12 investment entities .....                            | <b>2b(9)</b>  | 0         |
| <b>(10)</b> Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> | -48,827   |
| <b>c</b> Other income .....  | <b>2c</b>     | 0         |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | <b>2d</b>     | 208,686   |

**Expenses**

|   |              |         |
|---|--------------|---------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |              |         |
| <b>(1)</b> Directly to participants or beneficiaries, including direct rollovers .....      | <b>2e(1)</b> | 213,172 |
| <b>(2)</b> To insurance carriers for the provision of benefits .....                        | <b>2e(2)</b> | 0       |
| <b>(3)</b> Other .....  | <b>2e(3)</b> | 0       |
| <b>(4)</b> Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....          | <b>2e(4)</b> | 213,172 |
| <b>f</b> Corrective distributions (see instructions) .....                                  | <b>2f</b>    | 20,525  |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | <b>2g</b>    | 0       |
| <b>h</b> Interest expense .....   | <b>2h</b>    | 0       |
| <b>i</b> Administrative expenses: <b>(1)</b> Professional fees .....                        | <b>2i(1)</b> | 0       |
| <b>(2)</b> Contract administrator fees .....  | <b>2i(2)</b> | 4,147   |
| <b>(3)</b> Investment advisory and management fees .....                                    | <b>2i(3)</b> | 0       |
| <b>(4)</b> Other .....  | <b>2i(4)</b> | 0       |
| <b>(5)</b> Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....   | <b>2i(5)</b> | 4,147   |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | <b>2j</b>    | 237,844 |

**Net Income and Reconciliation**

|   |              |         |
|---|--------------|---------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    | -29,158 |
| <b>l</b> Transfers of assets:   |              |         |
| <b>(1)</b> To this plan .....   | <b>2l(1)</b> | 0       |
| <b>(2)</b> From this plan .....   | <b>2l(2)</b> | 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: Robert F Murray & Company CPAs, P.C

**(2)** EIN: 38-2232047

**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 |
|--|-----|----|-----|--------|
| <b>a</b> 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.) .....                 |     | X  |     |        |
| <b>b</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.) ..... |     | X  |     |        |



|   |           | Yes | No | N/A | Amount    |
|---|-----------|-----|----|-----|-----------|
| <b>c</b> 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.) .....  | <b>4c</b> |     | X  |     |           |
| <b>d</b> 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.) .....                               | <b>4d</b> |     | X  |     |           |
| <b>e</b> Was this plan covered by a fidelity bond? .....  | <b>4e</b> | X   |    |     | 1,000,000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....   | <b>4f</b> |     | X  |     |           |
| <b>g</b> 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? .....  | <b>4g</b> |     | X  |     |           |
| <b>h</b> 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? .....  | <b>4h</b> |     | X  |     |           |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....  | <b>4i</b> | X   |    |     |           |
| <b>j</b> 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.) ..... | <b>4j</b> |     | X  |     |           |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....   | <b>4k</b> |     | X  |     |           |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....  | <b>4l</b> |     | X  |     |           |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....  | <b>4m</b> |     | X  |     |           |
| <b>n</b> 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. ....                                      | <b>4n</b> |     |    |     |           |
| <b>o</b> Did the plan trust incur unrelated business taxable income? .....  | <b>4o</b> |     |    |     |           |
| <b>p</b> Were in-service distributions made during the plan year? .....   | <b>4p</b> |     |    |     |           |

**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

|                         |                       |
|-------------------------|-----------------------|
| <b>6a</b> Name of trust | <b>6b</b> Trust's EIN |
|-------------------------|-----------------------|

|  |   |
|--|---|
| <b>6c</b> Name of trustee or custodian | <b>6d</b> Trustee's or custodian's telephone number |
|--|---|

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

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

|   |   |
|---|---|
| <b>A</b> Name of plan<br><br>MICHIGAN COMMUNITY SERVICES INC. 401K PROFIT SHARING PLAN AND TRUST      | <b>B</b> Three-digit plan number (PN) ▶<br><br>001              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><br>MICHIGAN COMMUNITY SERVICES INC. | <b>D</b> Employer Identification Number (EIN)<br><br>38-2443447 |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|   |          |   |
|---|----------|---|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....   | <b>1</b> | 0 |
| <b>2</b> 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):<br><br>EIN(s): 35-0145825 |          |   |
| <b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>   |          |   |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....   | <b>3</b> |   |

|                |  |
|----------------|--|
| <b>Part II</b> | <b>Funding Information</b> (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) |
|----------------|--|

|   |                              |                             |                              |
|---|------------------------------|-----------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>If the plan is a defined benefit plan, go to line 8.</b>   |                              |                             |                              |
| <b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____                                     |                              |                             |                              |
| <b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b>  |                              |                             |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....  | <b>6a</b>                    |                             |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....  | <b>6b</b>                    |                             |                              |
| <b>c</b> 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).....   | <b>6c</b>                    |                             |                              |
| <b>If you completed line 6c, skip lines 8 and 9.</b>  |                              |                             |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>8</b> 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? ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|   |                                   |                                   |                               |                             |
|---|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> 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. .... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|---|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |   |
|----------------|---|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---|

|  |                              |                             |
|--|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....   | <input type="checkbox"/> Yes | <input type="checkbox"/> 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): \_\_\_\_\_

|           |  |            |  |
|-----------|--|------------|--|
| <b>14</b> | Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:  |            |  |
|           | <b>a</b> The current year .....  | <b>14a</b> |  |
|           | <b>b</b> The plan year immediately preceding the current plan year .....   | <b>14b</b> |  |
|           | <b>c</b> The second preceding plan year .....  | <b>14c</b> |  |
| <b>15</b> | 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:   |            |  |
|           | <b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....  | <b>15a</b> |  |
|           | <b>b</b> The corresponding number for the second preceding plan year .....   | <b>15b</b> |  |
| <b>16</b> | Information with respect to any employers who withdrew from the plan during the preceding plan year:   |            |  |
|           | <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....   | <b>16a</b> |  |
|           | <b>b</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 .....   | <b>16b</b> |  |
| <b>17</b> | 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. .... <input type="checkbox"/> |            |  |

|                |   |
|----------------|---|
| <b>Part VI</b> | <b>Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans</b> |
|----------------|---|

|           |  |
|-----------|--|
| <b>18</b> | 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. .... <input type="checkbox"/>  |
| <b>19</b> | If the total number of participants is 1,000 or more, complete lines (a) through (c)<br><b>a</b> Enter the percentage of plan assets held as:<br>Stock: _____ % Investment-Grade Debt: _____ % High-Yield Debt: _____ % Real Estate: _____ % Other: _____ %<br><b>b</b> Provide the average duration of the combined investment-grade and high-yield debt:<br><input type="checkbox"/> 0-3 years <input type="checkbox"/> 3-6 years <input type="checkbox"/> 6-9 years <input type="checkbox"/> 9-12 years <input type="checkbox"/> 12-15 years <input type="checkbox"/> 15-18 years <input type="checkbox"/> 18-21 years <input type="checkbox"/> 21 years or more<br><b>c</b> What duration measure was used to calculate line 19(b)?<br><input type="checkbox"/> Effective duration <input type="checkbox"/> Macaulay duration <input type="checkbox"/> Modified duration <input type="checkbox"/> Other (specify): _____ |

|                 |                                 |
|-----------------|---------------------------------|
| <b>Part VII</b> | <b>IRS Compliance Questions</b> |
|-----------------|---------------------------------|

|   |  |
|---|--|
| <b>20a</b> Is the plan a 401(k) plan? .....   | <input type="checkbox"/> Yes <input type="checkbox"/> No                                       |
| <b>20b</b> 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)? .....   | <input type="checkbox"/> Design-based safe harbor method <input type="checkbox"/> ADP/ACP test |
| <b>20c</b> 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))? .....          | <input type="checkbox"/> Yes <input type="checkbox"/> No                                       |
| <b>21a</b> Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b): .....   | <input type="checkbox"/> Ratio percentage test <input type="checkbox"/> Average benefit test   |
| <b>21b</b> 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? .....  | <input type="checkbox"/> Yes <input type="checkbox"/> No                                       |
| <b>22a</b> Has the plan been timely amended for all required tax law changes? .....   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A          |
| <b>22b</b> 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).   |  |
| <b>22c</b> 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 _____. |  |
| <b>22d</b> 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 _____.   |  |
| <b>23</b> 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)? .....                      | <input type="checkbox"/> Yes <input type="checkbox"/> No                                       |

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

Name of Plan: MICHIGAN COMMUNITY SERVICES INC 401K PROFIT-SHARING PLAN  
Employer Identification Number: 38-2443447  
For plan year (beginning/ending): 01-01-2015 TO 12-31-2015 Plan number: 001

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par or maturity value | (d) Cost | (e) Current value |
|-----|---|--|----------|-------------------|
|     | FRED ALGER & COMPANY INC                                  | ALGER LGCAP GRTH PORT I-2 MUTUAL FUND SHARES   | 0        | 58,713            |
|     | AMERICAN CENTURY INVESTMENTS                              | AMERCENT EQTY INC INV MUTUAL FUND SHARES   | 0        | 62,086            |
|     | AMERICAN CENTURY INVESTMENTS                              | AMERCENT INTL GRTH INV MUTUAL FUND SHARES  | 0        | 180,248           |
|     | AMERICAN FUNDS  | AMERFDS CAP WORLD GRTH&INC R4 MUTUAL FUND SHARES   | 0        | 250,885           |
|     | AMERICAN FUNDS  | AMERFDS GRTH FD OF AMERICA R4 MUTUAL FUND SHARES   | 0        | 152,860           |
|     | ARIEL INVESTMENT  | ARIEL INV MUTUAL FUND SHARES   | 0        | 107,246           |
| *   | AMERICAN UNITED LIFE INS CO                               | AUL FIXED ACCOUNT  | 0        | 598,232           |
|     | FIDELITY INVESTMENTS                                      | FIDELITY VIP ASSET MNGR INIT MUTUAL FUND SHARES  | 0        | 327,506           |
|     | FIDELITY INVESTMENTS                                      | FIDELITY VIP CONTRAFD INIT MUTUAL FUND SHARES  | 0        | 279,293           |
|     | GOLDMAN SACHS ASSET MANAGEMENT                            | GOLDMANSACHS MIDCAP VAL INST MUTUAL FUND SHARES  | 0        | 34,209            |
|     | INVESCO   | INVESCO ENERGY FD INV MUTUAL FUND SHARES   | 0        | 15,562            |
|     | INVESCO   | INVESCO MIDCAP GRTH R5 MUTUAL FUND SHARES  | 0        | 13,586            |
|     | JANUS CAPITAL GROUP INC                                   | JANUS ASP GLOBAL RESEARCH INST MUTUAL FUND SHARES  | 0        | 3,135             |
|     | PARTICIPANTS  | LOANS 4.25% TO 4.25%   | 0        | 113,662           |
| *   | ONEAMERICA FUNDS INC.                                     | ONEAMERICA INV GRADE BOND O MUTUAL FUND SHARES   | 0        | 163,529           |
|     | PIMCO   | PIMCO REAL RETURN ADM MUTUAL FUND SHARES   | 0        | 8,604             |
|     | PIONEER INVESTMENTS                                       | PIONEER SEL MID CAP GRTH VCT I MUTUAL FUND SHARES  | 0        | 43,375            |
|     | PIONEER INVESTMENTS                                       | PIONEER VCT INST MUTUAL FUND SHARES  | 0        | 29,174            |
|     | PRUDENTIAL INVESTMENTS                                    | PRUDENTIAL JENN MIDCAP GRTH Z MUTUAL FUND SHARES   | 0        | 40,544            |
|     | STATE STREET GLOBAL ADVISORS                              | STATE STREET INTL INDX I MUTUAL FUND SHARES  | 0        | 26,746            |
|     | STATE STREET GLOBAL ADVISORS                              | STATE STREET RUSS SMCAP IDX I MUTUAL FUND SHARES   | 0        | 8,349             |
|     | STATE STREET GLOBAL ADVISORS                              | STATE STREET S&P 500 INDX F MUTUAL FUND SHARES   | 0        | 338,788           |
|     | STATE STREET GLOBAL ADVISORS                              | STATE STREET S&P MID 400 INDX A MUTUAL FUND SHARES   | 0        | 57,156            |
|     | THORNBURG INVESTMENT MANAGEMENT                           | THORNBURG LTD-TERM INC R3 MUTUAL FUND SHARES   | 0        | 79,650            |
|     | T ROWE PRICE  | TROWEPRICE EQTY INC INS MUTUAL FUND SHARES   | 0        | 215,782           |
|     | THE VANGUARD GROUP INC                                    | VANGUARD VIF SMALLCOMPGRTH INS MUTUAL FUND SHARES  | 0        | 153,655           |

## Schedule C Attachment for Line Item 3(e)

**Plan Name**      **G92217 MICHIGAN COMMUNITY SERVICES INC 401K PROFIT-SHARING PLAN**

**Plan Number**    **001**                      **Plan Year End**    **12/31/2015**

**EIN**                      **38-2443447**

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 Eqty Inc Inv          | 0.35              |
| AMERICAN CENTURY INVESTMENTS   | AmerCent Intl Grth Inv         | 0.35              |
| AMERICAN CENTURY INVESTMENTS   | AmerCent Ultra Inv             | 0.35              |
| AMERICAN FUNDS                 | AmerFds Grth Fd of America R4  | 0.35              |
| AMERICAN FUNDS                 | AmerFds Cap World Grth&Inc R4  | 0.35              |
| ARIEL INVESTMENT               | Ariel Inv                      | 0.25              |
| FIDELITY INVESTMENTS           | Fidelity VIP Asset Mngr Init   | 0.15              |
| FIDELITY INVESTMENTS           | Fidelity VIP Contrafd Init     | 0.15              |
| FRED ALGER & COMPANY, INC      | Alger LgCap Grth Port I-2      | 0.20              |
| GOLDMAN SACHS ASSET MANAGEMENT | GoldmanSachs MidCap Val Inst   | 0.10              |
| INVESCO                        | Invesco Capital Development    | 0.20              |
| INVESCO                        | Invesco Energy Fd Inv          | 0.50              |
| INVESCO                        | Invesco MidCap Grth R5         | 0.20              |
| JANUS CAPITAL GROUP, INC       | Janus Asp Global Research Inst | 0.15              |
| PIMCO                          | PIMCO Real Return Adm          | 0.25              |
| PIONEER INVESTMENTS            | Pioneer VCT Inst               | 0.25              |
| PIONEER INVESTMENTS            | Pioneer Sel Mid Cap Grth VCT I | 0.25              |
| PRUDENTIAL INVESTMENTS         | Prudential Jenn Midcap Grth Z  | 0.25              |

| Investment Company              | Investment Portfolio           | Annual Percentage |
|---------------------------------|--------------------------------|-------------------|
| STATE STREET GLOBAL ADVISORS    | State St S&P 500 Indx Cl F     | 0.22              |
| STATE STREET GLOBAL ADVISORS    | State St Russll SmCap Idx Cl I | 0.62              |
| STATE STREET GLOBAL ADVISORS    | State St S&P Mid 400 Idx Cl A  | 0.62              |
| STATE STREET GLOBAL ADVISORS    | State St Intl Indx Cl I        | 0.60              |
| T ROWE PRICE                    | TRowePrice Eqty Inc Ins        | 0.25              |
| THORNBURG INVESTMENT MANAGEMENT | Thornburg Ltd-Term Inc R3      | 0.55              |

Plan Type    1 401PS

**Michigan Community Services, Inc.  
401(k) Profit Sharing Plan and Trust  
Financial Statements  
For the Years Ended  
December 31, 2015 and 2014**



**Michigan Community Services, Inc.  
401(k) Profit Sharing Plan and Trust  
Table of Contents**

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| Statements of Changes in Net Assets Available for Benefits | 4           |
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## ROBERT F. MURRAY AND COMPANY

CERTIFIED PUBLIC ACCOUNTANTS AND FINANCIAL ADVISORS • A PROFESSIONAL CORPORATION

### INDEPENDENT AUDITORS' REPORT

Board of Trustees  
Michigan Community Services, Inc.  
401(k) Profit Sharing Plan and Trust  
Swartz Creek, Michigan

#### Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Michigan Community Services, Inc. 401(k) Profit Sharing Plan and Trust, which are comprised of the statements of net assets available for benefits as of December 31, 2015 and 2014, and the related statements of changes in net assets available for 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 our audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

#### Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's 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 C, 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 and supplemental schedules. 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 December 31, 2015 and 2014, and for the years then ended, that the information provided to the plan administrator by the trustee is complete and accurate.

#### 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 supplementary Schedule of Assets (Held at End of Year) as of December 31, 2015 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, it is inappropriate to and we do not express an opinion on the supplementary 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 supplementary 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.

Robert F. Murray & Company  
Certified Public Accountants, P.C.  
Mt. Pleasant, Michigan

September 7, 2016

**Michigan Community Services, Inc. 401(k) Profit Sharing Plan and Trust**  
**Statements of Net Assets Available for Benefits**  
**December 31, 2015 and 2014**

|                                    | <u>2015</u>                | <u>2014</u>                |
|------------------------------------|----------------------------|----------------------------|
| <b>Assets</b>                      |                            |                            |
| Investments (at fair value)        | \$ 3,248,903               | \$ 3,272,257               |
| Receivables:                       |                            |                            |
| Notes receivable from participants | <u>113,662</u>             | <u>119,466</u>             |
| Total Receivables                  | <u>113,662</u>             | <u>119,466</u>             |
| Total Assets                       | <u><u>\$ 3,362,565</u></u> | <u><u>\$ 3,391,723</u></u> |
| <b>Liabilities</b>                 |                            |                            |
| Total Liabilities                  | <u>-</u>                   | <u>-</u>                   |
| Net Assets Available for Benefits  | <u><u>\$ 3,362,565</u></u> | <u><u>\$ 3,391,723</u></u> |

See accompanying notes and independent auditors' report.

**Michigan Community Services, Inc. 401(k) Profit Sharing Plan and Trust**  
**Statements of Changes in Net Assets Available for Benefits**  
**For the Years Ended December 31, 2015 and 2014**

|  | <u>2015</u>                | <u>2014</u>                |
|--|----------------------------|----------------------------|
| <b>Additions</b>   |                            |                            |
| Additions to Net Assets Attributed to:                       |                            |                            |
| Investment Income:   |                            |                            |
| Interest and dividends                                       | \$ 28,392                  | \$ 28,159                  |
| Net appreciation (depreciation) in fair value of investments | <u>(48,827)</u>            | <u>143,155</u>             |
| Total Investment Income                                      | (20,435)                   | 171,314                    |
| Contributions:   |                            |                            |
| Participants   | 192,375                    | 182,847                    |
| Employer   | 36,746                     | 33,320                     |
| Participant rollover contributions                           | <u>-</u>                   | <u>2,518</u>               |
| Total Contributions  | 229,121                    | 218,685                    |
| Total Additions  | <u>208,686</u>             | <u>389,999</u>             |
| <b>Deductions</b>  |                            |                            |
| Deductions from Net Assets Attributed to:                    |                            |                            |
| Benefits paid to participants                                | 233,697                    | 140,361                    |
| Fees   | <u>4,147</u>               | <u>1,094</u>               |
| Total Deductions   | <u>237,844</u>             | <u>141,455</u>             |
| <b>Net Increase (Decrease) in Net Assets</b>                 | (29,158)                   | 248,544                    |
| <b>Net Assets Available for Benefits</b>                     |                            |                            |
| Beginning of Year  | <u>3,391,723</u>           | <u>3,143,179</u>           |
| End of Year  | <u><u>\$ 3,362,565</u></u> | <u><u>\$ 3,391,723</u></u> |

See accompanying notes and independent auditors' report.

**Michigan Community Services, Inc. 401(k) Profit Sharing Plan and Trust**  
**Notes to Financial Statements**  
**December 31, 2015 and 2014**

**NOTE A - DESCRIPTION OF PLAN**

The following description of the Michigan Community Services, Inc. 401(k) Profit Sharing Plan and Trust (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 is a defined contribution profit-sharing plan covering all full-time employees of Michigan Community Services, Inc. (the "Employer"), who have one year of service, are age twenty-one or older and have worked at least one thousand hours during the previous one year of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

*Contributions:* Each year, participants may contribute up to the maximum allowed by the Internal Revenue Service. Participants who have attained age 50 before the end of the Plan year are eligible to make catch up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. Under the Plan, the Employer has the right to make discretionary contributions. Currently, the employer matches 25% of every dollar the employee defers up to a maximum of 8% of the employee's annual salary. The Company's matching contributions are invested based on the same allocation as the participant's contributions.

*Vesting:* Participants are immediately vested in their contributions plus actual earnings thereon. Participants are 100% vested in the Employer's discretionary contributions after seven years of credited service.

*Forfeited Accounts:* As of January 1, 2010, the Plan was amended to allow forfeited amounts to be used for either Plan expenses or used to reduce employer contributions. Prior to that, forfeitures were allocated to the participants in the same manner as the Employer's contribution. For the year ended December 31, 2015 there were forfeitures of \$1,633 used to reduce Plan expenses. For the year ended December 31, 2014 there were forfeitures of \$320 used to reduce Plan expenses.

*Participant Loans:* Participants may borrow from their fund accounts up to a maximum of \$50,000 or 50% of their vested account balance, whichever is less. The loans are secured by the balance in the participant's account and bear a reasonable interest rate determined by the Administrator. Principal and interest is paid ratably through bi-weekly payroll deductions. Generally all loans must be repaid within five years, unless used to purchase a principal residence. A participant can have only one loan outstanding at any one time.

*Payment of Benefits:* Upon termination of service due to death, disability, retirement or obtaining age 65, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, installment payments or a life annuity not to exceed the participant or the participant's beneficiary's life expectancy. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. An early retirement option is available to those who have attained age 55 with a minimum of 15 years of service.

**NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

*Date of Management's Review:* Management has considered subsequent events through September 7, 2016, which is the date the financial statements were available to be issued.

*Basis of Accounting:* The financial statements of the Plan are prepared using the accrual method of accounting.

*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.

**Michigan Community Services, Inc. 401(k) Profit Sharing Plan and Trust**  
**Notes to Financial Statements**  
**December 31, 2015 and 2014**

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

*Notes Receivable from Participants:* Loans to participants are reported at their unpaid principal balances plus any accrued but unpaid interest.

*Change in Accounting Principle:* In July 2015, the FASB issued ASU 2015-12 Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965); (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient. Parts I and III are not applicable to the Plan.

Part II eliminates the requirements to disclose individual investments that represent 5% or more of the net assets available for benefits and the net appreciation or depreciation in fair value of investments by general type. Part II also simplifies the level of disaggregation of investments that are measured using fair value. Plans will continue to disaggregate investments that are measured using fair value by general type; however, plans are no longer required to also disaggregate investments by nature, characteristics and risks. Further, the disclosure of information about fair value measurement shall be provided by general type of plan asset.

The ASU is effective for fiscal years beginning after December 15, 2015, with early adoption permitted. Part II is applied retrospectively. Management has elected to adopt Part II early.

*Investment Valuation and Income Recognition:* The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note C for a discussion of fair value measurements.

Appreciation (depreciation) represents the difference between the values of the investments at the end of the Plan years plus any gains or losses from sales of investments during the Plan year.

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

*Operating Expenses:* All expenses of maintaining the Plan are paid by the Company or reduced by forfeitures.

**NOTE C - FAIR VALUE MEASUREMENTS**

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The three levels of inputs of the fair value hierarchy are: Level 1 - quoted prices in active markets for identical assets; Level 2 - significant other observable inputs; and Level 3 - significant unobservable inputs. As of December 31, 2015 and 2014, the Plan had no assets which were required to be measured using Level 2 inputs.

Assets Measured at Fair Value on a Recurring Basis at December 31, 2015

|                            | Level 1             | Level 2     | Level 3           | Total               |
|----------------------------|---------------------|-------------|-------------------|---------------------|
| Mutual Funds               | \$ 2,650,671        | \$ -        | \$ -              | \$ 2,650,671        |
| AUL Fixed Interest Account | -                   | -           | 598,232           | 598,232             |
|                            | <u>\$ 2,650,671</u> | <u>\$ -</u> | <u>\$ 598,232</u> | <u>\$ 3,248,903</u> |

Assets Measured at Fair Value on a Recurring Basis at December 31, 2014

|                            | Level 1             | Level 2     | Level 3           | Total               |
|----------------------------|---------------------|-------------|-------------------|---------------------|
| Mutual Funds               | \$ 2,667,913        | \$ -        | \$ -              | \$ 2,667,913        |
| AUL Fixed Interest Account | -                   | -           | 604,344           | 604,344             |
|                            | <u>\$ 2,667,913</u> | <u>\$ -</u> | <u>\$ 604,344</u> | <u>\$ 3,272,257</u> |

All amounts were certified as accurate and complete by American United Life Insurance Company pursuant to ERISA Section 103 (A)(2).

**Michigan Community Services, Inc. 401(k) Profit Sharing Plan and Trust**  
**Notes to Financial Statements**  
**December 31, 2015 and 2014**

**NOTE D - INVESTMENT CONTRACT WITH INSURANCE COMPANY**

On January 1, 1995, the Plan entered into a investment contract with American United Life Insurance Company (AUL). AUL maintains the contributions in a pooled account. The account is credited with earnings on the underlying investments. The contract is included in the financial statements at contract 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.

All funds allocated to this option are placed in the AUL general account where they are invested in accordance with AUL's general account investment policy. AUL's general account assets are predominantly fixed-income investments (bonds, mortgages and private placements.) AUL's management believes these investments to be of high quality.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The average yield and crediting interest rates were fixed at 4.00% and 4.00% for the years ended December 31, 2015 and 2014, respectively. This rate is based on an agreed-upon formula with the issuer.

**NOTE E- PLAN TERMINATION**

Although they have not expressed any intent to do so, the Company has the right under the Plan to discontinue its discretionary contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

**NOTE F - TAX STATUS**

The Internal Revenue Service has determined and informed the Company by a letter dated March 31, 2014, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service or other applicable taxing authorities. Management has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2015 and 2014, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Tax returns for the years ended December 31, 2012, 2013 and 2014 remain subject to examination.



**Michigan Community Services, Inc. 401(k) Profit Sharing Plan and Trust**  
**Notes to Financial Statements**  
**December 31, 2015 and 2014**

**NOTE G - RELATED PARTY TRANSACTIONS**

The administrative fees recorded were for investment management and other fees charged by American United Life Insurance Company (AUL) who qualifies as a party-in-interest. AUL is the custodian as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions.

**NOTE H - RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500**

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

|   | <u>December 31, 2015</u> | <u>December 31, 2014</u> |
|---|--------------------------|--------------------------|
| Net assets available for benefits per<br>the financial statements | \$ 3,362,565             | \$ 3,391,723             |
| Net assets available for benefits per<br>the Form 5500            | <u>\$ 3,362,565</u>      | <u>\$ 3,391,723</u>      |

**NOTE I - RISKS AND UNCERTAINTIES**

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

## **SUPPLEMENTARY INFORMATION**

**Michigan Community Services, Inc. 401(k) Profit Sharing Plan and Trust**  
**EIN: 38-2443447**  
**Plan Number: 001**  
**Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)**  
**December 31, 2015**

| (a)   | (b)                                    | (c)  | (d)           | (e)     |
|---|--|--|---------------|---------|
| Identity of Issuer, Borrower,<br>Lessor, or Similar Party | Description of Investment              | Cost   | Current Value |         |
| <b><u>INVESTMENTS</u></b>                                 |  |  |               |         |
| *   | American United Life Insurance Company | Investment Management<br>Pension Accumulation Contract #G92217<br>Average Interest Earned 4.00%<br>For the Period Ended 12/31/15<br>AUL Fixed Interest Account | #             | 598,232 |
|   | Fred Alger & Company, Inc.             | Investment Management<br>Pension Accumulation Contract #G92217<br>For the Period Ended 12/31/15<br>Mutual Fund Shares<br>Alger Large Cap Growth Portfolio I-2  | #             | 58,713  |
| *   | OneAmerica Funds, Inc.                 | Investment Management<br>Pension Accumulation Contract #G92217<br>For the Period Ended 12/31/15<br>Mutual Fund Shares<br>OneAmerica Investment Grade Bond O    | #             | 163,530 |
|   | Thornburg Investment Management        | Investment Management<br>Pension Accumulation Contract #G92217<br>For the Period Ended 12/31/15<br>Mutual Fund Shares<br>Thornburg Limited-Term Income R3      | #             | 79,650  |
|   | State Street Global Advisors           | Investment Management<br>Pension Accumulation Contract #G92217<br>For the Period Ended 12/31/15<br>Mutual Fund Shares<br>State Street S&P 500 Index F          | #             | 338,788 |
|   | Fidelity Investments                   | Investment Management<br>Pension Accumulation Contract #G92217<br>For the Period Ended 12/31/15<br>Mutual Fund Shares<br>Fidelity VIP Asset Manager Inst Fund  | #             | 327,506 |
|   | Fidelity Investments                   | Investment Management<br>Pension Accumulation Contract #G92217<br>For the Period Ended 12/31/15<br>Mutual Fund Shares<br>Fidelity VIP Contrafund Inst Fund     | #             | 279,283 |
|   | Janus Capital Group, Inc.              | Investment Management<br>Pension Accumulation Contract #G92217<br>For the Period Ended 12/31/15<br>Mutual Fund Shares<br>Janus Aspen Global Research Inst Fund | #             | 3,135   |

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**December 31, 2015**

| (a)   | (b)  | (c)  | (d)           | (e) |
|---|--|------|---------------|-----|
| Identity of Issuer, Borrower,<br>Lessor, or Similar Party | Description of Investment  | Cost | Current Value |     |
| <b><u>INVESTMENTS (continued)</u></b>                     |  |      |               |     |
| Pioneer Investments                                       | Investment Management<br>Pension Accumulation Contract #G92217<br>For the Period Ended 12/31/15<br>Mutual Fund Shares<br>Pioneer VCT Inst                          | #    | 29,174        |     |
| Pioneer Investments                                       | Investment Management<br>Pension Accumulation Contract #G92217<br>For the Period Ended 12/31/15<br>Mutual Fund Shares<br>Pioneer Select Mid Cap Growth Fund        | #    | 43,375        |     |
| American Century Investments                              | Investment Management<br>Pension Accumulation Contract #G92217<br>For the Period Ended 12/31/15<br>Mutual Fund Shares<br>American Century International Growth Inv | #    | 180,247       |     |
| Invesco   | Investment Management<br>Pension Accumulation Contract #G92217<br>For the Period Ended 12/31/15<br>Mutual Fund Shares<br>Invesco Energy Fund                       | #    | 15,562        |     |
| Invesco   | Investment Management<br>Pension Accumulation Contract #G92217<br>For the Period Ended 12/31/15<br>Mutual Fund Shares<br>Invesco Midcap Growth                     | #    | 13,586        |     |
| Ariel Investment  | Investment Management<br>Pension Accumulation Contract #G92217<br>For the Period Ended 12/31/15<br>Mutual Fund Shares<br>Ariel Fund                                | #    | 107,246       |     |
| State Street Global Advisors                              | Investment Management<br>Pension Accumulation Contract #G92217<br>For the Period Ended 12/31/15<br>Mutual Fund Shares<br>SSGA S&P Midcap 400 Index A               | #    | 57,156        |     |
| Prudential Investments                                    | Investment Management<br>Pension Accumulation Contract #G92217<br>For the Period Ended 12/31/15<br>Mutual Fund Shares<br>Prudential Jenn Midcap Growth Z           | #    | 40,544        |     |

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**December 31, 2015**

| (a)   | (b)  | (c)  | (d)           | (e) |
|---|--|------|---------------|-----|
| Identity of Issuer, Borrower,<br>Lessor, or Similar Party | Description of Investment  | Cost | Current Value |     |
| <b><u>INVESTMENTS (continued)</u></b>                     |  |      |               |     |
| American Funds  | Investment Management<br>Pension Accumulation Contract #G92217<br>For the Period Ended 12/31/15<br>Mutual Fund Shares<br>American Funds Growth Fund of America R4                  | #    | 152,860       |     |
| Goldman Sachs Asset Management                            | Investment Management<br>Pension Accumulation Contract #G92217<br>For the Period Ended 12/31/15<br>Mutual Fund Shares<br>Goldman Sachs Mid Cap Value Fund                          | #    | 34,209        |     |
| T Rowe Price  | Investment Management<br>Pension Accumulation Contract #G92217<br>For the Period Ended 12/31/15<br>Mutual Fund Shares<br>T Rowe Price Equity Income Ins                            | #    | 215,782       |     |
| State Street Global Advisors                              | Investment Management<br>Pension Accumulation Contract #G92217<br>For the Period Ended 12/31/15<br>Mutual Fund Shares<br>SSGA Russell Small Cap Index I                            | #    | 8,348         |     |
| PIMCO   | Investment Management<br>Pension Accumulation Contract #G92217<br>For the Period Ended 12/31/15<br>Mutual Fund Shares<br>PIMCO Real Return Adm                                     | #    | 8,604         |     |
| American Funds  | Investment Management<br>Pension Accumulation Contract #G92217<br>For the Period Ended 12/31/15<br>Mutual Fund Shares<br>American Funds Capital World Growth<br>and Income Fund R4 | #    | 250,886       |     |
| State Street Global Advisors                              | Investment Management<br>Pension Accumulation Contract #G92217<br>For the Period Ended 12/31/15<br>Mutual Fund Shares<br>SSGA International Index I                                | #    | 26,746        |     |
| American Century Investments                              | Investment Management<br>Pension Accumulation Contract #G92217<br>For the Period Ended 12/31/15<br>Mutual Fund Shares<br>American Century Equity Income Fund                       | #    | 62,086        |     |

**Michigan Community Services, Inc. 401(k) Profit Sharing Plan and Trust**

**EIN: 38-2443447**

**Plan Number: 001**

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

**December 31, 2015**

| (a) | (b)   | (c)  | (d)         | (e)                 |
|-----|---|--|-------------|---------------------|
|     | Identity of Issuer, Borrower,<br>Lessor, or Similar Party | Description of Investment  | Cost        | Current Value       |
|     | <b><u>INVESTMENTS (continued)</u></b>                     |  |             |                     |
|     | The Vanguard Group, Inc.                                  | Investment Management<br>Pension Accumulation Contract #G92217<br>For the Period Ended 12/31/15<br>Mutual Fund Shares<br>Vanguard VIF Small Company Growth Ins | #           | 153,655             |
|     |   |  | <u>\$ -</u> | <u>\$ 3,248,903</u> |
|     | <b><u>PARTICIPANT LOANS</u></b>                           |  |             |                     |
|     | Participants  | Participant Loans interest rate ranging from<br>4.25% to 4.25% and due dates ranging<br>from February 2016 to November 2020                                    | <u>\$ -</u> | <u>\$ 113,662</u>   |

\* An asterisk in this column identifies a person known to be a party-in-interest.

# Investment is participant directed, therefore historical cost information is not required.

The above information has been certified by American United Life Insurance Company, the custodian of the Plan, as complete and accurate.