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# SECURITIES AND EXCHANGE COMMISSION Washington, DC. 20549

## FORM 11-K

FOR ANNUAL REPORTS OF EMPLOYEE STOCK PURCHASE, SAVINGS AND SIMILAR PLANS PURSUANT TO SECTION 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934 SEC
Mail Processing
Section

JUL 1 2 2017

Washington DC
408

	159
(Mark (	One):
X	ANNUAL REPORT PURSUANT TO SECTION 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934.
	For the fiscal year ended <u>December 31, 2016</u>
	OR
	TRANSITION REPORT PURSUANT TO SECTION 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934.
	For the transition period fromto
	Commission file number 001-37506
	A. Full title of the plan and the address of the plan, if different from that of the issuer named below:
	Millington Bank Savings Plan
	R. Name of the issuer of the securities held pursuant to the plan and the address of its principal

MSB Financial Corp. 1902 Long Hill Road Millington, New Jersey 07946-0417

executive office:

# REQUIRED INFORMATION

The Millington Bank Savings Plan is subject to the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). In accordance with Item 4 of the Form 11-K and in lieu of the requirements of Items 1-3, the Plan's Annual Report on Form 5500 for 2016 is being filed herewith as Exhibit 1.

#### **SIGNATURES**

The Plan. Pursuant to the requirements of the Securities Exchange Act of 1934, the trustees (or other persons who administer the employee benefit plan) have duly caused this annual report to be signed on its behalf by the undersigned hereunto duly authorized.

MILLINGTON BANK SAVINGS PLAN

Date: July 6 . 2017

Robert G. Russell, Jr. (

Plan Administrator

EXHIBIT 1

2016 Form 5500

#### Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

## Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0099

2016

This Form is Open to Public

Political Ballaci (Social Systems)				Inspection	
Part Annual Report Identifi	cation Information		41		
For calendar plan year 2016 or fiscal plan		01/01/2016	and ending	12/31/2016	
A This return/report is for:	multiemployer plan	participating er	nployer information in acco	this box must attach a llst of rdance with the form Instruction	ns.)
<u>X</u> a	aingle-employer plan	a DFE (specify			
B This return/report is:	e first return/report	the final return			
ar	n amended return/report	a short plan ye	ar return/report (less than 1	2 months)	
C If the plan is a collectively-bargained pl	an, check here.				
	m 5558	automatic exten	ารเอก	the DFVC program	
D Ottock pox a mind dated.	ecial extension (enter descrip	ntion)			
		The state of the s			*****
Part I Basic Plan Information  1a Name of plan	.I—enter an requested amoni	Hagori		1b Three-digit plan	
Millington Bank Saving:	s Plan			number (PN) ▶	002
				1c Effective date of pl 01/01/1997	lan 
2a Plan sponsor's name (employer, if for	a single-employer plan)			2b Employer Identification Number (EIN)	ation
Mailing address (include room, apt., s City or town, state or province, countr	uite no. and street, or P.O. E	Box) code (if foreign, see instr	uctions)	22-1118190	
Millington Bank	y, and zin or loraign power.	4444 (	•	2c Plan Sponsor's tel	ерһоле
				number (908) 458-40	41
1924 Washington Valley	Road			2d Business code (se	e
Martinsville		ŊJ	08836	instructions) 522120	
Caution: A penalty for the late or incom	nplete filing of this return/r	eport will be assessed	uniess reasonable cause	is established.	
Under penalties of perjury and other penal statements and attachments, as well as the	Ities set forth in the instructione electronic version of this r	ons, I declare that I have return/report, and to the b	examined this return/report test of my knowledge and b	, including accompanying school ellef, it is true, correct, and cor	edules, mplete.
Sign Katherine Stev		07/05/2017	Katherine Steve		
HERE Signature of plan administrat		Date	Enter name of Individual	signing as plan administrator	
Signature of plan administration					
SIGN Katherine Stev	Us.	07/05/2017	Katherine Steve	er -	
HERE		Date	Enter name of individual	signing as employer or plan s	ропзог
Signature of employer/plan s	Dolledi		S. C.		
SIGN					
HERE		Date	Enter name of individual	signing as DFE	
Signature of DFE Preparer's name (including firm name, if	applicable) and address (incl			Preparer's telephone number	
11000.0101010					
			r)		
			100		
		*			
		5500		.Form 550	0 (2016

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3a	Plan administrator's name and address 🔯 Same as Plan Sponsor		3b Administrator	's EIN
			3c Administrator number	's telephone
4	If the name and/or EIN of the plan sponsor has changed since the last return/ EIN and the plan number from the last return/report:	report filed for this plan, enter the name,	4b EIN	COLLEGE AND
a	Sponsor's name		4c PN	
5	Total number of participants at the beginning of the plan year		5	80
6	Number of participants as of the end of the plan year unless otherwise stated 6a(2), 6b, 6c, and 6d).	(welfare plans complete only lines 6a(1),		
a('	) Total number of active participants at the beginning of the plan year		6a(1)	62
a(:	2) Total number of active participants at the end of the plan year		6a(2)	59
b	Retired or separated participants receiving benefits,		6b	8
c	Other retired or separated participants entitled to future benefits		<del>6</del> c	17
d	Subtotal. Add lines 6a(2), 6b, and 6c.		6d	84
6	Deceased participants whose beneficiarles are receiving or are entitled to rec	celve benefits.	6e	0
f	Total. Add lines 6d and 6e		6f	84
g	Number of participants with account balances as of the end of the plan year (complete this item)	only defined contribution plans	6	67
h	Number of participants that terminated employment during the plan year with less than 100% vested		6h	4
7	Enter the total number of employers obligated to contribute to the plan (only r	multiemployer plans complete this item)	7	
8a b	If the plan provides pension benefits, enter the applicable pension feature con 2E 2F 2G 2J 2K 3D  If the plan provides welfare benefits, enter the applicable welfare feature code			
9a	Plan funding strangement (check all that apply)  (1)	9b Plan benefit arrangement (check all to (1)   Insurance (2)   Code section 412(e)(3)   Trust (4)   General assets of the	s) insurance contract	
10	Check all applicable boxes in 10a and 10b to indicate which schedules are at	ttached, and, where indicated, enter the nun	nber attached. (See	instructions)
a	Pension Schedules	b General Schedules		
	(1) K (Retirement Plan Information)	(1) H (Financial Info		
	(2) MB (Multlemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(3) A (Insurance Info (4) C (Service Provi	der Information)	
	(3) SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		ating Plan Informationsaction Schedules)	

Form 5500 (2016)	Page 3
Parcili Form M-1 Compliance Informatio	on (to be completed by welfare benefit plans)
11a If the plan provides welfare benefits, was the plan s 2520.101-2.) Yes	subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR  No
If "Yes" is checked, complete lines 11b and 11c.	
11b Is the plan currently in compliance with the Form M	I-1 filing requirements? (See instructions and 29 CFR 2520.101-2.)
	Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the m M-1 that was required to be filed under the Form M-1 filling requirements. (Failure to enter a valid 500 filing to rejection as incomplete.)
Receipt Confirmation Code	

# SCHEDULE A

(Form 5500)

Department of the Treesury Internal Revenue Service

Department of Lebor Employee Benefits Security Administration

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

Insurance Information

File as an attachment to Form 5500.

OMB No. 1210-0110

2016

Eligioj de Belletito de la ligita	-				1 -		
Pension Benefit Guaranty Corp	re required to provide th RISA section 103(a)(2).	e informatio	n		n is Open to Public Inspection		
For calendar plan year 2016	B or fiscal plan ye	ear beginning 01/	/01/2016	and endi	ng	12/31/	2016
A Name of plan				B Three-optan no	digit umber (PN)	<b>&gt;</b>	002
Millington Bank S							A Million Brown
C Plan sponsor's name as	s shown on line 2	ta of Form 5500		D Employe	er (dentification	ou whwell	EIN)
Millington Bank					18190		
Part Informati on a separa	on Concerni te Schedule A. I	ing Insurance Contract Individual contracts grouped as	Coverage, Fees, a unit in Parts II and II	can be repo	nted on a sir	gle Schedul	e A.
1 Coverage Information:		1010		·-···		· · · ·	
(a) Name of Insurance car							
AMERICAN UNITED	LIFE INSUR	ANCE COMPANY	(e) Approximate nu	mbor of		Policy or co	intract year
(b) EIN	(c) NAIC code	(d) Contract or identification number	persons covered a policy or contract	lend of	(f) F		(g) To
35-0145825	60895	G34192	62		01/01/	/2016	12/31/2016
2 Insurance fee and communication of the	nission informati amount paid.	on. Enter the total fees and total	al commissions paid. Li	st in line 3 th	ne agents, br	okers, and o	ther persons in
	mount of commi	ssions paid	·	(b) Tota	al amount of	fees paid	
		7,983					0
3 Persons receiving com	missions and fee	s. (Complete as many entries	as needed to report all	persons).			
	(a) Name and	d address of the agent, broker,	or other person to who	n commissio	ons or fees w	ere paid	
WELLS FARGO ADVI 1 N JEFFERSON AV MAC HOOO6-09Y TP SAINT LOUIS	SORS LLC £					o 63103	
		Fee	s and other commission	ns paid			
(b) Amount of sales an commissions pai		(c) Amount		(d) Purpose			(e) Organization code
							3
10 100 110 110 110 110 110 110 110 110	7,983	O Kendefork	the parties and address of all the three leaves when it is not a	: विद्युष्ट के एक्टी के किसी के कार्य के किसी	In the second second second	tini in dicinimani	
	(a) Name and	d address of the agent, broker,	or other person to who	m commissio	ons or fees w	ere paid	
			4				
	- d b	Fee	s and other commissio	ns paid			
ta deles ar commissions del		(c) Amount		(d) Purpose			(e) Organization code

Schedule A (Form 5500) 20	16	Page 2 -	
(a) Name	and address of the agent, broker, or o	other person to whom commissions or fees were paid	
b) Amount of sales and base		and other commissions paid	(e) Organizatio
commissions paid	(c) Amount	(d) Purpase	code
es. J. C. 1980 Michiganista - S. 1980 Michiga			- Talanti on - physical -
		other person to whom commissions or fees were paid	
	Fees	and other commissions paid	(e)
b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organizatio code
		other person to whom commissions or fees were paid	
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			Organizațio
commissions pald	(c) Amount		Organizație code
commissions pald	(c) Amount	(d) Purpose	Organizație code
commissions pald	(c) Amount  The second	(d) Purpose  ther person to whom commissions or fees were paid	Organizație code
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commissions pald  (a) Name  b) Amount of sales and base commissions pald	(c) Amount  and address of the agent, broker, or	(d) Purpose  ther person to whom commissions or fees were paid  and other commissions paid  (d) Purpose	Organizati code  (e) Organizati code
commissions pald  (a) Name  b) Amount of sales and base commissions pald	(c) Amount  and address of the agent, broker, or	(d) Purpose  ther person to whom commissions or fees were paid and other commissions paid  (d) Purpose	Organization (e) Organization code
commissions pald  (a) Name  b) Amount of sales and base commissions pald	(c) Amount  Fees  (c) Amount  and address of the agent, broker, or	(d) Purpose  other person to whom commissions or fees were paid  (d) Purpose  other person to whom commissions or fees were paid	Organization (e) Organization code
commissions paid  (a) Name  b) Amount of sales and base commissions paid	(c) Amount  Fees  (c) Amount  and address of the agent, broker, or	(d) Purpose  ther person to whom commissions or fees were paid  and other commissions paid  (d) Purpose	Conganizație code  (e)  Organizație code

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1. 1. 1. 1. 1. 1. 1.	Program .			
1.165	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indiv	vidual contra	acts with each carrier may be treate	d as a unit for purposes of
Contraction.	this report.			
	urrent value of plan's interest under this contract in the general account at year			2,446,654
	urrent value of plan's interest under this contract in separate accounts at year of	end	5	914,994
<b>6</b> Co	ontracts With Allocated Funds:			
a	State the basis of premium rates			
b	Premiums paid to carrier,,,,,		6b	
C	Premiums due but unpaid at the end of the year		,,,,,6c	
d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount.			
	Specify nature of costs			
e	Type of contract: (1)   Individual policies (2)   group deferre	d annuity		
	(3) ather (specify)			
	(9)			
+	If contract purchased, in whole or in part, to distribute benefits from a terminal	netina alan	chack here	
7 0	ontracts With Unallocated Funds (Do not include portions of these contracts man			· · · · · · · · · · · · · · · · · · ·
a				
a		•	_	
	(3) guaranteed investment (4) 🐹 other	GROUP	ANNUITY CONTRACT	
b				2,375,259
C	, , , , , , , , , , , , , , , , , , , ,	1 - 1-1	155,828	
	(2) Dividends and credits		70.075	
	(3) Interest credited during the year	7 44	70,275	
	(4) Transferred from separate account,		2,712	
	(5) Other (specify below)	7c(5)	37,873	
	LOAN REPAYMENT			rendered the second state of
		THE SECOND		
		The Control of		SUBMITTED THAT
	(6)Total additions	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7c(6)	266,688
d	Total of balance and additions (add lines 7b and 7c(6))		7d	2,641,947
€	Deductions:			124 SHE
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	99,985	
	(2) Administration charge made by carrier	. 7e(2)	2,734	
	(3) Transferred to separate account	. 7e(3)	24,706	
	(4) Other (specify below)	7e(4)	67,868	
	LOANS ISSUED	66.54		
	TRANSFER TO OUTSIDE SOURCE	A STATE OF THE STA		
		625		
	(5) Total deductions	STATE SHOW A PARTY	7e(5)	195,293
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			2,446,654
	Cambridge of the Association (AA) (AANGRAP RING FAIR) HANGE AND THE COLUMN COLU			-, / /

	Schedule A	(Form	5500)	2016
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Page 4

Part	If more than one contract covers the same group of employees of	the same employer(s) or member	's of the same er	mployee organizations(s).
	the Information may be combined for reporting purposes if such c employees, the entire group of such individual contracts with each	ontracts are experience-rated as a	unit. Where co	ntracts cover individual
8 Ben	efit and contract type (check all applicable boxes)			
а	Health (other than dental or vision) b Dental	<b>c</b>		d  Life Insurance
e i	Temporary disability (accident and sickness) f  Long-term disa	□		h  Prescription drug
ĭſ	Stop loss (large deductible)  i HMO contract	k ☐ PPO contract	iampioyine:(c	Indemnity contract
m l	Other (specify)	A LI TT O SOLMED		T I made minity contract
	Other (specify)			
9 Expe	erience-rated contracts;		V	an (2000) Adding times and Alexandry
		0-44		
α	Premiums: (1) Amount received			
	(2) Increase (decrease) in amount due but unpaid			
	(3) Increase (decrease) in unearned premium reserve	The state of the s		Charles and the second second
t.	(4) Earned ((1) + (2) - (3))		9a(4)	
ь	Benefit charges (1) Claims paid		·	A STATE OF THE STA
	(2) Increase (decrease) in claim reserves			
	(3) Incurred claims (add (1) and (2))			
	(4) Claims charged		9b(4)	
C	Remainder of premium: (1) Retention charges (on an accrual basia)			CALL VALUE OF STREET
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		decision and the state of the control of the contro
	(C) Other specific acquisition costs			
	(D) Other expenses	9c(1)(D)		The Court of the C
	(E) Taxes	9c(1)(E)		The second secon
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges			Start The Continue
	(H) Total retention		9c(1)(H)	
	(2) Dividends or retroactive rate refunds. (These amounts were ] paid			
d	Status of policyholder reserves at end of year: (1) Amount held to provide		(/	
	(2) Claim reserves,			
	(3) Other reserves			
e	Dividends or retroactive rate refunds due. (Do not include amount enter	rod in line 9c/2t \	9e	
	nexperience-rated contracts:	reo iii iiie 30(2)./	26	
	·		40-	AND THE PROPERTY OF THE PROPER
_	Total premiums or subscription charges paid to carrier			
b	If the carrier, service, or other organization incurred any specific costs in retention of the contract or policy, other than reported in Part I, line 2 ab	n connection with the acquisition or over report amount	10b	
	offy nature of costs.	, ·	, <u> </u>	
				4
S. S. C. S.	Provide of lateractic			
Part I	The state of the s			
	the insurance company fail to provide any information necessary to com	plete Schedule A?	Yes X	No
12 If th	e answer to fine 11 is "Yes," specify the information not provided.			

## SCHEDULE C (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor

## Service Provider Information

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

OMB No. 1210-0110

2016

This Form is Open to Public

Fension Benefit Guaranty Corporation For calendar plan year 2016 or fiscal plan	,					Inspection.
For calendar plan year 2016 or fiscal plan	L	01/01/2016		and ending	12/31	
	i year beginning	01/01/2010	D		20,02	
A Name of plan			13	Three-digit plan number (PN)		002
Millington Bank Savings	Plan		ribir	plan number (FIV)	an Prophylippine	A HOUSE OF STANDARD STANDARD
			2.00	Carpent Organization for the		A Company of the Comp
C Plan sponsor's name as shown on line			D	Employer Identificat	on Number (	EIN)
D Plan sponsors name as shown on his Millington Bank	e 2a 011 0111 3300		-	22-1118190	,	
Millingeon bann						
Part Service Provider Info	ormation (see Ins	tructions)				
You must complete this Part, in accord						
Information on Persons Rec     Check "Yes" or "No" to indicate wheth     indirect compensation for which the pl      If you answered line 1a "Yes," enter     received only eligible indirect compens	ner you are excluding a lan received the require the name and EIN or a	person from the remainder of disclosures (see instruction disclosures)	of this Pons for considering the	ent because they rece definitions and conditions required disclosures	(enc	⊠Yes ∐No
(b) Enter nar	me and EIN or address	of person who provided you	disclos	ures on eligible indire	ct compensat	tion
	surance Co					
American United Life In. 35-0145825	(VUMU-104 44					
American United Life In. 35-0145825						
35-0145825						
35-0145825	habid et caintinnice		इ.स.च्याहरू इ.स.च्याहरू			danstron (* 1700) danstron (* 1700)
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35-0145825 (b) Enter nar	me and EIN or address	of person who provided you	ı disclos	ares on eligible indere	ct compensa	uon
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35-0145825  (b) Enter ner  (b) Enter ner	me and EIN or address	of person who provided you	u disclos	sures on eligible indire	ct compensa	tion

Sched	lule C (Form 5500) 2016		Page <b>2</b> -	
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ा महीसान्दर्भक्षिति अस्तुन्द्र <del>व्य</del> ासी				
	(b) Enter name and EIN or address of	of person who provided you	u disclosures on eligible indirect	compensation
			4	
The section of the se	are the state of t	4 (1994), 16 7 (1947), 46 8 (1947), 1973 (1948), 1974, 1974, 1975	A44-14-02-4-17-15-2-18-2-18-18-18-18-18-18-18-18-18-18-18-18-18-	gi gji gji gji 2 Zafi, den gCan, pLoj, natiju pjejići na France († 1
	(b) Enter name and EIN or address of			
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Ballach Milands States (4-777) non-ter inn	(b) Enter name and EIN or address (			
	(b) Enter name and EIN or address of			
	(b) Enter hanne and Env or address (	ot person wito provided you	n distribution of California Indirect	Compensation
мару на придрадотия				
	(b) Enter name and EIN or address of	of person who provided you	u disclosures on eligible indirect	compensation
W. ATRIBOPPARKING AND LO	1.28 - 1. 28 -	No tenting to the state of the	- Louis beganing on the contract of the contra	man (O man altabarita, pinaka, Phanasana
	(b) Enter name and EIN or address of			
	(w) minor regime and with a contract of	or baraari sura brasidad Jar		,

	5500) 2016		Page 3 -		
2. Information on Othe enswered "Yes" to line 1a at (i.e., money or anything else	ouo complete es many e	entrios os needed to list ea	r Indirect Compensation of person receiving, directly or their position with the	indirectly, \$5,000 or more in t	lotal compensation
	{	a) Enter name and EIN or	address (see instructions)		
American United Li 35-0145825	fe Insurance Co	)			
( ) Service Code(s) 15	50 64 37 52 59	60 63 66 67			
(c) Relationship to amployer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
None	1,447	Yes 🛭 No	Yes NoX	4,184	
Particular of a comparious and comparis	1	a) Enter name and FIN or	address (see Instructions)	The distance of the state of the state	SALES SAN RESERVED AND A STATE OF
( ) Service Code(s)					
( ) Service Code(s)  (C)  Relationship to  employed organization, or person known to be a party-in-interest	(d) Enter direct componaction peld by the plan. If none, enter -0	(e) Did service provider reasive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include aligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect companiestion received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
(C) Relationship to employee organization, or person known to be	Enter direct componenties peid by the plan. If none,	Did service provider receive indirect compensation? (sources other than plan or plan	Did indirect compensation include aligible indirect compensation, for which the plan received the required	Enter total indirect eampeneatien received by service provider excluding eligible indirect compensation for which you answered "Yes" to element	Did the service provider give you a formula instead of an amount or estimated amount?
(C) Relationship to employee organization, or person known to be	Enter direct componenties peid by the plan. If none, enter -0	Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	Did indirect compensation include aligible indirect compensation, for which the plan received the required disclosures?  Yes No	Enter total indirect eampeneatien received by service provider excluding eligible indirect compensation for which you answered "Yes" to element	Did the service provider give you a formula instead of an amount or estimated amount?

Yes 🗌

No

No

Yes []

No

Yes [

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Part   Service Provider information (continued)		
3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation or provides contract administrator, consulting, custodial, investment advisory, investment manager questions for (a) each source from whom the service provider received \$1,000 or more in indirect provider gave you a formula used to determine the indirect compensation instead of an amount or many entries as needed to report the required information for each source.	ment, broker, or recordiceping compensation and (b) each sou	irce for whom the service
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of Indirect compensation
	63 60 52 59	
AMERICAN UNITED LIFE INSURANCE CO		0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect of formula used to determine to for or the amount of the	ompensation, including any the service provider's eligibility ne indirect compensation.
TIAA-CREF 13-3760073	- ALUKAGK DALAAMS SUMSVER	SEE ATTACHED
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(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
	66 67	
AMERICAN UNITED LIFE INSURANCE CO		4,184
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect of formula used to determine for or the amount of the	ompensation, including any the service provider's eligibility ne indirect compensation.
AMERICAN UNITED LIFE INSURANCE CO 35-0145825	ASGET CHARGE	
The state of the s	and the first that the same of	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
	63 60 52 59	
AMERICAN CHIMED LIFE INCHEANCE CO		0
AMERICAN UNITED LIFE INSURANCE CO  (d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility ne indirect compensation.
AND TANK OF ORDER TANDECREDO	REVENUE SHARING FORMULA-SI	EE ATTACHED
ALLIANZ GLOBAL INVESTERS 13-3534849		
	L .	

Schedule C (Form 5500) 2016	Page 4 -	
Part   Service Provider Information (continued)		
3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect corror provides contract administrator, consulting, custodial, investment advisory, investment questions for (a) each source from whom the service provider received \$1,000 or more in provider gave you a formula used to determine the indirect compensation instead of an improvider as needed to report the required information for each source.	nt management, broker, or recordkeep in indirect compensation and (b) each	ing services, answer the following source for whom the service
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
	63 60 52 59	
AMERICAN UNITED LIFE INSURANCE CO		
(d) Enter name and EIN (address) of source of Indirect compensation	formula used to determine	ct compensation, including any ne the service provider's eligibility of the indirect compensation,
FIDELITY INVESTMENTS 04-2270522	REVENUE SHARING FORMULA	3
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(C) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	63 60 52 59	
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	at compensation, including any ne the service provider's eligibility of the indirect compensation.
FRANKLIN TEMPLETON INVESTMENTS 94-3382187	REVENUE SHARING FORMULA	-SEE ATTACHED
and the state of t	Halling of Artifact to Annia (C.), the second series of	***************************************
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(C) Enter amount of indirect compensation
	63 60 52 59	

(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility

for or the amount of the indirect compensation.

REVENUE SHARING FORMULA-SEE ATTACHED

AMERICAN UNITED LIFE INSURANCE CO

INVESCO 74-1881364

(d) Enter name and EIN (address) of source of indirect compensation

Page	4	-	ſ
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Schedule C (Form 5500) 2016

Service Provider Information (continued)  If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation or provides contract administrator, consulting, custodial, investment advisory, investment manage questions for (a) each source from whom the service provider received \$1,000 or more in indirect provider gave you a formula used to determine the indirect compensation instead of an amount of many entries as needed to report the required information for each source.	Loomoonstion and (h) each 60	nurce for whom the service
(a) Enter service provider name as it appears on line 2	(b) Service Codes	(c) Enter amount of Indirect
	(see instructions)	compensation
	63 60 52 59	
AMERICAN UNITED LIFE INSURANCE CO		
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.
LORD ABBETT FUNDS 13-5620131	REVENUE SHARING FORMULA-	SEE ATTACHED
and the state of t	or other community to the contract Land of the	STATE SALES OF THE STATE OF THE
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
	63 60 52 59	÷
AMERICAN UNITED LIFE INSURANCE CO		
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.
NEUBERGER BERMAN 13-5521910	REVENUE SHARING FORMULA-	SEE ATTACHED
	22.00	and the second second second
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(C) Enter amount of indirect compensation
	63 60 52 59	0.00
AMERICAN UNITED LIFE INSURANCE CO	(a) December the indirect	compensation, including any
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determin	e the service provider's eligibility the indirect compensation.
OPPENHEIMER FUNDS INC. 13~2527171	REVENUE SHARING FORMULA-	SEE ATTACHED

Schedule C (Form 5500) 2016	Page <b>4</b> -	_
Part Service Provider Information (continued)		
3. If you reported on line 2 receipt of indirect compensation, other than eligible in or provides contract administrator, consulting, custodial, investment advisory, i questions for (a) each source from whom the service provider received \$1,000 provider gave you a formula used to determine the indirect compensation instemany entries as needed to report the required information for each source.	nvestment management, broker, or recordice or more in indirect compensation and (b) ea	ch source for whom the service Indirect compensation. Complete as
(a) Enter service provider name as it appears on line 2	(b) Service Code (see instructions)	
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AMERICAN UNITED LIFE INSURANCE CO		
(d) Enter name and EIN (address) of source of indirect compens	formula used to deter	irect compensation, including any mine the service provider's eligibility nt of the indirect compensation.
06-1349805		
(a) Enter service provider name as it appears on line 2	(b) Service Code (see instructions)	
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AMERICAN UNITED LIFE INSURANCE CO  (d) Enter name and EIN (address) of source of indirect compens	formula used to dete	irect compensation, including any mine the service provider's aligibility nt of the indirect compensation.
PIONEER INVESTMENTS 13-1961193	REVENUE SHARING FORM	
	Tare Stres also delle Marke South, part et a angle et des partes de la calabilida la cal	Million Company of the Company of th
(a) Enter service provider name as it appears on line 2	(b) Service Code (see instructions)	

(d) Enter name and EIN (address) of source of Indirect compensation	(e) Describe the indirect con formula used to determine the for or the amount of the	service provider's eligibility
AMERICAN UNITED LIFE INSURANCE CO		ALANA ALANA AND AND AND AND AND AND AND AND AND
	63 60 52 59	

RUSSELL INVESTMENT COMPANY 91-1175092

REVENUE SHARING FORMULA-SEE ATTACHED

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Part I Service Provider Information (continued)		and I do a land and and and and and and and and and
3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation or provides contract administrator, consulting, custodial, investment advisory, investment manager questions for (a) each source from whom the service provider received \$1,000 or more in indirect or provider gave you a formula used to determine the indirect compensation instead of an amount or many entries as needed to report the required information for each source.	compensation and (b) each so estimated amount of the indir	ource for whom the service ect compensation. Complete as
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of Indirect compensation
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AMERICAN UNITED LIFE INSURANCE CO		and a section including any
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.
STATE STREET GLOBAL ADVISORS 04-1867445	REVENUE SHARING FORMULA-	SEE ATTACHED
p -sign modernments of the object matrix with the sate of the section of the s	And Control Control	(C) Enter amount of indirect
(a) Enter service provider name as It appears on line 2	(b) Service Codes (see instructions)	compensation
	63 60 52 59	
AMERICAN UNITED LIFE INSURANCE CO	(a) Describe the Indicast	compensation, including any
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determin	e the service provider's eligibility the indirect compensation.
T ROWE PRICE 52-1184650	REVENUE SHARING FORMULA-	SEE ATTACHED
THE STATE OF THE SECOND CONTRACT OF THE SECON	Marie and Marie and the land of the second	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
	63 60 52 59	
AMERICAN UNITED LIFE INSURANCE CO		0
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determin	t compensation, including any e the service provider's eligibility the indirect compensation.
AMERICAN CENTURY INVESTMENTS 20-2036524	REVENUE SHARING FORMULA-	-SEE ATTACHED

Page	4	_

many entries as needed to report the required information for each source.  (a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of Indirect compensation
	63 60 52 59	
AMERICAN UNITED LIFE INSURANCE CO		0
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.
AMERICAN FUNDS 95-1411037	REVENUE SHARING FORMULA-	SEE ATTACHED
	The state of the s	KINDING CASE TO SEE STATE OF THE SECOND SECO
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
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AMERICAN UNITED LIFE INSURANCE CO		0
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determin	compensation, including any a the service provider's eligibility the indirect compensation.
GOLDMAN SACHS ASSET MANAGEMENT 13-4166989	REVENUE SHARING FORMULA-	SEE ATTACHED
		garrafaraga was sesseri nadike seri
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see Instructions)	(C) Enter amount of indirect compensation
	63 60 52 59	
AMERICAN UNITED LIFE INSURANCE CO		
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determin	t compensation, including any le the service provider's eligibility f the indirect compensation.
PARNASSUS 94-2943858	REVENUE SHARING FORMULA	-SEE ATTACHED .

Page	4	_	
rage	*	-	1

(a) Enter service provider frame as it appears of the	(see Instructions)	(c) Enter amount of Indirect compensation
	63 60 52 59	
AMERICAN UNITED LIFE INSURANCE CO		0
(d) Enter name and EtN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.
PRUDENTIAL INVESTMENTS 22-3468527	REVINUE SHARING FORMULA-	SEE ATTACHED
Salahan Salaha	Constituted a second	and an inventional section of the section of the
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
	### DISTRICT CO    Calculation	
(d) Enter name and EIN (address) of source of Indirect compensation	formula used to determin	compensation, including any e the service provider's eligibility the indirect compensation.
	(h) Seeder Code	(c) Enter amount of indirect
(a) Enter service provider name as it appears on line 2		compensation
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determin	compensation, including any e the service provider's eligibility

Service Providers Who Fail or Refuse to F	h service provide	r who failed or refused to provide the information necessary to complete
this Schedule.		
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 falled or refused provide
	(b) Nature of	(C) Describe the information that the service provider failed or refused
(a) Enter name and EIN or address of service provider (see instructions)	Service Code(s)	provide
The first and the first of the first of the contract of the contract of the first of the contract of the contr		Control of the second
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(8)	(C) Describe the information that the service provider failed or refused 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 falled or refuser
(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 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 refuse provide

Schedule C (Form 5500) 2016	

7	(complete as many entries as needed)  Name:	b EIN:
a		
<u>c</u> d	Position: Address:	@ Telephone:
u	Auditas.	
Exp	planation:	
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Page **6** -

#### SCHEDULE D (Form 5500)

Department of the Treasury Internal Revenue Service

Depertment of Labor Çmployee Benefits Security Administration

## DFE/Participating Plan Information

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

File as an attachment to Form 5600.

OMB No. 1210-0110

2016

This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal r	olan year beginning	01/01/2016	and end	ling	2/31/2016	
A Name of plan	Jion your boginning	Settelan Man Set Set		Three-digit		
Millington Bank Savings	. Plan		*	plan number (F	PN)	002
MIIIIIIGCOM Bank Savinge	, , , , , , , , , , , , , , , , , , , ,		2007		Control of the second s	
			6,50	Anthorophy and Anthorophy	remains a service of the service of	SUSTEMATE OF
C Plan or DFE sponsor's name as sh	own on line 2a of Form	5500	D		fication Number (É \	IN)
Millington Bank				22-1118190	,	
		To DE 60 and 402 42 lEg /to	be compl	lated by plans	and DEEs)	
Part I Information on inter	ests in MITAS, CC	Ts, PSAs, and 103-12 IEs (to to report all interests in DFEs	z) De combi	eten ny biana	and Dr Ls)	
a Name of MTIA, CCT, PSA, or 103-	42 IF: CEDARAGE	ACCOUNT TE	<u> </u>			
a Name of Milia, CC1, PSA, of 103	-12 IE. SEPARATE	ACCCONT II				
<b>b</b> Name of sponsor of entity listed in	(a): AMERICAN UN	VITED LIFE INSURANCE C	0.			
	d Entity _	e Dollar value of interest in MTIA,	CCT, PSA,	DE		014 004
C EIN-PN 35~0145825 000	code P	103-12 IE at end of year (see in	structions)			914,994
and the control of th		A STATE OF THE STA	. Methicilitain	r plantari. Bras. Post a se de la	A A	
a Name of MTIA, CCT, PSA, or 103-	· 12 12.				*	
b Name of sponsor of entity listed in	(a):					
	d Entity	e Dollar value of Interest in MTIA.	CCT, PSA.	or		
C EIN-PN	code	103-12 IE at end of year (see in	structions)		ediperator de la compansión de la compan	militari ergerna dilike Litari
a Name of MTIA, CCT, PSA, or 103-		THE MANAGEMENT OF THE PROPERTY OF THE PARTY	A ST. ORGANIZATION OF AN ADDRESS.	manuscriptiv a material distribution	The state of the s	- Company of the Comp
a Name of Willia, CC1, FSA, of 103-	72 IL.					
b Name of sponsor of entity listed in	(a):					
	d Entity	e Dollar value of interest in MTIA,	CCT, PSA,	or	41.	
C EIN-PN	code	103-12 IE at end of year (see in		The second secon	TH. 95. 19 1 WH ARE STATE	zach naid
a Name of MTIA, CCT, PSA, or 103-	42 IE:	Consultation of the Chinese of the Consultation of the Consultatio		Appropriate the second second	A SECTION ASSESSMENT OF THE PARTY OF THE PAR	1 Destrict Constitution
a Name of Junia, CC1, 10A, of 100-	14 134					
b Name of sponsor of entity listed in	(a):					
	d Entity	e Dollar value of interest in MTIA,	CCT, PSA,	OΣ		
C EIN-PN	code	103-12 IE at end of year (see in			oo ku aliishaa seela makki daladh	., , , , , , , , , , , , , , , , , , ,
a Name of MTIA, CCT, PSA, or 103-	10 1E.	To the same of the succession	2 1971 + 52 1, 52 min	<u>, and introduced the state of the of the </u>	on all the state of the state o	1.11(1) 1.11(1) 1.11(1) 1.11(1) 1.11(1)
a reality of little, Cot, 1 3A, or 103-						
b Name of sponsor of entity listed in	(a):					
	d Entity	e Dollar value of Interest in MTIA,	CCT, PSA,	or		
C EIN-PN	code	103-12 IE at end of year (see in	structions)			1
a Name of MTIA, CCT, PSA, or 103-	42 IE-	A Transparent broad has been been medicated metalering	ununkanali kelokee Melio (1264).	ai niis kusuusi too	1 31 4 6 6 1 min hit	al to the section of
a Maine of Milia, Cost, Fort or Too	12 12.					
b Name of sponsor of entity listed in	(a):					
	d Entity	e Dollar value of interest in MTIA,	CCT, PSA,	or		
c EIN-PN	code	103-12 IE at end of year (see in	nstructions)			TOTAL CALL STATE OF THE STATE O
a Name of MTIA, CCT, PSA, or 103	ে 12 IF	ing a marangan ang kanaran 1992 at 1920.	an a said seed and			
a mane of wind, coll, rod, or too						
b Name of sponsor of entity listed in	(a):					
	d Entity	e Dollar value of interest in MTIA,	CCT, PSA,	Or .		
C EIN-PN	code	103-12 IE at end of year (see in				

a Plan name  b Name of plan sponsor  a Plan name	Steerach State Victory of the
D Name of plan sponsor	Securita in Victor Vice.
b Name of C EIN-PN	
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b Name of plan sponsor	

#### **SCHEDULE I** (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Lebor Employee Benefits Security Administration

## Financial Information—Small Plan

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 8058(a) of the Internal Revenue Code (the Code).

2016

OMB No. 1210-0110

This Form is Open to Public Inspection

Employee Benefits Security Administration	Form 5500.		•			
Pension Benefit Guerenty Corporation,		and ending	12/31/2016			
For calendar plan year 2016 or fiscal plan year beginning A Name of plan Millington Bank Savings Plan .	ng 01/01/2010	B Three-digit plan number (PN)		002	100 C	
C Plan sponsor's name as shown on line 2a of Form ! Millington Bank	D Employer Identification 22-1118190	(EIN)				
Complete Schedule I if the plan covered fewer than 100	participants as of the beginning of t	he plan year. You may also c	omplete So	chedule I if you are filing as	a	

small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

#### Small Plan Financial Information

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. 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.

4	rance carriers. Round off amounts to the nearest dollar.  Plan Assets and Liabilities:	s a manufacture of Vone		
'	Total plan assets	1a	3,700,333	4,125,748
a	·			
p	Total plan liabilities		3,700,333	4,125,748
C	Net plan assets (subtract line 1b from line 1a)	a transaction		(b) Total
2	Income, Expenses, and Transfers for this Plan Year:	erap 25	(a) Amount	20.176A82020 FREEES DESCRIPTION AND A
а	Contributions received or receivable:	60000000		
	(1) Employers	. 2a(1)	65,723	
	(2) Participants		236,499	
	(3) Others (including rollovers)	. 2a(3)		
b	Noncash contributions			
C	Other income,	1	238,472	The state of the s
d	Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)			540,694
~	Benefits paid (including direct rollovers)		104,734	
4	Corrective distributions (see instructions)	3	5,568	
g	Certain deemed distributions of participant loans	_		
	(see instructions)	_ <del></del> _		
h	Administrative service providers (salaries, fees, and commissions)		4,977	
į	Other expenses	. 2i	- Company of the state of the s	18 half fig. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
j	Total expenses (add lines 2e, 2f, 2g, 2h, and 2f)			115,279
k	Net income (loss) (subtract line 2j from line 2d)	. 2k	ASSESSED TO THE REST	425,415
- 1	Transfers to (from) the plan (see instructions)	. 21		

Specific Assets: If the plan held assets at any time during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

	line-by-line basis timess are dust meets one of the specimo exampled in describe		Yes	No	Amount
а	Partnershlp/joint venture interests	3a		Х	
	Employer real property	3b		Х	
	Real estate (other than employer real property)	3с		х	
		3d	×		647,368
d	Employer securities  Participant loans	3e	Х		115,231
e	Loans (other than to participants)	3f		Х	
g	Tangible personal property	39		Х	
_	Tangole personal property Medica, and the Instructions for Form 5500.				Schedule I (Form 5500) 2016

ane	2-

Pa	Compliance Questions							
4	During the plan year:		Yes	No	10 1-	27 646	Amount	Water Paratitals
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	A CONTRACTOR		Entre grup	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans	4b		X	PVSTIKUPA			TO SOLVE
c	secured by the participant's account balance.  Were any leases to which the plan was a party in default or classified during the year as uncollectible?	4c	११-अस १ (१)	22 F	10 90.53. 12 1522.			AND THE STATE OF THE
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)	862	I HA	X	in		SUPERIOR STATE	
e	Was the plan covered by a fidelity bond?	40	Х				1,	000,000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	12123 41		X	eitiš	Participant	Althor Berlin	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	. 4g		X		agyartes.		en e
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X		Yddia 		
i	Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, percel of real estate, or partnership/joint venture interest?	. 4i	e ew	X	100	Marian News		
j	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	. 41	Sundivision	NESS:				
k	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on walver eligibility and conditions.)	4k	TXX X	772 (44) 1785-911				
ı	Has the plan failed to provide any benefit when due under the plan?	. 41		Х			LANCE STREET, WHITE STREET,	*EASTWICE ABOUT
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	afiles.	THE CONTROL OF	700 T 100 T	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n	E Trans					
0	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	40	APAN.	PARTS				
5a	Has a resolution to terminate the plan been adopted during the plan year or any prior plan yea	tr?	45					
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		. Yes	K No	A	mount:		
	If, during this plan year, any assets or liabilities were transferred from this plan to another plan transferred. (See instructions.)	n(\$), id	entify th	e plan(s	s) to wi			
_	5b(1) Name of plan(s)					5b(2)	EIN(s)	5b(3) PN(s)
5 <b>c</b>	f the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERI f "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for t	ISA se his pla	ction 40 n year_	21.)?		Yes []N	lo Not	determined. ee instructions.
p-	Trust Information		· · · · · · · · · · · · · · · · · · ·					
6a	Name of trust					6b Trust	's EIN	
60	Name of trustee or custodian	6d Tr	ustee's	or custo	dian te	elephone n	umber	

## SCHEDULE R (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

#### **Retirement Plan Information**

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

File as an attachment to Form 5500.

OMB No. 1210-0110

2016

This Form is Open to Public Inspection.

	Pension Benefit Gueranty Corporation			~	10016	
For	calendar plan year 2018 or fiscal plan year beginning 01/01/2016 and e			2/31/	/2016	
ΑN	lame of plan	B -	Three-digit	_		
M	illington Bank Savings Plan		plan numbe (PN)		002	
		15 *** t. #13	atelia		POM, P	SMSECTORY
		Special dis	The second second	1000	A STATE OF THE PARTY OF THE PAR	D.
	lan sponsor's name as shown on line 2a of Form 5500		Employer Ide 22-11181		ion Number (EIN	1)
М	illington Bank	1				
Lakte			4444			
Ţ	art. Distributions					
All	references to distributions relate only to payments of benefits during the plan year.					
1	Total value of distributions paid in property other than in cash or the forms of property specified in the Instructions		1			0
2	Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during payors who paid the greatest dollar amounts of benefits):	ring the	year (if mor	e than t	wo, enter EINs o	of the two
	EIN(s): 35-0145825					
	Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
		o ntan	1 .			
3	Number of participants (living or deceased) whose benefits were distributed in a single sum, during the year	ie płari	3			
2200	and the second s	s of sec	ction of 412 of	of the In	ternal Revenue	Code or
1	Funding Information (If the plan is not subject to the minimum funding requirements  ERISA section 302, skip this Part.)					
4	Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?			Yes	No	N/A
•	If the plan is a defined benefit plan, go to line 8.					
_						
5	If a walver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver.  Date: Mon	th	Da	у	Year	
	If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the re	maind	er of this sc	hedule	•	
6	a Enter the minimum required contribution for this plan year (include any prior year accumulated fur	nding			1	
Ü	deficiency not waived)		6a			
	The state of the s					
	C Subtract the amount in line 8b from the amount in line 6a. Enter the result		6c			
	(enter a minus sign to the left of a negative amount)					
_	If you completed line 6c, skip lines 8 and 9.		П	Yes	□No	□ N/A
7	Will the minimum funding amount reported on line 6c be met by the funding deadline?	-				<u> </u>
8	If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or a authority providing automatic approval for the change or a class ruling letter, does the plan sponsor of administrator agree with the change?	r pian		Yes	☐ No	N/A
P	art III Amendments				_	
1 5000	If this is a defined benefit pension plan, were any amendments adopted during this plan					
9	year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box	ease	Decre	ase	Both	No
P	art IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)	)(7) of t	the Internal F	tevenue	Code, skip this	Part.
10	Were unallocated employer securities or proceeds from the sale of unallocated securities used to rep					No
11	a Does the ESOP hold any preferred stock?			4	☐ Yes	No
11	b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a	"back-t	o-back" loan	?	Yes	☐ No
	(See instructions for definition of "back-to-back" loan.)					
12	Does the ESOP hold any stock that is not readily tradable on an established securities market?		*****************		Yes	No
						rons and A

	Schedule R (Form 5500) 2016 Page <b>2</b> -					
art.	Val Additional Information for Multiemployer Defined Benefit Pension Plans					
En	ter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in billians). 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 emyloyer					
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					
е	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					
е	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):					
â	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 This						
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 attechment. Otherwise, enter the applicable date.) Month \( \) Day \( \) Year					
ę	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):					
	Alexandra of annih dina complexes					
a b	Name of contributing employer  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					
0	and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year  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):					
e e	Name of contribution employer					
a b	Name of contributing employer  EIN C Dollar amount contributed by employer					
-	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box					
d	and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year					
е	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)					

Unit of production

Weekly

Base unit measure: Hourly

Other (specify):

	Schedule R (Form 5500) 2016 Page 3		
14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:		
	a The current year	14a	
	b The plan year immediately preceding the current plan year	14b	
	C The second preceding plan year		
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation employer contribution during the current plan year to:	to make an	The second of the bright second
	and the support of th	15a	
	b The corresponding number for the second preceding plan year.		
16	Information with respect to any employers who withdrew from the plan during the preceding plan year.	16a	
	a Enter the number of employers who withdrew during the preceding plan year		
	b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to assessed against such withdrawn employers.	immong/	
17	to a smarged with this plan during the plan	vear, check be	ox and see instructions regarding
	supplemental information to be included as an attachment.		
းာရ	Additional Information for Single-Employer and Multiemployer Defined If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year check box and	3enefit Per	ision Plans
19	a Enter the percentage of plan assets held as: Stock: % Investment-Grade Debt: % High-Yield Debt: % Real Estate: b Provide the average duration of the combined investment-grade and high-yield debt:  0-3 years 3-6 years 6-9 years 9-12 years 12-15 years 15-18 years What duration measure was used to calculate line 19(b)?  Effective duration Macaulay duration Modified duration Other (specify):	% C	Other:%
20000000	an VIII IRS Compliance Questions	l	
20	Da is the plan a 401(k) plan? If "No," skip b	Yes	∐ No
20	Ob How did the plan satisfy the nondiscrimination requirements for amployee deferrals under section 401(k)(3) for the plan year? Check all that apply:	Design-I safe har "Current ADP tes	bor □ ADP test t year" □ N/A
2	1a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	Ratio percenta test	ege Average N/A benefit test N/A
	1b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes	No
	2a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS		
2	2b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, er letter / / /	iter the date of	the most recent determination

# Schedule C Attachment for Line Item 3(e)

Plan Name

**G34192 MILLINGTON BANK SAVINGS PLAN** 

Plan Number

001

Plan Year End 12/31/2016

EIN

22-1118190

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
ALLIANZ GLOBAL INVESTORS	AllianzGI NFJ SmCap Val Adm	0.25
AMERICAN CENTURY INVESTMENTS	AmerCent Heritage A	0.60
AMERICAN CENTURY INVESTMENTS	AmerCent Infl-Adj Bond A	0.50
AMERICAN CENTURY INVESTMENTS	AmerCent RealEstate Inv	0.35
AMERICAN CENTURY INVESTMENTS	AmerCent Vista A	0.60
AMERICAN CENTURY INVESTMENTS	AmerCent Vista Inv	0.35
AMERICAN CENTURY INVESTMENTS	AmerCent Eqty Inc Inv	0.35
AMERICAN CENTURY INVESTMENTS	AmerCent RealEstate A	0.60
AMERICAN CENTURY INVESTMENTS	AmerCent SmCap Val Inv	0.35
AMERICAN FUNDS	AmerFds Washington Mutual R4	0.35
FIDELITY INVESTMENTS	Fidelity Adv Total Bond I	0.25
FIDELITY INVESTMENTS	Fidelity Adv SmCap T	0.75
FRANKLIN TEMPLETON INVESTMENTS	Templeton Grth R	0.65
FRANKLIN TEMPLETON INVESTMENTS	Templeton Grth A	0.40

Investment Company	Investment Portfolio	Annual Percentage
GOLDMAN SACHS ASSET MANAGEMENT	GoldmanSachs SmCapVal Inst	0.10
INVESCO	Invesco MidCap Core Eqty A	0.50
LORD ABBETT FUNDS	Lord Abbett MidCap Stock P	0.60
LORD ABBETT FUNDS	Lord Abbett SmCap Blend P	0,60
NEUBERGER BERMAN	NeubergerBer LgCap Val Adv	0.60
OPPENHEIMER FUNDS INC.	OPPENHEIMER GLOBAL R	0.60
OPPENHEIMER FUNDS INC.	Oppenheimer Global A	0.50
PARNASSUS	Parnassus MidCap NL	0.25
PIMCO	PIMCO High Yield Adm	0.25
PIONEER INVESTMENTS	Pioneer Sel Mid Cap Grth VCT I	0.25
PRUDENTIAL INVESTMENTS	Prudential QMA Mid Cap Val Z	0.25
RUSSELL INVESTMENT COMPANY	Russell LP Grth Strat R5	0.70
RUSSELL INVESTMENT COMPANY	Russell LP Balanced R5	0.70
RUSSELL INVESTMENT COMPANY	Russell LP Consv R5	0.70
RUSSELL INVESTMENT COMPANY	Russell LP Eqty Grth Strat R5	0.70
RUSSELL INVESTMENT COMPANY	Russell LP Mod R5	0.70
RUSSELL INVESTMENT COMPANY	Russell LP Balanced R1	0.20
RUSSELL INVESTMENT COMPANY	Russell LP Consv R1	0.20
RUSSELL INVESTMENT COMPANY	Russell L.P. EqtyGrthStrat R1	0.20
RUSSELL INVESTMENT COMPANY	Russell LP Grth Strat R1	0.20
RUSSELL INVESTMENT COMPANY	Russell LP Mod R1	0.20
STATE STREET GLOBAL ADVISORS	State St S&P 500 Indx CI F	0.22
STATE STREET GLOBAL ADVISORS	State St Russli 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 Grth Stock R	0.65
T ROWE PRICE	TRowePrice Grth Stock Adv	0.40
TIAA-CREF	TIAA-CREF Lifecycle Idx 2010 R	0.25
TIAA-CREF	TIAA-CREF Lifecycle Idx 2015 R	0.25
TTAA-CREF	TIAA-CREF Lifecycle Idx 2020 R	0.25

Investment Company	Investment Portfolio	Annual Percentage
TIAA-CREF	TIAA-CREF Lifecycle Idx 2025 R	0.25
TIAA-CREF	TIAA-CREF Lifecycle Idx 2030 R	0.25
TIAA-CREF	TIAA-CREF Lifecycle Idx 2035 R	0.25
TIAA-CREF	TIAA-CREF Lifecycle Idx 2040 R	0.25
TIAA-CREF	TIAA-CREF Lifecycle Idx 2045 R	0.25
TIAA-CREF	TIAA-CREF Lifecycle Idx 2050 R	0.25
TIAA-CREF	TIAA-CREF Lifecycle Idx 2055 R	0.25

Plan Type 1 401P5