

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2014 This Form is Open to Public Inspection
---	---	--

Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan COMPREHENSIVE HEALTH CARE OF OHIO, INC. 401(K) SAVINGS AND RETIREMENT PLAN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;">003</td> </tr> <tr> <td colspan="2">1c Effective date of plan 01/01/2010</td> </tr> </table>	1b Three-digit plan number (PN) ▶	003	1c Effective date of plan 01/01/2010	
1b Three-digit plan number (PN) ▶	003				
1c Effective date of plan 01/01/2010					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) COMPREHENSIVE HEALTH CARE OF OHIO, INC. 630 EAST RIVER STREET ELYRIA, OH 44035	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) 34-1492733</td> </tr> <tr> <td>2c Plan Sponsor's telephone number 440-329-7898</td> </tr> <tr> <td>2d Business code (see instructions) 622000</td> </tr> </table>	2b Employer Identification Number (EIN) 34-1492733	2c Plan Sponsor's telephone number 440-329-7898	2d Business code (see instructions) 622000	
2b Employer Identification Number (EIN) 34-1492733					
2c Plan Sponsor's telephone number 440-329-7898					
2d Business code (see instructions) 622000					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/22/2015	TOM SNOWBERGER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN
	3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 88
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 80
a(2) Total number of active participants at the end of the plan year	6a(2) 64
b Retired or separated participants receiving benefits	6b 0
c Other retired or separated participants entitled to future benefits.....	6c 8
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 72
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e	6f 72
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 63
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D 3H	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☐ H (Financial Information) (2) ☒ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☐ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 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 _____

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

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

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

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

SCHEDULE I (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2014
		This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
A Name of plan COMPREHENSIVE HEALTH CARE OF OHIO, INC. 401(K) SAVINGS AND RETIREMENT PLAN	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 COMPREHENSIVE HEALTH CARE OF OHIO, INC.	D Employer Identification Number (EIN) 34-1492733	

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule 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.

Part I	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.**

1 Plan Assets and Liabilities:		(a) Beginning of Year	(b) End of Year
a Total plan assets	1a	6598971	5490848
b Total plan liabilities	1b	0	0
c Net plan assets (subtract line 1b from line 1a)	1c	6598971	5490848
2 Income, Expenses, and Transfers for this Plan Year:		(a) Amount	(b) Total
a Contributions received or receivable:			
(1) Employers.....	2a(1)	30860	
(2) Participants.....	2a(2)	293502	
(3) Others (including rollovers)	2a(3)	0	
b Noncash contributions	2b	0	
c Other income.....	2c	392577	
d Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	2d		716939
e Benefits paid (including direct rollovers)	2e	1812358	
f Corrective distributions (see instructions)	2f	4800	
g Certain deemed distributions of participant loans (see instructions).....	2g	7407	
h Administrative service providers (salaries, fees, and commissions)	2h	497	
i Other expenses	2i	0	
j Total expenses (add lines 2e, 2f, 2g, 2h, and 2i).....	2j		1825062
k Net income (loss) (subtract line 2j from line 2d)	2k		-1108123
l Transfers to (from) the plan (see instructions)	2l		0

3 Specific Assets: If the plan held assets at anytime 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.		Yes	No	Amount
a Partnership/joint venture interests	3a		X	
b Employer real property	3b		X	
c Real estate (other than employer real property).....	3c		X	
d Employer securities	3d		X	
e Participant loans.....	3e	X		83171

	Yes	No	Amount
3f Loans (other than to participants)		X	
3g Tangible personal property		X	

Part II Compliance Questions

4 During the plan year:	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
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 secured by the participant's account balance.		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible?		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)		X	
e Was the plan covered by a fidelity bond?	X		3000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?		X	
j Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
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 waiver eligibility and conditions.)	X		
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3			

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 III Trust Information (optional)

6a Name of trust	6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan <u>COMPREHENSIVE HEALTH CARE OF OHIO, INC. 401(K) SAVINGS AND RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>COMPREHENSIVE HEALTH CARE OF OHIO, INC.</u>	D Employer Identification Number (EIN) <u>34-1492733</u>

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>04-6568107</u>	
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....	6a		
b Enter the amount contributed by the employer to the plan for this plan year.....	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?.....	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
- b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

**COMPREHENSIVE HEALTH CARE OF OHIO, INC.
401(k) SAVINGS AND RETIREMENT PLAN**

EIN: 34-1492733

Plan Number: 003

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

December 31, 2014

(a)	(b) Identity of issuer	(c) Description of investment	(d) Cost	(e) Current value
		Mutual funds:		
	American Funds	AF Fundamental Investment R4	**	\$ 709,785
	BlackRock	BlackRock Inflation Protected Bond Fund	**	2,145
	Harbor Funds	Harbor International	**	132,027
	Harbor Funds	Harbor Capital Appreciation	**	132,754
	Invesco	IVK Small Cap Value A	**	46,172
	Lord Abbett	Lord Abbett Short Duration Income Fund Class I	**	4,737
	PIMCO	PIMCO Total Return	**	353,247
	Templeton Global Advisors Limited	Templeton Foreign A	**	127,066
	T. Rowe Price	T. Rowe Price Dividend Growth	**	718,167
	T. Rowe Price	T. Rowe Price Small Cap Stock	**	63,115
*	Fidelity Management Trust Company	Fidelity Puritan	**	17,092
*	Fidelity Management Trust Company	Fidelity Select Healthcare	**	68,493
*	Fidelity Management Trust Company	Fidelity Select Technology	**	51,327
*	Fidelity Management Trust Company	Fidelity Select Financial	**	5,225
*	Fidelity Management Trust Company	Fidelity Low Price Stock	**	170,684
*	Fidelity Management Trust Company	Fidelity Mid-Cap Stock	**	326,115
*	Fidelity Management Trust Company	Fidelity Freedom Income	**	89,729
*	Fidelity Management Trust Company	Fidelity Freedom 2010	**	54
*	Fidelity Management Trust Company	Fidelity Freedom 2020	**	1,168,786
*	Fidelity Management Trust Company	Fidelity Freedom 2040	**	549,809
*	Fidelity Management Trust Company	Fidelity Freedom 2015	**	133,926
*	Fidelity Management Trust Company	Fidelity Freedom 2025	**	170,903
*	Fidelity Management Trust Company	Fidelity Select Natural Resources	**	4,650
*	Fidelity Management Trust Company	Fidelity Select Industrial Equipment	**	6,504
*	Fidelity Management Trust Company	Spartan 500 Index Advantage	**	180,198
*	Fidelity Management Trust Company	Common collective trust fund – Fidelity Managed Income Portfolio	**	174,966
*	Participants	Participant notes receivable with interest rates ranging from 4.25 to 7.75% and maturity dates through 2018	**	83,172
		Total		<u>\$ 5,490,848</u>

* Party-in-Interest.

** Cost information not required

Note: This schedule is based on information that has been certified as complete and accurate by Fidelity Management Trust Company, the Plan's Trustee.

See accompanying independent auditors' report.



**COMPREHENSIVE HEALTH CARE OF OHIO, INC.
401(k) SAVINGS AND RETIREMENT PLAN**

Financial Statements and Supplemental Schedule

December 31, 2014 and 2013

(With Independent Auditors' Report Thereon)

**COMPREHENSIVE HEALTH CARE OF OHIO, INC.
401(k) SAVINGS AND RETIREMENT PLAN**

Table of Contents

	Page
Independent Auditors' Report	1
Statements of Net Assets Available for Benefits as of December 31, 2014 and 2013	3
Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2014	4
Notes to Financial Statements	5
Schedule of Assets (Held at End of Year)	12



KPMG LLP
One Cleveland Center
Suite 2600
1375 East Ninth Street
Cleveland, OH 44114-1796

Independent Auditors' Report

The Plan Administrator
Comprehensive Health Care of Ohio, Inc.
401(k) Savings and Retirement Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Comprehensive Health Care of Ohio, Inc. 401(k) Savings and Retirement Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013 and the related statement of changes in net assets available for benefits for the year ended December 31, 2014, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the 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 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in notes 3 and 8, which was certified by Fidelity Management Trust Company (the Trustee), except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the Trustee holds the Plan's investment assets and executes related transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2014 and 2013, and for the year ended December 31, 2014 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 evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.



Other Matter

The supplemental schedule, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2014 is required by the Department of Labor’s (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on this supplemental schedule.

Report on Form and Content in Compliance with Department of Labor’s Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by 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 ERISA.

/s/KPMG LLP

Cleveland, Ohio
August 31, 2015

COMPREHENSIVE HEALTH CARE OF OHIO, INC.
401(k) SAVINGS AND RETIREMENT PLAN

Statements of Net Assets Available for Benefits

December 31, 2014 and 2013

	<u>2014</u>	<u>2013</u>
Assets:		
Participant-directed investments:		
Mutual funds	\$ 5,232,710	6,143,929
Common collective trust fund	<u>174,966</u>	<u>321,395</u>
Total participant-directed investments	5,407,676	6,465,324
Participant notes receivable	<u>83,172</u>	<u>133,647</u>
Net assets available for benefits before adjustment	5,490,848	6,598,971
Adjustment from fair value to contract value for interest in common collective trust fund relating to fully benefit-responsive investment contract	<u>(2,557)</u>	<u>(4,844)</u>
Net assets available for benefits	<u>\$ 5,488,291</u>	<u>6,594,127</u>

See accompanying notes to financial statements.

COMPREHENSIVE HEALTH CARE OF OHIO, INC.
401(k) SAVINGS AND RETIREMENT PLAN

Statement of Changes in Net Assets Available for Benefits

Year ended December 31, 2014

	<u>2014</u>
Additions to net assets:	
Investment income:	
Interest and dividends	\$ 373,040
Net appreciation in investments in mutual funds	<u>17,748</u>
Total investment income	<u>390,788</u>
Contributions:	
Employee	293,502
Employer	<u>30,860</u>
Total contributions	<u>324,362</u>
Interest from participant notes receivable	<u>4,076</u>
Total additions	<u>719,226</u>
Deductions from net assets:	
Benefits paid directly to participants or beneficiaries	1,824,565
Administrative expenses	<u>497</u>
Total deductions	<u>1,825,062</u>
Net decrease in net assets available for benefits	(1,105,836)
Net assets available for benefits:	
Beginning of year	<u>6,594,127</u>
End of year	<u><u>\$ 5,488,291</u></u>

See accompanying notes to financial statements.

COMPREHENSIVE HEALTH CARE OF OHIO, INC.
401(k) SAVINGS AND RETIREMENT PLAN

Notes to Financial Statements

December 31, 2014 and 2013

(1) Plan Description

The following description of Comprehensive Health Care of Ohio, Inc. 401(k) Savings and Retirement Plan (the Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

(a) General

The Plan is a defined contribution plan covering substantially all employees of Comprehensive Health Care of Ohio, Inc. (the Company) except for leased employees and employees participating in the Comprehensive Health Care of Ohio, Inc. 401(k) Plus Savings and Retirement Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Effective January 1, 2015, eligible employees of the Plan will become participants of the University Hospitals Health Systems, Inc. 401(k) Retirement Plan. Participant balances remain within the Plan as of December 31, 2014.

(b) Contributions

Each year participants may defer and contribute up to the lesser of the maximum based on IRS annual limits or 75% of eligible pretax annual compensation, as defined in the Plan. Participants may also make contributions to the Plan in the form of a rollover of funds from another qualified plan.

The Company makes matching contributions to eligible plan participants who are active and make deferral contributions. The Company matching contribution is equal to 25% of the first 4% of eligible compensation. Additionally, a discretionary contribution may be made by the Company for all employees who have met the 12 months of service requirement. The contribution is allocated pro rata based on the participant's eligible compensation compared to total compensation of eligible participants. No discretionary contribution was made to the Plan in the year ended December 31, 2014.

(c) Participant Accounts

Individual participant accounts are maintained for participants and are adjusted for contributions and plan earnings. Plan earnings and administrative expenses are allocated to participant accounts in proportion to the value of their individual investment balances.

(d) Participant Notes Receivable

Participants may borrow from their fund accounts a minimum of \$1,000 up to an amount equal to the lesser of \$50,000 or 50% of their vested account balance, reduced by outstanding notes receivable balances. Participants may have a maximum of two notes outstanding at any given time. Participant notes receivable terms range from one to five years or within a reasonable period of time for the purchase of a primary residence. Notes receivable are collateralized by the participant's account balance and bear interest rates ranging from 4.25% to 7.75%, which are commensurate with local prevailing rates as determined by the plan administrator. Principal and interest are paid ratably through monthly payroll deductions.

COMPREHENSIVE HEALTH CARE OF OHIO, INC.
401(k) SAVINGS AND RETIREMENT PLAN

Notes to Financial Statements

December 31, 2014 and 2013

(e) Vesting

Participants are immediately vested in their contributions, Company matching contributions, and any earnings thereon.

(f) Benefit Payments

Upon termination of service, or upon death, disability, or retirement, a participant will receive a lump-sum amount equal to the vested value of his or her account.

The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participants may direct the investments of their account balances into various investment options offered by the Plan.

(g) Administrative Expenses

Certain administrative expenses are paid by the Plan. Other administrative expenses, such as audit and legal fees, are paid by the Company.

(2) Summary of Significant Accounting Policies

(a) Basis of Accounting

The financial statements of the Plan are prepared under the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

(b) Investment Valuation

The Plan's investments are stated at fair value, except for its common collective trust fund investment, which is valued at contract value. Contract value represents investments at cost, plus accrued interest income, less amounts withdrawn to pay benefits. The fair value of the common collective trust fund is based on discounting the related cash flows of the underlying investment contracts based on current yields of similar instruments with comparable durations. All other investments are valued based on quoted market prices. See note 8 for additional information.

Net appreciation in investments includes the Plan's gains and losses in investments bought and sold as well as held during the year. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date and interest income is recorded on the accrual basis.

The common collective trust fund consists of an investment in the Fidelity Managed Income Portfolio (MIP) fund of which the purpose is to preserve principal while earning interest income. The MIP is a commingled pool and its investments may be comprised of conventional and synthetic investment contracts issued by insurance companies, banks and other financial institutions, short-term bonds and other fixed income securities, including U.S. Treasury bonds, mortgage-backed securities, commercial mortgage-backed securities, asset backed securities and derivative instruments such as futures, swaps and options. Third-party wrap contracts are purchased to permit the use of book value accounting to maintain a constant net asset value and to provide for payment of participant-directed withdrawals and exchanges at book value. Interest is credited under wrap contracts.

COMPREHENSIVE HEALTH CARE OF OHIO, INC.
401(k) SAVINGS AND RETIREMENT PLAN

Notes to Financial Statements

December 31, 2014 and 2013

Because the MIP is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. Participants may ordinarily direct the withdrawal or transfer all or a portion of the investment at contract value.

The MIP is valued daily and it is the policy of Fidelity Management Trust Company (the Trustee) to use its best efforts to maintain a stable net asset value of \$1.00 per unit. The MIP uses independent pricing services to value its investments. The market value spot yield for plan years ended December 31, 2014 and 2013 was 1.67% and 1.54%, respectively.

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

(c) Participant Notes Receivable

Notes receivable from participants are measured at their unpaid principal balance plus accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2014 or 2013. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance may be reduced and a benefit payment recorded based on the terms of the plan document.

(d) Benefit Payments

Benefits are recorded when paid.

(e) Use of Estimates

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

(3) Investments

Fidelity Management Trust Company (the Trustee) holds the Plan's investment and participant notes receivable and executes all related transactions. The investment and participant notes receivable balances and related income and losses included in the accompanying financial statements and supplemental schedule of assets held at end of year are based solely on information that has been certified provided by the Trustee.

COMPREHENSIVE HEALTH CARE OF OHIO, INC.
401(k) SAVINGS AND RETIREMENT PLAN

Notes to Financial Statements

December 31, 2014 and 2013

The following presents investments that represent 5% or more of the Plan's net assets:

	<u>2014</u>	<u>2013</u>
Mutual funds – at fair value:		
PIMCO Total Return	\$ 353,247	425,293
T. Rowe Price Dividend Growth	718,167	731,447
AF Fundamental Investment R4	709,785	851,563
Fidelity Freedom 2020	1,168,786	1,139,346
Fidelity Freedom 2040	549,809	501,506
Fidelity Mid-Cap Stock	326,115	410,434
Spartan 500 Index Advantage	**	358,504
Common collective trust fund – at contract value – Fidelity		
Managed Income Portfolio	**	316,551*
** Less than 5%		

Common/collective trusts are presented at contract value (*).

During the year ended December 31, 2014, the investment gain and net appreciation in the Plan's investments (including investments bought, sold, and held during the year) as certified by the Trustee of the Plan were as follows:

	<u>2014</u>
Interest and dividend income:	
Mutual funds	\$ 370,312
Common/collective trusts	<u>2,728</u>
	373,040
Net appreciation in investments at fair value as determined by quoted market price for mutual funds	<u>17,748</u>
Total investment income	<u><u>\$ 390,788</u></u>

(4) Related Party and Party-in-Interest Transactions

Certain plan assets are in investment funds managed by Fidelity Management Trust Company or its affiliates. Fidelity Management Trust Company is the trustee of the Plan; therefore, these transactions qualify as party-in interest transactions as defined under ERISA guidelines. The fees paid by the Plan to these parties in interest were \$479 during 2014.

(5) Plan Termination

While it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in the plan agreement and ERISA.

COMPREHENSIVE HEALTH CARE OF OHIO, INC.
401(k) SAVINGS AND RETIREMENT PLAN

Notes to Financial Statements

December 31, 2014 and 2013

(6) Tax Status

The Plan Sponsor adopted a prototype defined contribution plan document that received a favorable opinion letter from the Internal Revenue Service (IRS) dated March 31, 2008, which stated that the form of the Plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). While the Plan has been amended since receiving the opinion letter, the Plan Sponsor believes that the Plan is designed and currently being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 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. The Company believes the Plan is no longer subject to income tax examinations for years prior to 2011.

(7) Risks and Uncertainties

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

(8) Fair Value Measurements

The Financial Accounting Standards Board established a framework for measuring fair value, and expands disclosures about fair value measurements. The fair value framework requires the categorization of assets and liabilities into three levels based upon the assumptions (inputs) used to price the assets or liabilities. Level 1 provides the most reliable measure of fair value, whereas Level 3 generally requires significant judgment. The three levels are defined as follows:

Level 1 – Assets or liabilities that are valued based on quoted prices in active markets that are accessible at measurement date.

Level 2 – Assets and liabilities that are valued based upon inputs, other than those included in Level 1; based on quoted prices for similar assets and liabilities in active markets, quoted prices for identical or similar assets and liabilities in inactive markets, or financial instruments for which all significant inputs are observable, either directly or indirectly.

Level 3 – Assets or liabilities that are based on unobservable inputs, including the reporting entity's own analysis of the underlying economic data that market participants would factor into the pricing of the asset or liability.

COMPREHENSIVE HEALTH CARE OF OHIO, INC.
401(k) SAVINGS AND RETIREMENT PLAN

Notes to Financial Statements

December 31, 2014 and 2013

Level 1 instruments consist of mutual funds which are valued at the daily closing price as reported by the fund. Level 2 instruments include common/collective trusts, which are priced daily based on a blended rate of the contracts' rate of return and daily income earned. There are no Level 3 instruments within the Plan. There were no transfers in or out of Level 1, 2, or 3.

Assets measured at fair value on a recurring basis at December 31, 2014:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Balance at December 31, 2014</u>
Mutual funds:				
Equity investments	\$ 2,429,450	—	—	2,429,450
Fixed-income investments	716,667	—	—	716,667
Retirement year-based investments	2,086,593	—	—	2,086,593
Common collective trust fund:				
Stable value fund (1)	—	174,966	—	174,966
	<u>\$ 5,232,710</u>	<u>174,966</u>	<u>—</u>	<u>5,407,676</u>

Assets measured at fair value on a recurring basis at December 31, 2013:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Balance at December 31, 2013</u>
Mutual funds:				
Equity investments	\$ 3,094,835	—	—	3,094,835
Fixed-income investments	853,652	—	—	853,652
Retirement year-based investments	2,195,442	—	—	2,195,442
Common collective trust fund:				
Stable value fund (1)	—	321,395	—	321,395
	<u>\$ 6,143,929</u>	<u>321,395</u>	<u>—</u>	<u>6,465,324</u>

(1) This category represents the Fidelity Managed Income Portfolio as discussed within note 2(b).

COMPREHENSIVE HEALTH CARE OF OHIO, INC.
401(k) SAVINGS AND RETIREMENT PLAN

Notes to Financial Statements

December 31, 2014 and 2013

(9) Reconciliation to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2014 and 2013 to Form 5500:

	<u>2014</u>	<u>2013</u>
Net assets available for benefits per the financial statements	\$ 5,488,291	6,594,127
Add fair value adjustments of Fidelity Managed Income Portfolio	<u>2,557</u>	<u>4,844</u>
Net assets available for benefits per Form 5500	<u>\$ 5,490,848</u>	<u>6,598,971</u>

The Fidelity Managed Income Portfolio is valued at contract value on the statement of net assets available for benefits. The Fidelity Managed Income Portfolio is reported at fair value on Form 5500. This difference between the contract value and fair value represents a reconciling item between the financial statements and Form 5500.

The following is a reconciliation of the decrease in net assets available for benefits per the financial statements at December 31, 2014 to Form 5500:

Decrease in net assets per the financial statements	\$ (1,105,836)
Decrease in fair value adjustment of Fidelity Managed Income Portfolio	<u>(2,287)</u>
Decrease in net assets per Form 5500	<u>\$ (1,108,123)</u>

(10) Subsequent Events

The financial statements and related disclosures include evaluation of events up through and including August 31, 2015, which is the date the financial statements were available to be issued.

**COMPREHENSIVE HEALTH CARE OF OHIO, INC.
401(k) SAVINGS AND RETIREMENT PLAN**

EIN: 34-1492733
Plan Number: 003

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

December 31, 2014

(a)	(b) Identity of issuer	(c) Description of investment	(d) Cost	(e) Current value
		Mutual funds:		
	American Funds	AF Fundamental Investment R4	**	\$ 709,785
	BlackRock	BlackRock Inflation Protected Bond Fund	**	2,145
	Harbor Funds	Harbor International	**	132,027
	Harbor Funds	Harbor Capital Appreciation	**	132,754
	Invesco	IVK Small Cap Value A	**	46,172
	Lord Abbett	Lord Abbett Short Duration Income Fund Class I	**	4,737
	PIMCO	PIMCO Total Return	**	353,247
	Templeton Global Advisors Limited	Templeton Foreign A	**	127,066
	T. Rowe Price	T. Rowe Price Dividend Growth	**	718,167
	T. Rowe Price	T. Rowe Price Small Cap Stock	**	63,115
*	Fidelity Management Trust Company	Fidelity Puritan	**	17,092
*	Fidelity Management Trust Company	Fidelity Select Healthcare	**	68,493
*	Fidelity Management Trust Company	Fidelity Select Technology	**	51,327
*	Fidelity Management Trust Company	Fidelity Select Financial	**	5,225
*	Fidelity Management Trust Company	Fidelity Low Price Stock	**	170,684
*	Fidelity Management Trust Company	Fidelity Mid-Cap Stock	**	326,115
*	Fidelity Management Trust Company	Fidelity Freedom Income	**	89,729
*	Fidelity Management Trust Company	Fidelity Freedom 2010	**	54
*	Fidelity Management Trust Company	Fidelity Freedom 2020	**	1,168,786
*	Fidelity Management Trust Company	Fidelity Freedom 2040	**	549,809
*	Fidelity Management Trust Company	Fidelity Freedom 2015	**	133,926
*	Fidelity Management Trust Company	Fidelity Freedom 2025	**	170,903
*	Fidelity Management Trust Company	Fidelity Select Natural Resources	**	4,650
*	Fidelity Management Trust Company	Fidelity Select Industrial Equipment	**	6,504
*	Fidelity Management Trust Company	Spartan 500 Index Advantage	**	180,198
*	Fidelity Management Trust Company	Common collective trust fund – Fidelity Managed Income Portfolio	**	174,966
*	Participants	Participant notes receivable with interest rates ranging from 4.25 to 7.75% and maturity dates through 2018	**	83,172
		Total		\$ 5,490,848
*	Party-in-Interest.			
**	Cost information not required			

Note: This schedule is based on information that has been certified as complete and accurate by Fidelity Management Trust Company, the Plan's Trustee.

See accompanying independent auditors' report.