Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2014** **This Form is Open to Public Inspection**

Part I Annual Report Identification Information

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

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
- [X] 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:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
ST LUKE LUTHERAN HOME FOR THE AGING EMPLOYEE RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1991

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
ST LUKE LUTHERAN HOME FOR THE AGING

220 APPLEGROVE ST NE
NORTH CANTON, OH 44720-1610

2b Employer Identification Number (EIN) 34-0777664

2c Plan Sponsor's telephone number 330-499-8341

2d Business code (see instructions) 623000

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.	10/14/2015	RONALD E. DERRY
	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 [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b** EIN	
a Sponsor's name	**4c** PN	
5 Total number of participants at the beginning of the plan year	**5**	491
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)**	428
a(2) Total number of active participants at the end of the plan year	**6a(2)**	417
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	73
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	490
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	490
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	203
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
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:
2A 2F 2G 2L 2M 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)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 1 **A** (Insurance Information)
- **(4)** [X] **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_____

SCHEDULE A (Form 5500)	Insurance Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.** ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	**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	**B** Three-digit plan number (PN) ▶
ST LUKE LUTHERAN HOME FOR THE AGING EMPLOYEE RETIREMENT PLAN	001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
ST LUKE LUTHERAN HOME FOR THE AGING	34-0777664

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

1 Coverage Information:

(a) Name of insurance carrier

LINCOLN NATIONAL LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year **(f)** From	**(g)** To
35-0472300	65676	890421+006	203	01/01/2014	12/31/2014

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
15032	0

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

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

LINCOLN FINANCIAL ADVISORS CORP
1300 S CLINTON ST STE 150
FORT WAYNE, IN 46802-9999

(b) Amount of sales and base commissions paid	Fees and other commissions paid **(c)** Amount	**(d)** Purpose	**(e)** Organization code
12641			4

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

INDEPENDENT FINANCIAL GROUP LL
12671 HIGH BLUFF DR.
#200
SAN DIEGO, CA 92130

(b) Amount of sales and base commissions paid	Fees and other commissions paid **(c)** Amount	**(d)** Purpose	**(e)** Organization code
2391			4

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP VARIABLE ANNUITY W/GUAR FUND

b	Balance at the end of the previous year		7b	2718609
c	Additions: (1) Contributions deposited during the year	7c(1)	330773	
	(2) Dividends and credits	7c(2)		
	(3) Interest credited during the year	7c(3)	127543	
	(4) Transferred from separate account	7c(4)	14069	
	(5) Other (specify below)	7c(5)	115039	
	▶ MAY INCLUDE LOAN REPAYMENTS, FORFEITURES, TAKEOVERS, AND/OR ADJUSTMENTS			
	(6)Total additions		7c(6)	587424
d	Total of balance and additions (add lines **7b** and **7c(6)**).		7d	3306033
e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	184651	
	(2) Administration charge made by carrier	7e(2)		
	(3) Transferred to separate account	7e(3)	5063	
	(4) Other (specify below)	7e(4)	105971	
	▶ MAY INCLUDE LOANS ISSUED, FORFEITURES, FEES, CORRECTIVES, AND/OR ADJUSTMENTS			
	(5) Total deductions		7e(5)	295685
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)		7f	3010348

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

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

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

A Name of plan
ST LUKE LUTHERAN HOME FOR THE AGING EMPLOYEE RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ST LUKE LUTHERAN HOME FOR THE AGING

D Employer Identification Number (EIN)
34-0777664

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

LINCOLN NATIONAL CORPORATION

35-1140070

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	SERVICE PROVIDER	649	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)	Financial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**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
ST LUKE LUTHERAN HOME FOR THE AGING EMPLOYEE RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ST LUKE LUTHERAN HOME FOR THE AGING

D Employer Identification Number (EIN)
34-0777664

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	134004	126626
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1807498	2056063
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	2718609	3010348
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	4660111	5193037
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	4660111	5193037

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	90038	
(B) Participants	2a(1)(B)	220404	
(C) Others (including rollovers)	2a(1)(C)	172840	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		483282
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	4933	
(F) Other	2b(1)(F)	127543	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		132476
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		147978
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		763736
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	230430	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		230430
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	380	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		380
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		230810
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		532926
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: D.A. BAGNOLA & COMPANY, INC **(2)** EIN: 34-1411715

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If "Yes," enter the amount of any plan assets that reverted to the employer this year. ☐ **Yes** ☒ **No** **Amount:**

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

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

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

Part V Trust Information (optional)

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

SCHEDULE R (Form 5500)	Retirement Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 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.**	**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
ST LUKE LUTHERAN HOME FOR THE AGING EMPLOYEE RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ST LUKE LUTHERAN HOME FOR THE AGING

D Employer Identification Number (EIN)
34-0777664

Part I Distributions

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

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

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

EIN(s): 35-1140070 _____

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** 4

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

a Name of contributing employer

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

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

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

a Name of contributing employer

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

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

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

a Name of contributing employer

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

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

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

a Name of contributing employer

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

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

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

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: 0.0% 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):

ST. LUKE LUTHERAN HOME FOR THE AGING

EMPLOYEE RETIREMENT PLAN

DECEMBER 31, 2014 AND 2013

D. A. BAGNOLA & COMPANY, INC.
CERTIFIED PUBLIC ACCOUNTANTS

ST. LUKE LUTHERAN HOME FOR THE AGING

EMPLOYEE RETIREMENT PLAN

DECEMBER 31, 2014 AND 2013

ST. LUKE LUTHERAN HOME FOR THE AGING

EMPLOYEE RETIREMENT PLAN

AUDITED FINANCIAL STATEMENTS FOR ERISA

DECEMBER 31, 2014 AND 2013

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D. A. BAGNOLA & COMPANY, INC.
CERTIFIED PUBLIC ACCOUNTANTS

4800 Munson Street, N.W
Canton, Ohio 44718

(330) 499-2486
Fax (330) 497-2500
dabagnolaco@aol.com

INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of the
St. Luke Lutheran Home for the Aging
Employee Retirement Plan
North Canton, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of St. Luke Lutheran Home for the Aging Employee Retirement Plan, which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note F, which was certified by The Lincoln National Life Insurance Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31,

2014 and 2013, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedules as of or for the year ended December 31, 2014 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

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

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

D. A. Bagnola & Co., Inc.

Canton, Ohio
September 28, 2015

ST. LUKE LUTHERAN HOME FOR THE AGING EMPLOYEE RETIREMENT PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS WITH FUND INFORMATION
December 31, 2014

	PARTICIPANT DIRECTED						
	FIDELITY ASSET MANAGER	LINCOLN VIP SSGA S& P 500 INDEX	36 OTHER REGISTERED INVESTMENT FUNDS	TOTAL REGISTERED INVESTMENT FUNDS	FIXED ACCT	LOAN RESERVE	TOTAL NET ASSETS AVAILABLE
ASSETS							
Investments, at fair value:							
Registered investment companies	$ 230,693	$ 342,835	$ 1,482,535	2,056,063	$ -	$ -	$ 2,056,063
Investment contract with insurance company				-	3,010,348		3,010,348
	230,693	342,835	1,482,535	2,056,063	3,010,348	-	5,066,411
Receivables:							
Employer contributions				-			-
Participant contributions				-			-
Participant loans				-		126,626	126,626
	-	-	-	-	-	126,626	126,626
Payables:							
Employer contributions				-			-
Participant contributions				-			-
	-	-	-	-	-	-	-
TOTAL ASSETS AVAILABLE FOR BENEFITS	$ 230,693	$ 342,835	$ 1,482,535	$ 2,056,063	$ 3,010,348	$ 126,626	$ 5,193,037

ST. LUKE LUTHERAN HOME FOR THE AGING EMPLOYEE RETIREMENT PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS WITH FUND INFORMATION
December 31, 2013

	PARTICIPANT DIRECTED						
	FIDELITY ASSET MANAGER	LINCOLN VIP SSGA S& P 500 INDEX	35 OTHER REGISTERED INVESTMENT FUNDS	TOTAL REGISTERED INVESTMENT FUNDS	FIXED ACCT	LOAN RESERVE	TOTAL NET ASSETS AVAILABLE
ASSETS							
Investments, at fair value:							
Registered investment companies	$ 209,335	$ 303,362	$ 1,294,801	1,807,498	$ -	$ -	$ 1,807,498
Investment contract with insurance company				-	2,718,609		2,718,609
	209,335	303,362	1,294,801	1,807,498	2,718,609	-	4,526,107
Receivables:							
Employer contributions				-			-
Participant contributions				-			-
Participant loans				-		134,004	134,004
	-	-	-	-	-	134,004	134,004
Payables:							
Employer contributions				-			-
Participant contributions				-			-
	-	-	-	-	-	-	-
TOTAL ASSETS AVAILABLE FOR BENEFITS	$ 209,335	$ 303,362	$ 1,294,801	$ 1,807,498	$ 2,718,609	$ 134,004	$ 4,660,111

ST. LUKE LUTHERAN HOME FOR THE AGING EMPLOYEE RETIREMENT PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS WITH FUND INFORMATION
Year ended December 31, 2014

	PARTICIPANT DIRECTED						
	FIDELITY ASSET MANAGER	LINCOLN VIP SSGA S& P 500 INDEX	36 OTHER REGISTERED INVESTMENT FUNDS	TOTAL REGISTERED INVESTMENT FUNDS	FIXED ACCT	LOAN RESERVE	TOTAL CHANGES IN NET ASSETS
ADDITIONS TO NET ASSETS							
Investment Income (Loss):							
Registered investment companies	$ 10,102	$ 36,769	$ 101,107	$ 147,978	$ -	$ -	$ 147,978
Investment contract with insurance company				-	125,856	6,620	132,476
	10,102	36,769	101,107	147,978	125,856	6,620	280,454
Contributions:							
Participants and Employer	11,256	19,747	122,878	153,881	329,401		483,282
Loan Repayment				-	61,307	(61,307)	-
	11,256	19,747	122,878	153,881	390,708	(61,307)	483,282
TOTAL ADDITIONS	21,358	56,516	223,985	301,859	516,564	(54,687)	763,736
DEDUCTIONS FROM NET ASSETS							
Benefits paid to particpants		17,043	27,245	44,288	184,651	1,491	230,430
Administration expenses				-	380		380
TOTAL DEDUCTIONS	-	17,043	27,245	44,288	185,031	1,491	230,810
Net increase (decrease) prior to interfund transfers	21,358	39,473	196,740	257,571	331,533	(56,178)	532,926
Interfund transfers			(9,006)	(9,006)	(39,794)	48,800	-
NET INCREASE (DECREASE)	21,358	39,473	187,734	248,565	291,739	(7,378)	532,926
NET ASSETS AVAILABLE FOR BENEFITS							
Beginning of year	209,335	303,362	1,294,801	1,807,498	2,718,609	134,004	4,660,111
END OF YEAR	$ 230,693	$ 342,835	$ 1,482,535	$ 2,056,063	$ 3,010,348	$ 126,626	$ 5,193,037

ST. LUKE LUTHERAN HOME FOR THE AGING EMPLOYEE RETIREMENT PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS WITH FUND INFORMATION
Year ended December 31, 2013

	PARTICIPANT DIRECTED						
	FIDELITY ASSET MANAGER	LINCOLN VIP SSGA S& P 500 INDEX	35 OTHER REGISTERED INVESTMENT FUNDS	TOTAL REGISTERED INVESTMENT FUNDS	FIXED ACCT	LOAN RESERVE	TOTAL CHANGES IN NET ASSETS
ADDITIONS TO NET ASSETS							
Investment Income (Loss):							
Registered investment companies	$ 25,853	$ 30,373	$ 305,192	$ 361,418	$ -	$ -	$ 361,418
Investment contract with insurance company				-	117,947	5,065	123,012
	25,853	30,373	305,192	361,418	117,947	5,065	484,430
Contributions:							
Participants and Employer	12,428	12,705	159,529	184,662	172,594		357,256
Loan Repayment				-	20,572	(20,572)	-
	12,428	12,705	159,529	184,662	193,166	(20,572)	357,256
TOTAL ADDITIONS	38,281	43,078	464,721	546,080	311,113	(15,507)	841,686
DEDUCTIONS FROM NET ASSETS							
Benefits paid to particpants		45,893	42,732	88,625	193,183	2,297	284,105
Administration expenses				-	380		380
TOTAL DEDUCTIONS	-	45,893	42,732	88,625	193,563	2,297	284,485
Net increase (decrease) prior to interfund transfers	38,281	(2,815)	421,989	457,455	117,550	(17,804)	557,201
Interfund transfers	(321)	306,177	(351,321)	(45,465)	(43,302)	88,767	-
NET INCREASE (DECREASE)	37,960	303,362	70,668	411,990	74,248	70,963	557,201
NET ASSETS AVAILABLE FOR BENEFITS							
Beginning of year	171,375		1,224,133	1,395,508	2,644,361	63,041	4,102,910
END OF YEAR	$ 209,335	$ 303,362	$ 1,294,801	$ 1,807,498	$ 2,718,609	$ 134,004	$ 4,660,111

ST. LUKE LUTHERAN HOME FOR THE AGING
EMPLOYEE RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2014 AND 2013

NOTE A – PLAN DESCRIPTION

St. Luke Lutheran Home for the Aging Employee Retirement Plan, which became effective January 1, 1991, is a special type of retirement plan commonly referred to as a 403(b) plan. The Plan was restated effective January 1, 2014 to comply with current retirement plan regulations. There were no significant changes in the plan, and no reduction in participant's benefits resulted.

General

The following description of the St. Luke Lutheran Home for Aging Employee Retirement Plan provides general information only. Participants should refer to the Summary Plan Description for a more complete description of the Plan's provisions.

The Plan is a 403(b) plan (salary deferral) generally covering all employees of St. Luke Lutheran Home for the Aging. Employees may participate in the salary deferral type of contribution to the plan immediately upon becoming an employee as long as their contribution would be greater than $200. Employees become eligible to participate in the matching and employer types of contributions after completion of one year of service providing they worked at least 1,000 hours during such plan year and have attained age twenty-one. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Each year, participants may contribute up to 15% of pretax annual compensation (limited to $17,500 per year in 2014 and 2013, as defined in the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. The Company contributes matching contributions of a participant's elective deferrals based on the following schedule:

Less than 1 year of service – No matching contribution
Between 1 and 4 years of service – 25% of the first 2% of compensation a participant contributes to the Plan
Between 5 and 9 years of service – 50% of the first 3%
Between 9 and 14 years of service – 75% of the first 4%

NOTE A – PLAN DESCRIPTION (CONTINUED)

Contributions (continued)

14 or more years of service –100% of the first 5%

The company made matching contributions of $90,038 and $94,006 to the Plan for the years ended December 31, 2014 and 2013, respectively.

Participant Accounts

The plan allows for self-direction of each participant's account. Each account is credited with the participant's contributions and the Company's contributions, and allocations of Plan earnings and administrative expenses. Allocation of Plan earnings are based on participant account balances, computed on a daily basis. Participant's can elect to change the amount of deferral each quarter. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately 100% vested in their contributions plus actual earnings thereon. Vesting in the Company's contributions plus actual earnings thereon is based on continuous years of service. A participant is 100% vested after six years of credited service.

Forefeitures

Forefeitures of a participant's matching and discretionary contributions are used to satisfy the Company's obligation of matching and discretionary contributions.

Investment Options

Upon enrollment in the Plan, a Participant may direct employee, employer matching, employer discretionary, and rollover contributions among various investment options. The Plan currently offers an insurance investment contract and several registered investment companies as investment options for Participants. Investments in each fund are presented separately in the financial statements which identifies investments representing 5% or more of net assets available for benefits.

NOTE A – PLAN DESCRIPTION (CONTINUED)

Retirement Benefits

On termination of service, a participant with a vested account balance of $5,000 or less will receive a lump sum distribution equal to the value of the participant's vested interest in his or her account. A participant with a vested account balance in excess of $5,000 has the option of electing (1) taking a lump sum distribution, (2) taking a series of equal annual installments over a set number of years, or (3) the purchase of an annuity that will be paid out over a designated period.

Death and Disability Benefits

The Plan provides that participants or their beneficiaries will have a fully vested right to their accrued benefit upon death or disability.

Participant Loans

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of (a) $50,000 reduced by the excess (if any) of the highest outstanding balance of loans during the 1-year period ending on the day before the loan application is approved over the outstanding balance of loans from the Plan on the date the loan application is approved, or (b) 50% of the vested account balance of the Participant. Loans are secured by the balance in the Participant's account and bear interest at rates ranging from 4.50% to 5.40%, which are commensurate with local prevailing rates as determined by The Lincoln National Life Insurance Company. Principal and interest is paid ratably through payroll deductions.

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting (Continued)

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attributable for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount Participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Statement of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

Estimates

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

Notes Receivable From Participants

Loans to Participants are reported at their unpaid principal balance plus any accrued but unpaid interest.

Investment Valuation and Income Recognition

Investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note C for discussion of fair value measurements.

Realized and unrealized gains and losses on investments in registered investment companies are not shown separately in the financial statements, but are included in the net investment gain or loss from these investments. Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

The Employer absorbs most the administrative costs of the Plan. However, The Lincoln National Life Insurance Company charges certain fees directly to Participants.

Date of Management's Review

Subsequent events were evaluated through September 28, 2015, which is the date the financial statements were available to be issued.

NOTE C – FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although 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.

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. No Level 2 inputs were available to the Plan; and Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

ST. LUKE LUTHERAN HOME FOR THE AGING
EMPLOYEE RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2014 AND 2013

NOTE C – FAIR VALUE MEASUREMENTS (CONTINUED)

Level 1 Fair Value Measurements

The fair value of registered investment companies is based on quoted net asset values of the shares held by the Plan at year-end.

Level 3 Fair Value Measurements

The guaranteed investment contract with an insurance company is not actively traded and significant other observable inputs are not available. Thus, the fair value of the guaranteed investment contract is determined using an income approach by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer.

The following table sets forth the Plan's assets at fair value:

	Assets at Fair Value as of December 31, 2014			
	Level 1	Level 2	Level 3	Total
Registered investment Companies	$ 2,056,063			$ 2,056,063
Investment Contract With Insurance Company			$ 3,010,348	$ 3,010,348
Total Assets at Fair Value	$ 2,056,063	$	$ 3,010,348	$ 5,066,411

NOTE C – FAIR VALUE MEASUREMENTS (CONTINUED)

	Assets at Fair Value as of December 31, 2013			
	Level 1	Level 2	Level 3	Total
Registered investment Companies	$ 1,807,498	$	$	$ 1,807,498
Investment Contract With Insurance Company			2,718,609	2,718,609
Total Assets at Fair Value	$ 1,807,498	$	$ 2,718,609	$ 4,526,107

NOTE D – INVESTMENTS

The December 31, 2013 and 2012 Statement of Net Assets Available for Benefits, the investment activities included on the Statement of Changes in Net Assets Available for Benefits for the years then ended and the accompanying notes to the financial statements were prepared in part or entirely from information certified by the Trustee of the Plan's assets in accordance with 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.

NOTE E – INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan has entered into a benefit-responsive investment contract with The Lincoln National Life Insurance Company (Lincoln). Lincoln maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for Participant withdrawals and administrative expenses. The contract is included in the financial statements as contract value as reported to the Plan by Lincoln. Contract value, as reported to the Plan by Lincoln, represents contributions made under the contract, plus earnings, less Participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

NOTE E – INVESTMENT CONTRACT WITH INSURANCE COMPANY (CONTINUED)

Because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement for that portion of the net assets available for benefits attributable to the guaranteed investment contract. The guaranteed investment contract is presented on the face of the statement of net assets available for benefits at fair value with an adjustment to contract value in arriving at net assets available for benefits. Contract value, as reported to the Plan by Lincoln, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The fair value of the investment contract at December 31, 2014 and 2013 was $3,010,348 and $2,718,609, respectively. The crediting interest rate is based on a formula agreed upon with the issuer, but may not be less than 1.1%. Such interest rates are reviewed on a semi-annual basis for resetting.

Certain events limit the Plan's ability to transact at contract value with Lincoln. Such events include the following: (a) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (b) changes to the Plan's prohibition on completing investment options or deletion of equity wash provisions, (c) bankruptcy of the Plan Sponsor or other Plan Sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (d) the failure of the Trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under the Employee Retirement Income Security Act of 1974. The Plan Administrator does not believe that any events that would limit the Plan's ability to transact at contract value with Plan Participants are probable of occurring.

The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

ST. LUKE LUTHERAN HOME FOR THE AGING
EMPLOYEE RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2014 AND 2013

NOTE E – INVESTMENT CONTRACT WITH INSURANCE COMPANY (CONTINUED)

The average yields for 2014 and 2013 are as follows:

	2014	2013
Average yields:		
Based on actual earnings	4.63%	4.46%
Based on int. rate credited to Participants	4.50%	4.50%

NOTE F – INFORMATION PREPARED AND CERTIFIED BY THE LINCOLN NATIONAL LIFE INSURANCE COMPANY

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been certified to as complete and accurate by The Lincoln National Life Insurance Company.

	2014	2013
Investments at fair value:		
Registered investment companies	$ 2,056,063	$ 1,807,498
Guaranteed investment contract	3,010,348	2,718,609
Participant loans	126,626	134,004
Investment income (loss)	280,454	484,430
Administrative fees	380	380

NOTE G – PLAN TERMINATION

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contribution at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become 100% vested in their account.

NOTE H – RISKS AND UNCERTAINTIES

The Plan invests in an insurance company general account and in shares of various registered investment companies. These investments are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of these investments will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

NOTE I – TAX STATUS

The Plan has been designed to qualify under Section 403(b) of the Internal Revenue Code (Code). The terms of the Plan have been prepared to conform with the sample language provided by the Internal Revenue Service (IRS) in Revenue Procedure 2007-71 (or the draft Listing of Required Modifications issued April 4, 2009). The plan administrator intends to apply for a determination letter on the Plan once the IRS opens such a program. The Plan is required to operate in conformity with the Code to maintain the tax-exempt status for plan participants under Section 403(b).

SUPPLEMENTAL SCHEDULES

Lincoln Financial Group®

The Lincoln National Life Insurance Company and Lincoln Life & Annuity Company of New York are herein separately and collectively referred to as ("Lincoln").

January 26, 2015

St. Luke Lutheran
Home for the Aging
Attn: Ron Derry
220 Applegrove Street NE
North Canton, OH 44720

Certification Letter

RE: St. Luke Lutheran Home for the Aging – PL865 (Plan Year 1/1/14 to 12/31/14)

Dear Mr. Derry:

We're pleased to provide your requested audit package.

The Lincoln National Life Insurance Company certifies that the information in the Plan Summary Report, furnished pursuant to 29 CFR 2520.103-5(c), is complete and accurate.

When it becomes available, we will send you the Service Organization Control 1 Report (SOC1 Audit Report, formerly called the SAS 70 Auditor's Report & Opinion).

The Lincoln National Corporation Annual Report to Shareholders can be found at LincolnFinancial.com. Click on the About Lincoln tab near the top of the screen. On the menu on the left, select Investor Relations, and then Annual Reports. You'll find Annual Report to Shareholders in the list of annual reports.

Should you have any questions or need additional information, please contact your dedicated account manager.

Sincerely,

Darin Williamson

Darin Williamson
AVP, Plan Sponsor Experience
Retirement Plan Services

Enclosure

Annuity products are issued by The Lincoln National Life Insurance Company, Fort Wayne, IN, and distributed by Lincoln Financial Distributors, Inc. The Lincoln National Life Insurance Company does not solicit business in the state of New York, nor is it authorized to do so. **Contractual obligations are subject to the claims-paying ability of The Lincoln National Life Insurance Company.** Annuity products sold in New York are issued by Lincoln Life & Annuity Company of New York, Syracuse, NY, and distributed by Lincoln Financial Distributors, Inc. **Contractual obligations are subject to the Lincoln Life & Annuity Company of New York.**

Product and features subject to state availability. Limitations and exclusions may apply.

The Lincoln National Life Insurance Company (P.O. Box 2340, Fort Wayne, IN 46801-2340, phone: 800-341-0441) may act as the administrative agent for UNUM Life Insurance Co. of America. Lincoln Life & Annuity Company of New York (P.O. Box 2340, Fort Wayne, IN 46801-2340, phone: 800-341-0441) may act as the administrative agent for First UNUM Life Insurance Company and UNUM Life Insurance Co. of America.

Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates. Affiliates are separately responsible for their own financial and contractual obligations.

PAD-992042-081814 EMBC0814-1430

ST. LUKE LUTHERAN HOME FOR THE AGING

EMPLOYEE RETIREMENT PLAN

DECEMBER 31, 2014 AND 2013

D. A. BAGNOLA & COMPANY, INC.
CERTIFIED PUBLIC ACCOUNTANTS

ST. LUKE LUTHERAN HOME FOR THE AGING

EMPLOYEE RETIREMENT PLAN

DECEMBER 31, 2014 AND 2013

ST. LUKE LUTHERAN HOME FOR THE AGING

EMPLOYEE RETIREMENT PLAN

AUDITED FINANCIAL STATEMENTS FOR ERISA

DECEMBER 31, 2014 AND 2013

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D. A. BAGNOLA & COMPANY, INC.
CERTIFIED PUBLIC ACCOUNTANTS

4800 Munson Street, N.W
Canton, Ohio 44718

(330) 499-2486
Fax (330) 497-2500
dabagnolaco@aol.com

INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of the
St. Luke Lutheran Home for the Aging
Employee Retirement Plan
North Canton, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of St. Luke Lutheran Home for the Aging Employee Retirement Plan, which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note F, which was certified by The Lincoln National Life Insurance Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31,

2014 and 2013, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedules as of or for the year ended December 31, 2014 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

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

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

D. A. Bagnola & Co., Inc.

Canton, Ohio
September 28, 2015

ST. LUKE LUTHERAN HOME FOR THE AGING EMPLOYEE RETIREMENT PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS WITH FUND INFORMATION
December 31, 2014

	PARTICIPANT DIRECTED						
	FIDELITY ASSET MANAGER	LINCOLN VIP SSGA S& P 500 INDEX	36 OTHER REGISTERED INVESTMENT FUNDS	TOTAL REGISTERED INVESTMENT FUNDS	FIXED ACCT	LOAN RESERVE	TOTAL NET ASSETS AVAILABLE
ASSETS							
Investments, at fair value:							
Registered investment companies	$ 230,693	$ 342,835	$ 1,482,535	2,056,063	$ -	$ -	$ 2,056,063
Investment contract with insurance company				-	3,010,348		3,010,348
	230,693	342,835	1,482,535	2,056,063	3,010,348	-	5,066,411
Receivables:							
Employer contributions				-			-
Participant contributions				-			-
Participant loans				-		126,626	126,626
	-	-	-	-	-	126,626	126,626
Payables:							
Employer contributions				-			-
Participant contributions				-			-
	-	-	-	-	-	-	-
TOTAL ASSETS AVAILABLE FOR BENEFITS	$ 230,693	$ 342,835	$ 1,482,535	$ 2,056,063	$ 3,010,348	$ 126,626	$ 5,193,037

ST. LUKE LUTHERAN HOME FOR THE AGING EMPLOYEE RETIREMENT PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS WITH FUND INFORMATION
December 31, 2013

	PARTICIPANT DIRECTED						
	FIDELITY ASSET MANAGER	LINCOLN VIP SSGA S& P 500 INDEX	35 OTHER REGISTERED INVESTMENT FUNDS	TOTAL REGISTERED INVESTMENT FUNDS	FIXED ACCT	LOAN RESERVE	TOTAL NET ASSETS AVAILABLE
ASSETS							
Investments, at fair value:							
Registered investment companies	$ 209,335	$ 303,362	$ 1,294,801	1,807,498	$ -	$ -	$ 1,807,498
Investment contract with insurance company				-	2,718,609		2,718,609
	209,335	303,362	1,294,801	1,807,498	2,718,609	-	4,526,107
Receivables:							
Employer contributions				-			-
Participant contributions				-			-
Participant loans				-		134,004	134,004
	-	-	-	-	-	134,004	134,004
Payables:							
Employer contributions				-			-
Participant contributions				-			-
	-	-	-	-	-	-	-
TOTAL ASSETS AVAILABLE FOR BENEFITS	$ 209,335	$ 303,362	$ 1,294,801	$ 1,807,498	$ 2,718,609	$ 134,004	$ 4,660,111

ST. LUKE LUTHERAN HOME FOR THE AGING EMPLOYEE RETIREMENT PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS WITH FUND INFORMATION
Year ended December 31, 2014

	PARTICIPANT DIRECTED						
	FIDELITY ASSET MANAGER	LINCOLN VIP SSGA S& P 500 INDEX	36 OTHER REGISTERED INVESTMENT FUNDS	TOTAL REGISTERED INVESTMENT FUNDS	FIXED ACCT	LOAN RESERVE	TOTAL CHANGES IN NET ASSETS
ADDITIONS TO NET ASSETS							
Investment Income (Loss):							
Registered investment companies	$ 10,102	$ 36,769	$ 101,107	$ 147,978	$ -	$ -	$ 147,978
Investment contract with insurance company				-	125,856	6,620	132,476
	10,102	36,769	101,107	147,978	125,856	6,620	280,454
Contributions:							
Participants and Employer	11,256	19,747	122,878	153,881	329,401		483,282
Loan Repayment				-	61,307	(61,307)	-
	11,256	19,747	122,878	153,881	390,708	(61,307)	483,282
TOTAL ADDITIONS	21,358	56,516	223,985	301,859	516,564	(54,687)	763,736
DEDUCTIONS FROM NET ASSETS							
Benefits paid to particpants		17,043	27,245	44,288	184,651	1,491	230,430
Administration expenses				-	380		380
TOTAL DEDUCTIONS	-	17,043	27,245	44,288	185,031	1,491	230,810
Net increase (decrease) prior to interfund transfers	21,358	39,473	196,740	257,571	331,533	(56,178)	532,926
Interfund transfers			(9,006)	(9,006)	(39,794)	48,800	-
NET INCREASE (DECREASE)	21,358	39,473	187,734	248,565	291,739	(7,378)	532,926
NET ASSETS AVAILABLE FOR BENEFITS							
Beginning of year	209,335	303,362	1,294,801	1,807,498	2,718,609	134,004	4,660,111
END OF YEAR	$ 230,693	$ 342,835	$ 1,482,535	$ 2,056,063	$ 3,010,348	$ 126,626	$ 5,193,037

ST. LUKE LUTHERAN HOME FOR THE AGING EMPLOYEE RETIREMENT PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS WITH FUND INFORMATION
Year ended December 31, 2013

	PARTICIPANT DIRECTED						
	FIDELITY ASSET MANAGER	LINCOLN VIP SSGA S& P 500 INDEX	35 OTHER REGISTERED INVESTMENT FUNDS	TOTAL REGISTERED INVESTMENT FUNDS	FIXED ACCT	LOAN RESERVE	TOTAL CHANGES IN NET ASSETS
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Investment Income (Loss):							
Registered investment companies	$ 25,853	$ 30,373	$ 305,192	$ 361,418	$ -	$ -	$ 361,418
Investment contract with insurance company				-	117,947	5,065	123,012
	25,853	30,373	305,192	361,418	117,947	5,065	484,430
Contributions:							
Participants and Employer	12,428	12,705	159,529	184,662	172,594		357,256
Loan Repayment				-	20,572	(20,572)	-
	12,428	12,705	159,529	184,662	193,166	(20,572)	357,256
TOTAL ADDITIONS	38,281	43,078	464,721	546,080	311,113	(15,507)	841,686
DEDUCTIONS FROM NET ASSETS							
Benefits paid to particpants		45,893	42,732	88,625	193,183	2,297	284,105
Administration expenses				-	380		380
TOTAL DEDUCTIONS	-	45,893	42,732	88,625	193,563	2,297	284,485
Net increase (decrease) prior to interfund transfers	38,281	(2,815)	421,989	457,455	117,550	(17,804)	557,201
Interfund transfers	(321)	306,177	(351,321)	(45,465)	(43,302)	88,767	-
NET INCREASE (DECREASE)	37,960	303,362	70,668	411,990	74,248	70,963	557,201
NET ASSETS AVAILABLE FOR BENEFITS							
Beginning of year	171,375		1,224,133	1,395,508	2,644,361	63,041	4,102,910
END OF YEAR	$ 209,335	$ 303,362	$ 1,294,801	$ 1,807,498	$ 2,718,609	$ 134,004	$ 4,660,111

ST. LUKE LUTHERAN HOME FOR THE AGING
EMPLOYEE RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2014 AND 2013

NOTE A – PLAN DESCRIPTION

St. Luke Lutheran Home for the Aging Employee Retirement Plan, which became effective January 1, 1991, is a special type of retirement plan commonly referred to as a 403(b) plan. The Plan was restated effective January 1, 2014 to comply with current retirement plan regulations. There were no significant changes in the plan, and no reduction in participant's benefits resulted.

General

The following description of the St. Luke Lutheran Home for Aging Employee Retirement Plan provides general information only. Participants should refer to the Summary Plan Description for a more complete description of the Plan's provisions.

The Plan is a 403(b) plan (salary deferral) generally covering all employees of St. Luke Lutheran Home for the Aging. Employees may participate in the salary deferral type of contribution to the plan immediately upon becoming an employee as long as their contribution would be greater than $200. Employees become eligible to participate in the matching and employer types of contributions after completion of one year of service providing they worked at least 1,000 hours during such plan year and have attained age twenty-one. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Each year, participants may contribute up to 15% of pretax annual compensation (limited to $17,500 per year in 2014 and 2013, as defined in the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. The Company contributes matching contributions of a participant's elective deferrals based on the following schedule:

Less than 1 year of service – No matching contribution
Between 1 and 4 years of service – 25% of the first 2% of compensation a participant contributes to the Plan
Between 5 and 9 years of service – 50% of the first 3%
Between 9 and 14 years of service – 75% of the first 4%

NOTE A – PLAN DESCRIPTION (CONTINUED)

Contributions (continued)

14 or more years of service –100% of the first 5%

The company made matching contributions of $90,038 and $94,006 to the Plan for the years ended December 31, 2014 and 2013, respectively.

Participant Accounts

The plan allows for self-direction of each participant's account. Each account is credited with the participant's contributions and the Company's contributions, and allocations of Plan earnings and administrative expenses. Allocation of Plan earnings are based on participant account balances, computed on a daily basis. Participant's can elect to change the amount of deferral each quarter. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately 100% vested in their contributions plus actual earnings thereon. Vesting in the Company's contributions plus actual earnings thereon is based on continuous years of service. A participant is 100% vested after six years of credited service.

Forefeitures

Forefeitures of a participant's matching and discretionary contributions are used to satisfy the Company's obligation of matching and discretionary contributions.

Investment Options

Upon enrollment in the Plan, a Participant may direct employee, employer matching, employer discretionary, and rollover contributions among various investment options. The Plan currently offers an insurance investment contract and several registered investment companies as investment options for Participants. Investments in each fund are presented separately in the financial statements which identifies investments representing 5% or more of net assets available for benefits.

NOTE A – PLAN DESCRIPTION (CONTINUED)

Retirement Benefits

On termination of service, a participant with a vested account balance of $5,000 or less will receive a lump sum distribution equal to the value of the participant's vested interest in his or her account. A participant with a vested account balance in excess of $5,000 has the option of electing (1) taking a lump sum distribution, (2) taking a series of equal annual installments over a set number of years, or (3) the purchase of an annuity that will be paid out over a designated period.

Death and Disability Benefits

The Plan provides that participants or their beneficiaries will have a fully vested right to their accrued benefit upon death or disability.

Participant Loans

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of (a) $50,000 reduced by the excess (if any) of the highest outstanding balance of loans during the 1-year period ending on the day before the loan application is approved over the outstanding balance of loans from the Plan on the date the loan application is approved, or (b) 50% of the vested account balance of the Participant. Loans are secured by the balance in the Participant's account and bear interest at rates ranging from 4.50% to 5.40%, which are commensurate with local prevailing rates as determined by The Lincoln National Life Insurance Company. Principal and interest is paid ratably through payroll deductions.

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting (Continued)

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attributable for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount Participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Statement of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

Estimates

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

Notes Receivable From Participants

Loans to Participants are reported at their unpaid principal balance plus any accrued but unpaid interest.

Investment Valuation and Income Recognition

Investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note C for discussion of fair value measurements.

Realized and unrealized gains and losses on investments in registered investment companies are not shown separately in the financial statements, but are included in the net investment gain or loss from these investments. Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

The Employer absorbs most the administrative costs of the Plan. However, The Lincoln National Life Insurance Company charges certain fees directly to Participants.

Date of Management's Review

Subsequent events were evaluated through September 28, 2015, which is the date the financial statements were available to be issued.

NOTE C – FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although 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.

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. No Level 2 inputs were available to the Plan; and Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

ST. LUKE LUTHERAN HOME FOR THE AGING
EMPLOYEE RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2014 AND 2013

NOTE C – FAIR VALUE MEASUREMENTS (CONTINUED)

Level 1 Fair Value Measurements

The fair value of registered investment companies is based on quoted net asset values of the shares held by the Plan at year-end.

Level 3 Fair Value Measurements

The guaranteed investment contract with an insurance company is not actively traded and significant other observable inputs are not available. Thus, the fair value of the guaranteed investment contract is determined using an income approach by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer.

The following table sets forth the Plan's assets at fair value:

	Assets at Fair Value as of December 31, 2014			
	Level 1	Level 2	Level 3	Total
Registered investment Companies	$ 2,056,063			$ 2,056,063
Investment Contract With Insurance Company			$ 3,010,348	$ 3,010,348
Total Assets at Fair Value	$ 2,056,063	$	$ 3,010,348	$ 5,066,411

NOTE C – FAIR VALUE MEASUREMENTS (CONTINUED)

	Assets at Fair Value as of December 31, 2013			
	Level 1	Level 2	Level 3	Total
Registered investment Companies	$ 1,807,498	$	$	$ 1,807,498
Investment Contract With Insurance Company			2,718,609	2,718,609
Total Assets at Fair Value	$ 1,807,498	$	$ 2,718,609	$ 4,526,107

NOTE D – INVESTMENTS

The December 31, 2013 and 2012 Statement of Net Assets Available for Benefits, the investment activities included on the Statement of Changes in Net Assets Available for Benefits for the years then ended and the accompanying notes to the financial statements were prepared in part or entirely from information certified by the Trustee of the Plan's assets in accordance with 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.

NOTE E – INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan has entered into a benefit-responsive investment contract with The Lincoln National Life Insurance Company (Lincoln). Lincoln maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for Participant withdrawals and administrative expenses. The contract is included in the financial statements as contract value as reported to the Plan by Lincoln. Contract value, as reported to the Plan by Lincoln, represents contributions made under the contract, plus earnings, less Participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

NOTE E – INVESTMENT CONTRACT WITH INSURANCE COMPANY (CONTINUED)

Because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement for that portion of the net assets available for benefits attributable to the guaranteed investment contract. The guaranteed investment contract is presented on the face of the statement of net assets available for benefits at fair value with an adjustment to contract value in arriving at net assets available for benefits. Contract value, as reported to the Plan by Lincoln, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The fair value of the investment contract at December 31, 2014 and 2013 was $3,010,348 and $2,718,609, respectively. The crediting interest rate is based on a formula agreed upon with the issuer, but may not be less than 1.1%. Such interest rates are reviewed on a semi-annual basis for resetting.

Certain events limit the Plan's ability to transact at contract value with Lincoln. Such events include the following: (a) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (b) changes to the Plan's prohibition on completing investment options or deletion of equity wash provisions, (c) bankruptcy of the Plan Sponsor or other Plan Sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (d) the failure of the Trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under the Employee Retirement Income Security Act of 1974. The Plan Administrator does not believe that any events that would limit the Plan's ability to transact at contract value with Plan Participants are probable of occurring.

The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

ST. LUKE LUTHERAN HOME FOR THE AGING
EMPLOYEE RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2014 AND 2013

NOTE E – INVESTMENT CONTRACT WITH INSURANCE COMPANY (CONTINUED)

The average yields for 2014 and 2013 are as follows:

	2014	2013
Average yields:		
Based on actual earnings	4.63%	4.46%
Based on int. rate credited to Participants	4.50%	4.50%

NOTE F – INFORMATION PREPARED AND CERTIFIED BY THE LINCOLN NATIONAL LIFE INSURANCE COMPANY

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been certified to as complete and accurate by The Lincoln National Life Insurance Company.

	2014	2013
Investments at fair value:		
Registered investment companies	$ 2,056,063	$ 1,807,498
Guaranteed investment contract	3,010,348	2,718,609
Participant loans	126,626	134,004
Investment income (loss)	280,454	484,430
Administrative fees	380	380

NOTE G – PLAN TERMINATION

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contribution at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become 100% vested in their account.

NOTE H – RISKS AND UNCERTAINTIES

The Plan invests in an insurance company general account and in shares of various registered investment companies. These investments are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of these investments will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

NOTE I – TAX STATUS

The Plan has been designed to qualify under Section 403(b) of the Internal Revenue Code (Code). The terms of the Plan have been prepared to conform with the sample language provided by the Internal Revenue Service (IRS) in Revenue Procedure 2007-71 (or the draft Listing of Required Modifications issued April 4, 2009). The plan administrator intends to apply for a determination letter on the Plan once the IRS opens such a program. The Plan is required to operate in conformity with the Code to maintain the tax-exempt status for plan participants under Section 403(b).

SUPPLEMENTAL SCHEDULES

Lincoln Financial Group®

The Lincoln National Life Insurance Company and Lincoln Life & Annuity Company of New York are herein separately and collectively referred to as ("Lincoln").

January 26, 2015

St. Luke Lutheran
Home for the Aging
Attn: Ron Derry
220 Applegrove Street NE
North Canton, OH 44720

Certification Letter

RE: St. Luke Lutheran Home for the Aging – PL865 (Plan Year 1/1/14 to 12/31/14)

Dear Mr. Derry:

We're pleased to provide your requested audit package.

The Lincoln National Life Insurance Company certifies that the information in the Plan Summary Report, furnished pursuant to 29 CFR 2520.103-5(c), is complete and accurate.

When it becomes available, we will send you the Service Organization Control 1 Report (SOC1 Audit Report, formerly called the SAS 70 Auditor's Report & Opinion).

The Lincoln National Corporation Annual Report to Shareholders can be found at LincolnFinancial.com. Click on the About Lincoln tab near the top of the screen. On the menu on the left, select Investor Relations, and then Annual Reports. You'll find Annual Report to Shareholders in the list of annual reports.

Should you have any questions or need additional information, please contact your dedicated account manager.

Sincerely,

Darin Williamson

Darin Williamson
AVP, Plan Sponsor Experience
Retirement Plan Services

Enclosure

Annuity products are issued by The Lincoln National Life Insurance Company, Fort Wayne, IN, and distributed by Lincoln Financial Distributors, Inc. The Lincoln National Life Insurance Company does not solicit business in the state of New York, nor is it authorized to do so. **Contractual obligations are subject to the claims-paying ability of The Lincoln National Life Insurance Company.** Annuity products sold in New York are issued by Lincoln Life & Annuity Company of New York, Syracuse, NY, and distributed by Lincoln Financial Distributors, Inc. **Contractual obligations are subject to the Lincoln Life & Annuity Company of New York.**

Product and features subject to state availability. Limitations and exclusions may apply.

The Lincoln National Life Insurance Company (P.O. Box 2340, Fort Wayne, IN 46801-2340, phone: 800-341-0441) may act as the administrative agent for UNUM Life Insurance Co. of America. Lincoln Life & Annuity Company of New York (P.O. Box 2340, Fort Wayne, IN 46801-2340, phone: 800-341-0441) may act as the administrative agent for First UNUM Life Insurance Company and UNUM Life Insurance Co. of America.

Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates. Affiliates are separately responsible for their own financial and contractual obligations.

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