

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

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

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>COLUMBUS NEIGHBORHOOD HEALTH CENTER PROFIT SHARING PLAN</u>	1b Three-digit plan number (PN) ▶ <u>003</u> 1c Effective date of plan <u>05/01/1998</u>
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>COLUMBUS NEIGHBORHOOD HEALTH CENTER, INC.</u> <u>JOHN WISELEY</u> <u>1800 WATERMARK DRIVE, STE 420</u> <u>COLUMBUS, OH 43215-1060</u>	2b Employer Identification Number (EIN) <u>31-1533908</u> 2c Plan Sponsor's telephone number <u>614-645-5500</u> 2d Business code (see instructions) <u>621399</u>

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	<u>Filed with authorized/valid electronic signature.</u>	<u>10/15/2015</u>	<u>FIKRU NIGUSSE</u>
	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) <u>HW&CO</u> <u>23240 CHAGRIN BLVD., SUITE 700</u> <u>CLEVELAND, OH 44122-5450</u>			Preparer's telephone number (optional) <u>216-831-1200</u>

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:		4b EIN	
a Sponsor's name		4c PN	
5 Total number of participants at the beginning of the plan year		5	265
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)	206
a(2) Total number of active participants at the end of the plan year		6a(2)	182
b Retired or separated participants receiving benefits		6b	59
c Other retired or separated participants entitled to future benefits.....		6c	
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	241
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	
f Total. Add lines 6d and 6e		6f	241
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	241
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: 2E 2F 2G 3D			
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)		9b Plan benefit arrangement (check all that apply)	
(1) ☒ Insurance	(1) ☒ Insurance		
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts		
(3) ☒ Trust	(3) ☒ Trust		
(4) ☐ General assets of the sponsor	(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		b General Schedules	
(1) ☒ R (Retirement Plan Information)	(1) ☒ H (Financial Information)		
(2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) ☐ I (Financial Information – Small Plan)		
(3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) ☒ <u>1</u> A (Insurance Information)		
	(4) ☒ C (Service Provider Information)		
	(5) ☒ D (DFE/Participating Plan Information)		
	(6) ☐ G (Financial Transaction Schedules)		

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

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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014	
A Name of plan COLUMBUS NEIGHBORHOOD HEALTH CENTER PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 COLUMBUS NEIGHBORHOOD HEALTH CENTER, INC.	D Employer Identification Number (EIN) 31-1533908

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

(a) Name of insurance carrier
VARIABLE ANNUITY LIFE INSURANCE CO.

(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
74-1625348	70238	57798	241	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
62	

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
--

RENEE COIL
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
48			3

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

KENNETH JOHANTGES
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
14			3

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

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

(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	348480
5 Current value of plan's interest under this contract in separate accounts at year end	5	272466

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

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	395931
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c Additions: (1) Contributions deposited during the year	7c(1)	0	
(2) Dividends and credits	7c(2)	0	
(3) Interest credited during the year	7c(3)	9276	
(4) Transferred from separate account	7c(4)	1195	
(5) Other (specify below)	7c(5)	0	
▶			

(6) Total additions	7c(6)	10471
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d Total of balance and additions (add lines 7b and 7c(6))	7d	406402
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	55850	
(2) Administration charge made by carrier	7e(2)	0	
(3) Transferred to separate account	7e(3)	1417	
(4) Other (specify below)	7e(4)	656	

▶ **CONTRACT SURRENDER CHARGES**

(5) Total deductions	7e(5)	57923
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	348479
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
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)	
(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)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

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

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

A Name of plan <u>COLUMBUS NEIGHBORHOOD HEALTH CENTER PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>COLUMBUS NEIGHBORHOOD HEALTH CENTER, INC.</u>	D Employer Identification Number (EIN) <u>31-1533908</u>

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
<u>VARIABLE ANNUITY LIFE INSURANCE CO.</u> <u>2929 ALLEN PARKWAY</u> <u>HOUSTON, TX 77019</u>
<u>74-1625348</u>

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

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

(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 ☐

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan <u>COLUMBUS NEIGHBORHOOD HEALTH CENTER PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ► <u>003</u>	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>COLUMBUS NEIGHBORHOOD HEALTH CENTER, INC.</u>	D Employer Identification Number (EIN) <u>31-1533908</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ARIEL APPRECIATION FUND</u>			
b Name of sponsor of entity listed in (a): <u>VARIABLE ANNUITY LIFE INSURANCE CO.</u>			
c EIN-PN <u>74-1625348-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>594</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ARIEL FUND</u>			
b Name of sponsor of entity listed in (a): <u>VARIABLE ANNUITY LIFE INSURANCE CO.</u>			
c EIN-PN <u>74-1625348-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>617</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLUE CHIP GROWTH FUND</u>			
b Name of sponsor of entity listed in (a): <u>VARIABLE ANNUITY LIFE INSURANCE CO.</u>			
c EIN-PN <u>74-1625348-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7981</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>CAPITAL CONSERVATION</u>			
b Name of sponsor of entity listed in (a): <u>VARIABLE ANNUITY LIFE INSURANCE CO.</u>			
c EIN-PN <u>74-1625348-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>65</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>CORE BOND FUND</u>			
b Name of sponsor of entity listed in (a): <u>VARIABLE ANNUITY LIFE INSURANCE CO.</u>			
c EIN-PN <u>74-1625348-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>871</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>CORE EQUITY FUND</u>			
b Name of sponsor of entity listed in (a): <u>VARIABLE ANNUITY LIFE INSURANCE CO.</u>			
c EIN-PN <u>74-1625348-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>346</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>DIVIDEND VALUE</u>			
b Name of sponsor of entity listed in (a): <u>VARIABLE ANNUITY LIFE INSURANCE CO.</u>			
c EIN-PN <u>74-1625348-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4736</u>	

a Name of MTIA, CCT, PSA, or 103-12 IE: **EMERGING ECONOMIES****b** Name of sponsor of entity listed in (a): **VARIABLE ANNUITY LIFE INSURANCE CO.**

c EIN-PN 74-1625348-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	6939
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a Name of MTIA, CCT, PSA, or 103-12 IE: **FOREIGN VALUE****b** Name of sponsor of entity listed in (a): **VARIABLE ANNUITY LIFE INSURANCE CO.**

c EIN-PN 74-1625348-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	6977
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a Name of MTIA, CCT, PSA, or 103-12 IE: **GLOBAL REAL ESTATE FUND****b** Name of sponsor of entity listed in (a): **VARIABLE ANNUITY LIFE INSURANCE CO.**

c EIN-PN 74-1625348-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3547
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a Name of MTIA, CCT, PSA, or 103-12 IE: **GLOBAL SOCIAL AWARENESS FUND****b** Name of sponsor of entity listed in (a): **VARIABLE ANNUITY LIFE INSURANCE CO.**

c EIN-PN 74-1625348-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2478
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a Name of MTIA, CCT, PSA, or 103-12 IE: **GLOBAL STRATEGY****b** Name of sponsor of entity listed in (a): **VARIABLE ANNUITY LIFE INSURANCE CO.**

c EIN-PN 74-1625348-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3246
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a Name of MTIA, CCT, PSA, or 103-12 IE: **GROWTH FUND****b** Name of sponsor of entity listed in (a): **VARIABLE ANNUITY LIFE INSURANCE CO.**

c EIN-PN 74-1625348-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3896
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a Name of MTIA, CCT, PSA, or 103-12 IE: **HEALTH SCIENCES FUND****b** Name of sponsor of entity listed in (a): **VARIABLE ANNUITY LIFE INSURANCE CO.**

c EIN-PN 74-1625348-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1748
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a Name of MTIA, CCT, PSA, or 103-12 IE: **HIGH YIELD BOND FUND****b** Name of sponsor of entity listed in (a): **VARIABLE ANNUITY LIFE INSURANCE CO.**

c EIN-PN 74-1625348-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **INFLATION PROTECTED FUND****b** Name of sponsor of entity listed in (a): **VARIABLE ANNUITY LIFE INSURANCE CO.**

c EIN-PN 74-1625348-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	462
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a Name of MTIA, CCT, PSA, or 103-12 IE: **INTERNATIONAL EQUITIES FUND****b** Name of sponsor of entity listed in (a): **VARIABLE ANNUITY LIFE INSURANCE CO.**

c EIN-PN 74-1625348-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	16197
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a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL GROWTH FUND**b** Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE CO.

c EIN-PN 74-1625348-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7
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a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL SMALL CAP EQUITY**b** Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE CO.

c EIN-PN 74-1625348-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8858
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a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP CORE**b** Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE CO.

c EIN-PN 74-1625348-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 732
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a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP VALUE FUND**b** Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE CO.

c EIN-PN 74-1625348-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1376
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a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAPITAL GROWTH**b** Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE CO.

c EIN-PN 74-1625348-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3508
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a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP GROWTH FUND**b** Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE CO.

c EIN-PN 74-1625348-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1466
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a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP INDEX FUND**b** Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE CO.

c EIN-PN 74-1625348-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31117
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a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP STRATEGIC GROWTH**b** Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE CO.

c EIN-PN 74-1625348-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 471
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a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP VALUE FUND**b** Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE CO.

c EIN-PN 74-1625348-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5004
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a Name of MTIA, CCT, PSA, or 103-12 IE: MONEY MARKET I FUND**b** Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE CO.

c EIN-PN 74-1625348-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40788
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a Name of MTIA, CCT, PSA, or 103-12 IE: [NASDAQ-100\(R\) INDEX FUND](#)**b** Name of sponsor of entity listed in (a): [VARIABLE ANNUITY LIFE INSURANCE CO.](#)

c EIN-PN 74-1625348-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 917
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a Name of MTIA, CCT, PSA, or 103-12 IE: [SCIENCE & TECHNOLOGY FUND](#)**b** Name of sponsor of entity listed in (a): [VARIABLE ANNUITY LIFE INSURANCE CO.](#)

c EIN-PN 74-1625348-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11211
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a Name of MTIA, CCT, PSA, or 103-12 IE: [SMALL CAP GROWTH FUND](#)**b** Name of sponsor of entity listed in (a): [VARIABLE ANNUITY LIFE INSURANCE CO.](#)

c EIN-PN 74-1625348-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 486
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a Name of MTIA, CCT, PSA, or 103-12 IE: [SMALL CAP INDEX FUND](#)**b** Name of sponsor of entity listed in (a): [VARIABLE ANNUITY LIFE INSURANCE CO.](#)

c EIN-PN 74-1625348-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21564
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a Name of MTIA, CCT, PSA, or 103-12 IE: [SMALL CAP SPECIAL VALUE FUND](#)**b** Name of sponsor of entity listed in (a): [VARIABLE ANNUITY LIFE INSURANCE CO.](#)

c EIN-PN 74-1625348-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 675
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a Name of MTIA, CCT, PSA, or 103-12 IE: [SMALL CAP VALUE FUND](#)**b** Name of sponsor of entity listed in (a): [VARIABLE ANNUITY LIFE INSURANCE CO.](#)

c EIN-PN 74-1625348-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7676
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a Name of MTIA, CCT, PSA, or 103-12 IE: [SMALL MID GROWTH FUND](#)**b** Name of sponsor of entity listed in (a): [VARIABLE ANNUITY LIFE INSURANCE CO.](#)

c EIN-PN 74-1625348-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 68
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a Name of MTIA, CCT, PSA, or 103-12 IE: [SOCIALY RESPONSIBLE FUND](#)**b** Name of sponsor of entity listed in (a): [VARIABLE ANNUITY LIFE INSURANCE CO.](#)

c EIN-PN 74-1625348-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11130
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a Name of MTIA, CCT, PSA, or 103-12 IE: [STOCK INDEX FUND](#)**b** Name of sponsor of entity listed in (a): [VARIABLE ANNUITY LIFE INSURANCE CO.](#)

c EIN-PN 74-1625348-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 46394
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a Name of MTIA, CCT, PSA, or 103-12 IE: [STRATEGIC BOND FUND](#)**b** Name of sponsor of entity listed in (a): [VARIABLE ANNUITY LIFE INSURANCE CO.](#)

c EIN-PN 74-1625348-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 241
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD LONG-TERM TREASURY**b** Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE CO.

c EIN-PN 74-1625348-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5378
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD WINDSOR II**b** Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE CO.

c EIN-PN 74-1625348-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9642
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a Name of MTIA, CCT, PSA, or 103-12 IE: AM BEAC HOLLAND LG CAP GROWTH**b** Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE CO.

c EIN-PN 74-1625348-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 638
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a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO BAL RISK COMMODO STR R5**b** Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE CO.

c EIN-PN 74-1625348-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2416
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs)

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>		
A Name of plan <u>COLUMBUS NEIGHBORHOOD HEALTH CENTER PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ►	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>COLUMBUS NEIGHBORHOOD HEALTH CENTER, INC.</u>	D Employer Identification Number (EIN) <u>31-1533908</u>	

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)	3178	0
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	271139	272466
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	395931	348480
(15) Other.....	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(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	670248	620946

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 through 1j)	1k		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	670248	620946
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(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)		
(F) Other	2b(1)(F)	9293	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		9293

(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)		

(3) Rents	2b(3)		
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(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)		

(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)		

		(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)		12647
(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)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		21940

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	68830	
(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)		68830
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)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)	2412	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		2412
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		71242

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-49302
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: **HW&CO.**

(2) EIN: **34-1663157**

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:

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.).....

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....

	Yes	No	Amount
4a		X	
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.)		X	
4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
4d			
e Was this plan covered by a fidelity bond?	X		150000
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k			
l Has the plan failed to provide any benefit when due under the plan?		X	
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m			
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: 0

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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2014 This Form is Open to Public Inspection.	
For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014					
A Name of plan COLUMBUS NEIGHBORHOOD HEALTH CENTER PROFIT SHARING PLAN				B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 COLUMBUS NEIGHBORHOOD HEALTH CENTER, INC.				D Employer Identification Number (EIN) 31-1533908	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 74-1625348					
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....				3	
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... ☐ Yes ☐ No ☐ N/A					
If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____					
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....				6a	0
b Enter the amount contributed by the employer to the plan for this plan year.....				6b	0
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					
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.				Schedule R (Form 5500) 2014 v. 140124	

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	0

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

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

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

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

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

Columbus Neighborhood Health Center Profit Sharing Plan

YEARS ENDED DECEMBER 31, 2014 AND 2013

COLUMBUS NEIGHBORHOOD HEALTH CENTER PROFIT SHARING PLAN

YEARS ENDED DECEMBER 31, 2014 AND 2013

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Independent Auditors' Report

Board of Trustees
Columbus Neighborhood Health Center Profit Sharing Plan
Columbus, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Columbus Neighborhood Health Center Profit Sharing Plan (the "Plan"), which comprise the statements of net assets in liquidation available for benefits as of December 31, 2014 and 2013, and the related statements of changes in net assets in liquidation available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act (ERISA) 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 5, which was certified by Variable Annuity Life Insurance Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the custodian as of and for the years ended December 31, 2014 and 2013, that the information provided to the plan administrator by the custodian 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.

Basis of Accounting

As described in Note 1 to the financial statements, the Board of Trustees of Columbus Neighborhood Health Center, Inc., the Plan's sponsor, voted on October 8, 2012 to terminate the Plan. In accordance with accounting principles generally accepted in the United States of America, the Plan has changed its basis of accounting used to determine the amounts at which investments in insurance contracts and benefit information are stated, from an ongoing plan basis to a liquidation basis for periods after October 8, 2012. Our disclaimer of opinion is not modified with respect to this matter.

Other Matter

The supplemental schedule of assets held for investment purposes in liquidation on pages 13 and 14 as of December 31, 2014 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule 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 schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, is presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

A handwritten signature in black ink that reads "HW & Co." with a period at the end. The letters are cursive and fluid.

Columbus, Ohio
October 13, 2015

COLUMBUS NEIGHBORHOOD HEALTH CENTER PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS IN LIQUIDATION AVAILABLE FOR BENEFITS

DECEMBER 31, 2014 AND 2013

	2014	2013
Assets:		
Investments, at fair value:		
Pooled separate accounts	\$ 272,466	\$ 271,139
Guaranteed interest accounts	345,981	392,459
	618,447	663,598
Notes receivable from participants		3,178
Net assets available for benefits at fair value	618,447	666,776
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	2,499	3,472
Net assets available for benefits	\$ 620,946	\$ 670,248

See notes to financial statements.

COLUMBUS NEIGHBORHOOD HEALTH CENTER PROFIT SHARING PLAN

STATEMENTS OF CHANGES IN NET ASSETS IN LIQUIDATION AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2014 AND 2013

	2014	2013
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	\$ 12,647	\$ 56,825
Interest and dividends	9,293	10,843
	<u>21,940</u>	<u>67,668</u>
Total additions		
Deductions from net assets attributed to:		
Benefits paid to participants	68,830	337,708
Administrative expenses	2,412	4,650
	<u>71,242</u>	<u>342,358</u>
Total deductions		
Net decrease in net assets	(49,302)	(274,690)
Net assets available for benefits, beginning of year	<u>670,248</u>	<u>944,938</u>
Net assets available for benefits, end of year	<u><u>\$ 620,946</u></u>	<u><u>\$ 670,248</u></u>

See notes to financial statements.

COLUMBUS NEIGHBORHOOD HEALTH CENTER PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2014 AND 2013

1. Description of the Plan:

General:

The following brief description of Columbus Neighborhood Health Center Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

The Plan is a defined contribution plan as permitted by Internal Revenue Code Section 401(a) which covered all full-time employees of Columbus Neighborhood Health Center, Inc. (CNHC) who had completed three months of service with CNHC. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan Administrator is responsible for oversight of the Plan and with the assistance of an investment advisor determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Plan sponsor's Board of Trustees.

Plan termination:

On October 8, 2012, the Board of Trustees of CNHC, the Plan's sponsor, voted to terminate the Plan. Effective November 1, 2012, Plan participants were allowed to withdraw funds from the Plan directly, rollover into individual annuity accounts with Variable Annuity Life Insurance Company (VALIC), the custodian, or rollover into a new plan established by the Plan sponsor.

Plan management is in the process of distributing all funds to participants.

Contributions:

The Plan is a defined contribution profit sharing plan. The discretionary contribution was allocated in the same ratio as each participant's compensation for the year bears to the total of such compensation of all participants. Contributions were subject to certain limitations. CNHC did not contribute to the Plan in 2014 and 2013.

Participant accounts:

Each participant's account was increased by an allocation of any CNHC contributions, Plan investment earnings and appreciation, forfeitures of participants' nonvested accounts, and decreased by an allocation of Plan investment losses and depreciation and administrative expenses not funded by forfeitures. Allocations were based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

COLUMBUS NEIGHBORHOOD HEALTH CENTER PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED DECEMBER 31, 2014 AND 2013

1. Description of the Plan (continued):

Vesting and forfeitures:

As of October 8, 2012 (date of Plan termination election) all participants became 100% vested in their accounts.

Forfeitures were used to pay administrative expenses and then to reduce CNHC discretionary contributions. At December 31, 2014 and 2013, there were no unallocated forfeitures.

Payment of benefits:

On termination of service due to death, disability or retirement, a participant could elect to receive either a lump sum amount equal to the value of the participant's vested interest in his or her account, or an annuity.

Investment options:

Upon enrollment in the Plan, a participant could direct employer contributions into any combination of various investment funds. Participants may change their investment options at any time.

Notes receivable from participants:

Participants could have borrowed from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. The loans were secured by the balance in the participant's account and bear interest at a rate which was commensurate with local prevailing rates as determined quarterly by the plan administrator. Principal and interest was paid ratably on a quarterly basis, through payroll deduction.

Notes receivable from participants were measured at the unpaid principal balance plus any accrued but unpaid interest. Interest income was recorded on the accrual basis. Related fees were recorded as administrative expenses and were expensed when incurred. There were no outstanding participant loans as of December 31, 2014. No allowance for credit losses has been recorded as of December 31, 2014 or 2013. If a participant ceased to make loan repayments and the plan administrator deemed the participant loan to be in default, the participant loan balance was reduced and a benefit payment recorded.

2. Summary of significant accounting policies:

Basis of accounting:

The financial statements of the Plan were prepared on a liquidation basis for the years ended December 31, 2014 and 2013.

COLUMBUS NEIGHBORHOOD HEALTH CENTER PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED DECEMBER 31, 2014 AND 2013

2. Summary of significant accounting policies (continued):

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 attribute 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 statements of net assets in liquidation available for benefits present 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 statements of changes in net assets in liquidation available for benefits is prepared on a contract value basis for this investment.

Use of estimates:

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

Investment valuation and income recognition:

Investments are stated at fair value as provided by VALIC. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an ordinary transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date. The Plan's gains and losses on investments bought and sold, as well as held at the end of the year, are reflected in the statements of changes in net assets in liquidation available for benefits as net appreciation in fair value of investments.

Payment of benefits:

Benefits are recorded when paid.

COLUMBUS NEIGHBORHOOD HEALTH CENTER PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED DECEMBER 31, 2014 AND 2013

2. Summary of significant accounting policies (continued):

Administrative expenses:

Certain administrative expenses, including third-party administrator fees, were paid by the Plan with the expense allocated to each participant. Certain other professional fees are currently paid by CNHC and are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. CNHC provides other accounting and administrative services at no cost to the Plan. No such employees, nor CNHC, receive compensation from the Plan. Administrative expenses of the Plan paid by CNHC amounted to \$6,900 in 2014 and 2013. Additionally, investment related expenses are included in net appreciation in fair value of investments on the statements of changes in net assets in liquidation available for benefits.

Subsequent events:

In preparing these financial statements, the Plan's management has evaluated events and transactions for potential recognition through October 13, 2015, the date the Plan's financial statements were available to be issued.

3. Investments:

The following presents the fair value of investments (all participant directed) at December 31, 2014 and 2013. Investments that represent 5% or more of the Plan's net assets in either year are separately identified.

	<u>2014</u>	<u>2013</u>
Investments, as provided by VALIC:		
Pooled separate accounts (at fair value):		
Stock Index Fund, 5,338 units in 2014 and 5,467 units in 2013	\$ 46,395	\$ 42,370
Money Market I Fund, 20,126 units in 2014 and 24,373 units in 2013	40,788	49,885
Mid Cap Index Fund, 1,671 units in 2014 and 1,673 units in 2013	31,117	28,773
Other (less than 5% of Plan net assets)	154,166	150,111
Guaranteed interest accounts (at contract value):		
Fixed account plus (fair value \$345,839 and \$392,320, respectively)	348,338	395,792
Short term fixed account (less than 5%) (fair value \$142 and \$139, respectively)	<u>142</u>	<u>139</u>
Total investments	<u>\$ 620,946</u>	<u>\$ 667,070</u>

COLUMBUS NEIGHBORHOOD HEALTH CENTER PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED DECEMBER 31, 2014 AND 2013

3. Investments (continued):

In 2014 and 2013, the Plan's investments (including gains and losses on investments bought and sold, as well as at the end of the year and interest and dividends) appreciated in value as follows:

	2014	2013
Pooled separate accounts	\$ 12,664	\$ 57,103
Guaranteed interest accounts	9,276	10,565
	<u>\$ 21,940</u>	<u>\$ 67,668</u>

4. Fair value measurements:

The framework for measuring fair value provides a hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The preceding methods described may produce a fair value calculation 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.

COLUMBUS NEIGHBORHOOD HEALTH CENTER PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED DECEMBER 31, 2014 AND 2013

4. Fair value measurements (continued):

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes to the methodology used at December 31, 2014 and 2013.

- *Pooled separate accounts.* Valued at net asset values at the end of the Plan year.
- *Guaranteed interest accounts.* Valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations, considering the creditworthiness of the issuer. Because the participants transact at contract value, fair value is determined annually for financial statement reporting purposes only. In determining the reasonableness of the methodology, the Plan administrator evaluates a variety of factors including review of existing contracts, economic conditions, industry and market developments, and overall credit ratings. Certain unobservable inputs are assessed through review of contract terms (for example, duration or payout date) while others are substantiated utilizing available market data (for example, swap curve rate).

Assets measured at fair value on a recurring basis at December 31, 2014 and 2013 were as follows:

	2014		2013	
	Level 2	Total	Level 2	Total
Pooled separate accounts:				
Large blend	\$ 73,721	\$ 73,721	\$ 69,584	\$ 69,584
Money market	40,788	40,788	49,885	49,885
Mid blend	32,328	32,328	29,903	29,903
Large value	23,715	23,715	24,209	24,209
Small blend	21,564	21,564	20,469	20,469
Large growth	17,041	17,041	16,339	16,339
Technology	11,211	11,211	10,419	10,419
Small growth	9,412	9,412	9,611	9,611
Small value	8,351	8,351	7,989	7,989
Diversified emerging markets	6,939	6,939	7,509	7,509
Long duration government bond	5,379	5,379	4,364	4,364
Mid value	5,004	5,004	4,549	4,549
Real estate	3,547	3,547	3,269	3,269
World allocation	3,247	3,247	3,230	3,230
World stock	2,478	2,478	2,332	2,332
Commodities	2,416	2,416	2,385	2,385
Mid growth	1,937	1,937	2,060	2,060
Health	1,748	1,748	1,349	1,349
Intermediate term bond	937	937	873	873
Inflation protected bond	462	462	426	426
Multisector bond	241	241	239	239
High yield bond			146	146
	272,466	272,466	271,139	271,139
Guaranteed interest accounts	345,981	345,981	392,459	392,459
	<u>\$ 618,447</u>	<u>\$ 618,447</u>	<u>\$ 663,598</u>	<u>\$ 663,598</u>

COLUMBUS NEIGHBORHOOD HEALTH CENTER PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED DECEMBER 31, 2014 AND 2013

5. Information certified by custodian:

Management of the Plan engaged VALIC as custodian of the Plan. The financial information included in the Plan's financial statements related to investments has been derived from information certified as complete and accurate by the custodian, in accordance with Section 2520.103-5 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA.

6. Tax status:

The Plan has adopted a prototype document sponsored by VALIC. The Internal Revenue Service has determined and informed VALIC by a letter dated March 31, 2008 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the opinion letter, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt. Management believes the Plan has not done anything to jeopardize their tax exempt status and does not have any activities that would generate unrelated business income tax.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

The Plan is no longer subject to Federal income tax examination by authorities for years before 2011.

7. Party-in-interest transactions:

The Plan's investments with VALIC represent pooled separate accounts that are the insurance company's assets with the Plan maintaining rights to assets underlying the separate accounts and the insurance contract described in Note 8. VALIC is the custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest. Fees incurred by the Plan for the investment management services are included in net appreciation in fair value of the investment, as they are paid through revenue sharing, rather than direct payment.

COLUMBUS NEIGHBORHOOD HEALTH CENTER PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED DECEMBER 31, 2014 AND 2013

8. Investment contract with insurance company:

The Plan has entered into two benefit-responsive guaranteed investment contracts with VALIC. VALIC maintains the contributions in a general account. The accounts are credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contracts are included in the statements of net assets in liquidation available for benefits at fair value and adjusted for the difference between fair value and contract value as reported to the Plan by VALIC. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. VALIC is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The fair value of the investment contracts at December 31, 2014 and 2013 was \$345,981 and \$392,459, respectively.

The crediting interest rate is based on a formula agreed upon with the issuer, but it may not be less than two percent. Such interest rates are reviewed on a quarterly basis for resetting.

8. Investment contract with insurance company (continued):

Certain events limit the ability of the Plan to transact at the contract value with the issuer. Such events include the following: 1.) amendments to the Plan documents (including complete or partial Plan termination or merger with another Plan); 2.) changes to the Plan's prohibition on completing investment options or deletion of equity provisions; 3.) bankruptcy of the Plan sponsor or other plan sponsor events (for example, divestures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan; or 4.) the failure of the trust to qualify for exemption from Federal income taxes or any required prohibited transaction exemption under ERISA. The Plan administrator does not believe that any events which would limit the Plan's ability to transact at contract value with participants are probable of occurring.

For 2014 and 2013, the average yield and crediting interest rate was 1.51% and 2.53%, respectively, for the Fixed Account Plus and 1.00% for the Short Term Fixed Account.

9. Risks and uncertainties:

The Plan provides for various investment options. Investment securities are exposed to various risks, such as interest rates, market and credit risks. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the statements of net assets available for plan benefits.

COLUMBUS NEIGHBORHOOD HEALTH CENTER PROFIT SHARING PLAN

E.I.N.: 31-1533908 PLAN NUMBER: 003

SCHEDULE H, LINE 4i

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES IN LIQUIDATION

DECEMBER 31, 2014

Identity of Issuer, Borrower, Lessor, or Similar Party	Number of Units	Cost	Current Value
Participant directed investments:			
*VALIC Pooled Separate Accounts:			
Ariel Appreciation Fund	183		594
Ariel Fund	189		617
Blue Chip Growth Fund	4,683		7,981
Capital Conservation	18		65
Core Bond Fund	441		871
Core Equity Fund	103		346
Dividend Value	1,786		4,736
Emerging Economies	7,678		6,939
Foreign Value	5,497		6,977
Global Real Estate Fund	2,663		3,547
Global Social Awareness Fund	443		2,478
Global Strategy	1,695		3,247
Growth Fund	2,306		3,896
Health Sciences Fund	428		1,748
Inflation Protected Fund	356		462
International Equities Fund	8,864		16,197
International Growth I Fund	2		7
International Opportunities	4,314		8,858
Invesco Balanced Risk Commodity	3,427		2,416
Large Cap Core	339		732
Large Cap Value Fund	496		1,376
Large Capital Growth	2,059		3,508
Lou Holland Growth Fund	387		638
Mid Cap Growth Fund	785		1,466
Mid Cap Index Fund	1,671		31,117
Mid Cap Strategic Growth	236		471
Mid Cap Value Fund	946		5,004
Money Market I Fund	20,126		40,788
NASDAQ-100® Index Fund	797		917
Science & Technology Fund	2,383		11,211
Small Cap Growth Fund	184		486
Small Cap Index Fund	3,559		21,564
Small Cap Special Value Fund	421		675
Small Cap Value Fund	2,114		7,676
Small Mid Growth Fund	42		68

(continued)

COLUMBUS NEIGHBORHOOD HEALTH CENTER PROFIT SHARING PLAN

E.I.N.: 31-1533908 PLAN NUMBER: 003

SCHEDULE H, LINE 4i

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES IN LIQUIDATION (CONTINUED)

DECEMBER 31, 2014

Identity of Issuer, Borrower, Lessor, or Similar Party	Number of Units	Cost	Current Value
Participant directed investments (continued):			
*VALIC Pooled Separate Accounts (continued):			
Socially Responsible Fund	4,492		11,130
Stock Index Fund	5,338		46,395
Strategic Bond Fund	90		241
Vanguard Long-term Treasury	1,615		5,379
Vanguard Windsor II	2,566		9,642
			<u>272,466</u>
Investment contracts, at contract value:			
* Fixed Account Plus			348,338
* Short term Fixed Account			<u>142</u>
			<u>348,480</u>
			<u><u>\$ 620,946</u></u>

* Indicates party-in-interest to the Plan.

The above information has been certified by Variable Annuity Life Insurance Company, the custodian, as complete and accurate.

COLUMBUS NEIGHBORHOOD HEALTH CENTER PROFIT SHARING PLAN

E.I.N.: 31-1533908 PLAN NUMBER: 003

SCHEDULE H, LINE 4i

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES IN LIQUIDATION

DECEMBER 31, 2014

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(continued)

COLUMBUS NEIGHBORHOOD HEALTH CENTER PROFIT SHARING PLAN

E.I.N.: 31-1533908 PLAN NUMBER: 003

SCHEDULE H, LINE 4i

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES IN LIQUIDATION (CONTINUED)

DECEMBER 31, 2014

Identity of Issuer, Borrower, Lessor, or Similar Party	Number of Units	Cost	Current Value
Participant directed investments (continued):			
*VALIC Pooled Separate Accounts (continued):			
Socially Responsible Fund	4,492		11,130
Stock Index Fund	5,338		46,395
Strategic Bond Fund	90		241
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