

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
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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>THE COMPREHENSIVE HEALTH CARE OF OHIO, INC. RETIREMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>07/01/1970</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>07/01/1970</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>07/01/1970</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>COMPREHENSIVE HEALTH CARE OF OHIO, INC.</u> <u>630 EAST RIVER STREET</u> <u>ELYRIA, OH 44035</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>34-1492733</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>440-329-7500</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>622000</u></td> </tr> <tr> <td style="height: 40px;"></td> </tr> </table>	2b Employer Identification Number (EIN) <u>34-1492733</u>	2c Plan Sponsor's telephone number <u>440-329-7500</u>	2d Business code (see instructions) <u>622000</u>	
2b Employer Identification Number (EIN) <u>34-1492733</u>					
2c Plan Sponsor's telephone number <u>440-329-7500</u>					
2d Business code (see instructions) <u>622000</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	Filed with authorized/valid electronic signature.	10/15/2015	TOM SNOWBERGER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 1831
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 657 6a(2) 0 6b 0 6c 0 6d 0 6e 0 6f 0 6g 6h 3
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: 1A 3H 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) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	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

Round off amounts to nearest dollar.

Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan THE COMPREHENSIVE HEALTH CARE OF OHIO, INC. RETIREMENT PLAN		B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF COMPREHENSIVE HEALTH CARE OF OHIO, INC.		D Employer Identification Number (EIN) 34-1492733	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500	

Part I Basic Information			
1 Enter the valuation date: Month 01 Day 01 Year 2014			
2 Assets:			
a Market value	2a	66158276	
b Actuarial value	2b	62669908	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	612	29521160	29521160
b For terminated vested participants.....	562	12176617	12176617
c For active participants.....	657	27105446	27105446
d Total.....	1831	68803223	68803223
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b		
5 Effective interest rate	5	6.51%	
6 Target normal cost	6	746544	

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	Signature of actuary JASON M. BRAVO Type or print name of actuary HEWITT ASSOCIATES LLC Firm name 5005 ROCKSIDE ROAD INDEPENDENCE, OH 44131 Address of the firm	10/06/2015 Date 14-05569 Most recent enrollment number 216-573-9700 Telephone number (including area code)
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Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	626655
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	626655
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>14.69</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		918073
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.71</u> %		19554
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		92056
c Total available at beginning of current plan year to add to prefunding balance		1029683
d Portion of (c) to be added to prefunding balance		1029683
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	1029683

Part III Funding Percentages		
14 Funding target attainment percentage	14	89.58 %
15 Adjusted funding target attainment percentage	15	89.58 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	85.72 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/14/2014	763000				
07/01/2014	763000				
01/09/2015	340000				
09/08/2015	490000				
			Totals ►	18(b)	2356000
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	2248426
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No		
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
0	0	0
		(4) 4th
		0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.99 %	2nd segment: 6.32 %	3rd segment: 6.99 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....	31a	746544	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	7162998	2530949	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..	34	3277493	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	1029683	1029683
36 Additional cash requirement (line 34 minus line 35).....	36	2247810	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	2248426	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	616	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	616	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

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>THE COMPREHENSIVE HEALTH CARE OF OHIO, INC. RETIREMENT PLAN</u>	B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>COMPREHENSIVE HEALTH CARE OF OHIO, INC.</u>	D Employer Identification Number (EIN) <u>34-1492733</u>

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

CENTRAL HOSPITAL SERVICES

34-1173007

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 15 16 50	NONE	81495	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CS MCKEE

25-1900687

(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?
28 50	NONE	46661	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIRST MERIT BANK N.A.

34-1339938

(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?
25 50	NONE	48894	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)

FRONTIER CAPITAL MANAGEMENT COMPANY

04-3492668

(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?
28 50	NONE	58725	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CAMBIER INVESTMENTS

2401 E. SECOND AVENUE
DENVER, CO 80206

(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?
28 50	NONE	29852	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BOYD WATTERSON ASSET MANAGEMENT LLC

34-1922005

(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?
28 50	NONE	20727	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)

MERCER, INC.

13-2834414

(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?
11 50	NONE	19671	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 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>THE COMPREHENSIVE HEALTH CARE OF OHIO, INC. RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>COMPREHENSIVE HEALTH CARE OF OHIO, INC.</u>	D Employer Identification Number (EIN) <u>34-1492733</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		35094768
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions.....	1b(1)	3619000	830000
	(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)	1779179	0
	(2) U.S. Government securities	1c(2)	5236717	6687643
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)	4678113	4927625
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common.....	1c(4)(B)	17618919	18734574
	(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)		
	(9) Value of interest in common/collective trusts	1c(9)		
	(10) Value of interest in pooled separate accounts	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities.....	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	33218933	6989
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other.....	1c(15)	94290	106261

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	66245151	66387860

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		66387860
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	66387860

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	66245151	0
---	-----------	----------	---

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)	2355078	
(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)		2355078

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)	1247449	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1247449

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0

(3) Rents	2b(3)		
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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)		0

(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	419342	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		419342

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		4021869

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	3238794	
(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)		3238794
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)	640366	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		640366
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		3879160

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		142709
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		66387860

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: **KPMG, LLP**

(2) EIN: **13-5565207**

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	
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	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	X		
l Has the plan failed to provide any benefit when due under the plan?.....		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
 If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☒ Yes ☐ No Amount: 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)
UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. RETIREMENT PLAN	34-0714775	333

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.
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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>THE COMPREHENSIVE HEALTH CARE OF OHIO, INC. RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>COMPREHENSIVE HEALTH CARE OF OHIO, INC.</u>	D Employer Identification Number (EIN) <u>34-1492733</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>34-1339938</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>0</u>

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

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

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

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

Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?.....	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:

Stock: 29% Investment-Grade Debt: 71% High-Yield Debt: 0% Real Estate: 0% Other: 0%

- 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):



**THE COMPREHENSIVE HEALTH CARE OF OHIO, INC.
RETIREMENT PLAN**

Financial Statements and Supplemental Schedules

December 31, 2014 and 2013

(With Independent Auditors' Report Thereon)

**THE COMPREHENSIVE HEALTH CARE OF OHIO, INC.
RETIREMENT PLAN**

Table of Contents

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Notes to Financial Statements	5–14
Schedules	
Schedule H, Line 4i – Schedule of Assets (Held at End of Year) – December 31, 2014	15–20
Schedule H, Line 4j – Schedule of Reportable Transactions – Year ended December 31, 2014	21–22
All other schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because there is no information to report.	



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

Independent Auditors' Report

The Plan Administrator
The Comprehensive Health Care of Ohio, Inc.
Retirement Plan:

Report on the Financial Statements

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

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in notes 3 and 5, which was certified by FirstMerit Trust Company, the Trustee 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 Trustee holds the Plan's investment assets and executes related transactions. The plan administrator has obtained certifications from the trustee as of and for the years ended December 31, 2014 and 2013 that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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



Other Matter

Supplemental Schedules

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

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

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

/s/KPMG LLP

Cleveland, Ohio
October 13, 2015

**THE COMPREHENSIVE HEALTH CARE OF OHIO, INC.
RETIREMENT PLAN**

Statements of Changes in Net Assets Available for Benefits

December 31, 2014 and 2013

	<u>2014</u>	<u>2013</u>
Assets:		
Investments:		
Cash and cash equivalents	\$ 35,094,768	—
Money market funds	—	1,779,179
Mutual funds	6,989	33,218,933
U.S. government securities	6,687,643	5,236,717
Corporate stocks	18,734,574	17,618,919
Corporate debt securities	4,927,625	4,678,113
Total investments	<u>65,451,599</u>	<u>62,531,861</u>
Contributions receivable	830,000	2,732,146
Accrued interest and dividends	106,261	94,290
Total receivables	<u>936,261</u>	<u>2,826,436</u>
Total assets	<u>66,387,860</u>	<u>65,358,297</u>
Liabilities:		
Due to the University Hospitals Health System, Inc. Retirement Plan (note 11)	66,387,860	—
Total liabilities	<u>66,387,860</u>	<u>—</u>
Net assets available for benefits	<u>\$ —</u>	<u>65,358,297</u>

See accompanying notes to financial statements.

THE COMPREHENSIVE HEALTH CARE OF OHIO, INC.
RETIREMENT PLAN

Statements of Net Assets Available for Benefits

Years ended December 31, 2014 and 2013

	<u>2014</u>	<u>2013</u>
Additions to net assets:		
Employer contributions	\$ 3,241,932	3,630,053
Investment income:		
Interest and dividends	1,247,449	1,331,628
Net realized and unrealized gain on investments	419,342	6,920,727
Total investment income	<u>1,666,791</u>	<u>8,252,355</u>
Total additions	<u>4,908,723</u>	<u>11,882,408</u>
Deductions from net assets:		
Benefits paid directly to participants or beneficiaries	3,238,794	3,175,398
Administrative expenses	640,366	546,036
Transfer to the University Hospitals Health System, Inc. Retirement Plan (note 11)	66,387,860	—
Total deductions	<u>70,267,020</u>	<u>3,721,434</u>
Net (decrease) increase in net assets available for benefits	(65,358,297)	8,160,974
Net assets available for benefits:		
Beginning of year	<u>65,358,297</u>	<u>57,197,323</u>
End of year	<u>\$ —</u>	<u>65,358,297</u>

See accompanying notes to financial statements.

**THE COMPREHENSIVE HEALTH CARE OF OHIO, INC.
RETIREMENT PLAN**

Notes to Financial Statements

December 31, 2014 and 2013

(1) Plan Description

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

(a) General

The Plan is a defined benefit pension plan covering substantially all employees of EMH Regional Medical Center; Comprehensive Health Care of Ohio, Inc.; Comprehensive Ventures, Unlimited, Inc.; and EMH Professional Services, Inc. (collectively, CHCO, the Company or Plan Administrator), except for certain members of religious organizations, students, interns, and residents. Participants are not vested until they have completed five years of service, at which time they become 100% vested in their pension benefits.

Refer to note 11 for information regarding plan merger.

(b) Pension Benefits

Participants are eligible for normal retirement benefit payments upon reaching age 65. The amount of the individual payment is based upon several factors including compensation, years of service, age, and the participant's estimated Social Security benefit. Compensation is based upon the average of the highest five consecutive calendar years of employment out of the last 10 years prior to the date of termination. The Plan also provides for the payment of early and disability retirement benefits, as well as the payment of benefits to the surviving spouse of a participant.

Should the Plan terminate at some future time, its net assets generally will not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guarantee, while other benefits may not be at all.

Effective July 1, 2003, the board of directors of the Company elected to freeze the Plan for employees hired after December 31, 2002. Existing participants were given the option to stay in the Plan and continue to accrue benefits or have their benefits frozen at June 30, 2003.

Effective July 1, 2009, the board of directors of the Company elected to amend the Plan whereas any participant who has not attained age 55 or less than 20 years of service shall no longer accrue a benefit in the Plan after December 31, 2009.

(c) Funding Policy

CHCO has agreed to voluntarily contribute such amounts as are necessary to provide assets sufficient to meet the benefits to be paid to plan members. The Plan has met the Employee Retirement Income Security Act of 1974 (ERISA) minimum funding requirements for 2014 and 2013, as determined by consulting actuaries.

THE COMPREHENSIVE HEALTH CARE OF OHIO, INC.
RETIREMENT PLAN

Notes to Financial Statements

December 31, 2014 and 2013

(2) Summary of Significant Accounting Policies

(a) *Basis of Accounting*

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

(b) *Investment Valuation*

Investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See note 5 for a discussion of fair value measurements.

Investment income reported in the statements of changes in net assets available for benefits includes interest and dividends as well as realized and unrealized gains and losses. Purchases and sales of securities are recorded on a trade date basis. Dividend income is recorded on the ex-dividend date and interest income is recorded on the accrual basis.

(c) *Benefit Payments*

Benefit payments to participants are recorded upon distribution.

(d) *Actuarial Present Value of Accumulated Plan Benefits*

Accumulated plan benefits are those future periodic payments based on services that have been rendered, that are attributable to:

- a. Retired or terminated employees or their beneficiaries
- b. Beneficiaries of employees who have died
- c. Present employees or their beneficiaries

Generally, benefits for retired or terminated employees or their beneficiaries are based on the employees' number of years of credited service. The accumulated plan benefits for active employees are based on their number of years of credited service preceding the valuation date.

(e) *Actuarial Assumptions*

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and probability of payment between the valuation date and the expected date of payment.

(f) *Administrative Expenses*

Certain expenses, including actuary, investment management, and trustee fees are paid by the Plan, as prescribed by the plan agreement. Other expenses related to the administration of the Plan are paid by the Company.

THE COMPREHENSIVE HEALTH CARE OF OHIO, INC.
RETIREMENT PLAN

Notes to Financial Statements

December 31, 2014 and 2013

(g) Use of Estimates

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

(3) Investments

FirstMerit Trust Company (the Trustee) holds the Plan's investments and executes all investment transactions. The investment balances and related investment income and losses included in the accompanying financial statements and supplemental schedules of assets held at end of year are based solely on information provided and certified by the Trustee.

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan Administrator has obtained certification from the Trustee that all of the information provided by them is complete and accurate. Information included in the accompanying financial statements and supplemental schedules as to investments administered by the Trustee, net investment income, net realized and unrealized gains on investments and information included in this note is presented in reliance solely upon that certification.

Investments that exceed 5% of end of year net assets (prior to transfer to the University Hospitals Health System, Inc. Retirement Plan) are as follows:

	<u>2014</u>	<u>2013</u>
Cash and cash equivalents	\$ 35,094,768	—
PIMCO All Assets All Auth-IS	—	6,505,574
iShares TR Russell 1000 Growth Index	—	6,360,730
Harbor International Fund #11	—	5,730,805
Oppenheimer Intl Growth FD-Y	—	6,070,654
Mainstay Marketfield Fund-1	—	3,292,921
PIMCO Unconstrained Bond Fund – INS	—	3,651,209

THE COMPREHENSIVE HEALTH CARE OF OHIO, INC.
RETIREMENT PLAN

Notes to Financial Statements

December 31, 2014 and 2013

During 2014 and 2013, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value as follows:

	<u>2014</u>	<u>2013</u>
Investment income:		
Interest and dividends	\$ 1,247,449	1,331,628
Net realized and unrealized gains (losses) of investments:		
Mutual funds	(1,153,680)	2,804,351
U.S. government securities	343,203	(411,885)
Corporate stocks	1,298,993	4,741,985
Corporate debt securities	(69,174)	(213,724)
Total investment income	<u>\$ 1,666,791</u>	<u>8,252,355</u>

(4) Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits is determined by consulting actuaries and results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and expected date of payment. The accumulated plan benefit as of December 31, 2013 and 2012, the most recent actuarial valuations, is as follows:

	<u>2013</u>	<u>2012</u>
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving benefit payments	\$ 28,213,052	23,485,505
Other vested participants	35,475,031	34,459,677
Total vested benefits	63,688,083	57,945,182
Nonvested benefits	—	574,487
Total actuarial present value of accumulated plan benefits	<u>\$ 63,688,083</u>	<u>58,519,669</u>

THE COMPREHENSIVE HEALTH CARE OF OHIO, INC.
RETIREMENT PLAN

Notes to Financial Statements

December 31, 2014 and 2013

A summary of changes in the actuarial present value of accumulated plan benefits during the years ended December 31, 2013 and 2012 is as follows:

	<u>2013</u>	<u>2012</u>
Actuarial present value of accumulated plan benefits - beginning of year	\$ 58,519,669	56,439,428
Increase (decrease) during the year attributable to:		
Benefits accumulated and losses	—	608,903
Interest accumulation	4,224,456	4,257,115
Assumption changes	4,119,356	—
Benefits paid	<u>(3,175,398)</u>	<u>(2,785,777)</u>
Net increase	<u>5,168,414</u>	<u>2,080,241</u>
Actuarial present value of accumulated plan benefits – end of year	<u>\$ 63,688,083</u>	<u>58,519,669</u>

The significant actuarial assumptions used in the valuation of accumulated plan benefits under the Plan at December 31, 2013 and 2012 are summarized as follows:

Actuarial cost method	Projected unit credit method (2013 and 2012)
Assumed rate of return	7.75% (2013 and 2012)
Mortality basis	RP-2014 generational table projected with scale MP-2014 (2013) RP-2000 mortality projected to 2023 for 2012 and 2017 for 2011 (2012)

The actuarial present value of accumulated plan benefits at December 31, 2014 will be included within the University Hospital Health System, Inc. Retirement Plan as a result of the merger (note 11).

(5) Fair Value Measurements

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

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

Level 2 – Assets and liabilities that are valued based upon inputs, other than those included in Level 1; based on quoted prices for similar assets and liabilities in active markets, quoted prices for identical or similar

THE COMPREHENSIVE HEALTH CARE OF OHIO, INC.
RETIREMENT PLAN

Notes to Financial Statements

December 31, 2014 and 2013

assets and liabilities in inactive markets, or financial instruments for which all significant inputs are observable, either directly or indirectly.

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

The inputs used to fair value Level 1 instruments are unadjusted quoted prices derived from stock exchanges. Level 1 instruments primarily consist of cash equivalents, common stock, certain U.S. government securities, and mutual funds. The Plan invests in a variety of equity securities, government securities, and mutual funds to diversify the portfolio as part of the overall investment strategy.

Investments in Level 2 primarily are comprised of corporate debt securities and certain U.S. government securities. Level 2 inputs primarily consist of quotes from independent pricing vendors based on recent trading activity and other relevant information that may include matrix pricing, market corroborated pricing, yield curves, and other indices that are used when Level 1 inputs are not available.

December 31, 2014			
	Level 1	Level 2	Total
Cash and cash equivalents	\$ 35,094,768	—	35,094,768
Mutual funds:			
Fixed-income investments	6,989	—	6,989
Corporate stocks – U.S. equities:			
Materials	870,180	—	870,180
Consumer discretionary	2,568,208	—	2,568,208
Consumer staples	550,006	—	550,006
Health care	2,221,915	—	2,221,915
Energy	1,167,876	—	1,167,876
Financials	3,367,518	—	3,367,518
Industrials	3,695,965	—	3,695,965
Information technology	3,844,466	—	3,844,466
Telecommunications services	101,000	—	101,000
Utilities	325,628	—	325,628
Other	21,812	—	21,812
Debt securities:			
U.S. government securities	3,484,948	3,202,695	6,687,643
Corporate debt securities	—	4,927,625	4,927,625
Total	\$ 57,321,279	8,130,320	65,451,599

THE COMPREHENSIVE HEALTH CARE OF OHIO, INC.
RETIREMENT PLAN

Notes to Financial Statements

December 31, 2014 and 2013

		December 31, 2013		
		Level 1	Level 2	Total
Mutual funds:				
Equity investments	\$	21,455,109	—	21,455,109
Fixed-income investments		11,763,824	—	11,763,824
Corporate stocks – U.S. equities:				
Materials		1,019,147	—	1,019,147
Consumer discretionary		2,066,619	—	2,066,619
Consumer staples		568,479	—	568,479
Healthcare		1,883,637	—	1,883,637
Energy		1,806,200	—	1,806,200
Financials		2,629,443	—	2,629,443
Industrials		3,709,529	—	3,709,529
Information technology		3,485,082	—	3,485,082
Telecommunications services		174,356	—	174,356
Utilities		257,694	—	257,694
Other		18,733	—	18,733
Debt securities:				
U.S. government securities		2,480,570	2,756,147	5,236,717
Corporate debt securities		—	4,678,113	4,678,113
Short-term investments – money market funds		1,779,179	—	1,779,179
Total	\$	<u>55,097,601</u>	<u>7,434,260</u>	<u>62,531,861</u>

During the years ended December 31, 2014 and 2013, there were no transfers between Levels 1, 2 and 3.

(6) Plan Termination

Although the Plan has merged as described in note 11, the Company has not expressed any intention to terminate the plan. The Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to provisions set forth in ERISA. In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- A. Annuity benefits that former employees, or their surviving spouses, have been receiving for at least three years, or annuity benefits that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination.
- B. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC), a U.S. government agency, up to the applicable limitations that are discussed more fully below.
- C. All other vested benefits (that is, vested benefits not insured by the PBGC).

THE COMPREHENSIVE HEALTH CARE OF OHIO, INC.
RETIREMENT PLAN

Notes to Financial Statements

December 31, 2014 and 2013

D. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested, normal-age retirement benefits, early retirement benefits, and certain survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination; however, there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees. The ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination, whichever comes later. For younger annuitants or for those who elect to receive their benefits in some form other than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

(7) Tax Status

The Plan has received a determination letter from the Internal Revenue Service dated July 9, 2014, indicating that the Plan, as designed, is qualified for tax-exempt treatment under the applicable section of the Internal Revenue Code. Although the Plan has been amended since receiving the determination letter, management believes that the Plan is designed and is currently being operated in compliance with applicable requirements of the IRC. The Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of GUST and the Economic Growth Tax Relief Reconciliation Act of 2001. GUST comprises The General Agreement on Tariffs and Trade, as a part of the Uruguay Round Agreement Act, the Uniformed Services Employment and Re-employment Act of 1996, the Taxpayer Relief Act of 1997, and the IRS Restructuring and Reform Act of 1998.

The Company is required to evaluate tax positions taken by the Plan and the Plan is required to recognize a tax liability or asset if the Plan has taken an uncertain position that more likely than not would be sustained upon examination by the IRS. The Company has concluded that as of December 31, 2014, there are no uncertain tax positions taken or expected to be taken. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Company believes the Plan is no longer subject to income tax examinations for years prior to 2011.

(8) Related Party Transactions

As described in note 2(f), the Plan paid certain expenses related to plan operations and investment activity to various service providers. Certain of these transactions are party-in-interest transactions under ERISA.

**THE COMPREHENSIVE HEALTH CARE OF OHIO, INC.
RETIREMENT PLAN**

Notes to Financial Statements

December 31, 2014 and 2013

(9) Risks and Uncertainties

Contributions to the Plan and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee compensation and demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and, due to the uncertainties inherent in setting assumptions, that the effect of such changes could be material to the financial statements. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. It is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the statement of net assets available for benefits.

(10) Reconciliation to Form 5500

Contributions of \$3,619,000 were made by the Company during 2014. Since the contributions were made prior to September 15, 2014, the contributions were designated for the 2013 plan year for tax purposes on the Form 5500. However, the Plan recognized \$2,732,146 as employer contributions receivable in the 2013 financial statements as these were the amounts required to meet the Company's funding policy. The difference between the contributions per the 2013 financial statements and the 2013 Form 5500 are included in the current year.

The following is a reconciliation of the Plan's employer contributions receivable and contributions per the financial statements to the Form 5500 for the year ended December 31, 2014 and 2013:

	<u>2014</u>	<u>2013</u>
Net assets available for benefits per the financial statements	\$ —	65,358,297
Adjust for contributions received in the current plan year	—	886,854
Net assets available for benefits per Form 5500	<u>\$ —</u>	<u>66,245,151</u>
	<u>2014</u>	<u>2013</u>
Employer contributions per the financial statements	\$ 3,241,932	3,630,053
Adjust for contributions included in the Form 5500	(886,854)	855,966
Employer contributions per Form 5500	<u>\$ 2,355,078</u>	<u>4,486,019</u>

(11) Plans Merger

The Board of Directors of University Hospitals Health System, Inc. adopted and approved an amendment and instrument of merger to merge the Plan into the University Hospitals Health System, Inc. Retirement Plan effective December 31, 2014. Accordingly, the net assets available for benefits are reflected as a liability within the statements of net assets available for benefits at December 31, 2014. The physical transfer of assets occurred in 2015. The actuarial present value of accumulated plan benefits at December 31, 2014 will be included within the University Hospital Health System, Inc. Retirement Plan as a result of the merger.

THE COMPREHENSIVE HEALTH CARE OF OHIO, INC.
RETIREMENT PLAN

Notes to Financial Statements

December 31, 2014 and 2013

(12) Subsequent Events

The Plan has evaluated subsequent events through October 13, 2015, the date the financial statements were available to be issued. There were no reportable events.

**THE COMPREHENSIVE HEALTH CARE OF OHIO, INC.
RETIREMENT PLAN**

EIN: 34-1492733

Plan Number: 001

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

December 31, 2014

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment, including par or maturity value, rate of interest, collateral, or maturity date	(d) Cost	(e) Current value
	Cash and Cash Equivalents:			
	Cash	35,094,768 units	\$ 35,094,768	35,094,768
	Total Cash and cash equivalents		<u>35,094,768</u>	<u>35,094,768</u>
	Mutual funds:			
	PIMCO UNCONSTRAINED BOND FUND-INS	625 Shares	7,016	6,989
	Total mutual funds		<u>7,016</u>	<u>6,989</u>
	U.S. government securities:			
	FHLMC GD PL #A95407 4.000% 12/01/40	105,846 Shares	107,549	113,005
	FHLMC GD PL #E01545 5.000% 1/01/19	21,548 Shares	21,641	22,861
	FHLMC GD PL #G01989 6.000% 12/01/35	45,402 Shares	46,147	51,913
	FHLMC GD PL #G08016 6.000% 10/01/34	40,043 Shares	41,509	45,885
	FHLMC GD PL #G 12806 5.500% 9/01/22	38,796 Shares	39,523	42,363
	FHLMC GD PL #Q08998 3.500% 6/01/42	238,796 Shares	253,217	248,687
	FHLMC GD PL #G08566 3.500% 1/01/44	301,558 Shares	304,785	313,886
	FNMA PL #3135G0ES8 1.375% 11/15/16	390,000 Shares	394,643	395,257
	FNMA PL #555532 7.000% 12/01/17	414 Shares	441	426
	FNMA PL #586318 6.500% 6/01/31	1,320 Shares	1,304	1,503
	FNMA PL #588936 6.500% 6/01/31	1,006 Shares	1,001	1,146
	FNMA PL #725424 5.500% 4/01/34	50,099 Shares	50,252	56,453
	FNMA PL #735667 5.000% 7/01/35	52,999 Shares	54,535	58,699
	FNMA PL #AH5583 4.500% 2/01/41	104,522 Shares	107,331	113,573
	FNMA PL #AJ9355 3.000% 1/01/27	221,772 Shares	230,361	231,115
	FNMA PL #AK6784 3.000% 3/01/27	151,087 Shares	158,122	157,446
	FNMA PL #MA0322 4.000% 2/01/20	56,667 Shares	58,870	60,028
	FNMA PL #MA1446 3.500% 5/01/33	258,159 Shares	278,126	272,345
	FNMA PL #AT2937 3.000% 5/01/43	307,820 Shares	301,952	311,806
	FNMA PL #AU1629 3.000% 7/01/43	327,298 Shares	324,268	331,533
	FNMA PL #AX6156 4.000% 11/01/44	345,604 Shares	367,907	369,295
	GNMA PL #781158 8.000% 4/15/30	2,801 Shares	2,907	3,469
	U.S. TREASURY BONDS 3.000% 5/15/42	440,000 Shares	413,679	462,480
	U.S. TREASURY BONDS 1.750% 5/15/23	295,000 Shares	280,488	287,233
	U.S. TREASURY NOTES 1.250% 9/30/15	225,000 Shares	227,146	226,723
	U.S. TREASURY NOTES 2.125% 12/31/15	185,000 Shares	190,673	188,367
	U.S. TREASURY NOTES 2.750% 2/15/19	175,000 Shares	178,235	184,105
	U.S. TREASURY NOTES 2.125% 12/31/15	1,075,000 Shares	1,101,569	1,094,565
	U.S. TREASURY NOTES 2.750% 2/15/24	200,000 Shares	200,266	210,454
	U.S. TREASURY NOTES 2.750% 2/15/24	355,000 Shares	360,179	373,556
	U.S. TREASURY NOTES 3.875% 8/15/40	100,000 Shares	110,738	122,078
	U.S. TREASURY NOTES 3.625% 2/15/44	285,000 Shares	303,368	335,388
	Total U.S. government securities		<u>6,512,732</u>	<u>6,687,643</u>
	Corporate stocks:			
	2U INC	1,220 Shares	15,098	23,985
	ABBOTT LABS	3,100 Shares	118,455	139,562
	ACTAVIS PLC	748 Shares	93,377	192,543
	ACTUANT CORP CL A NEW	3,540 Shares	101,596	96,430
	ADTRAN INC	3,350 Shares	70,869	73,030
	ADVENT SOFTWARE INC	820 Shares	19,309	25,125
	AGILENT TECHNOLOGIES INC	2,000 Shares	55,889	81,880
	AGNICO EAGLE MINES LTD	1,360 Shares	44,714	33,850
	AIRCASTLE LTD	5,230 Shares	94,750	111,765
	AKAMAI TECHNOLOGIES INC	740 Shares	22,364	46,590
	ALBEMARLE CORP	660 Shares	25,064	39,686
	ALLEGHENY TECHNOLOGIES INC	1,480 Shares	52,153	51,460
	ALLSCRIPTS HEALTHCARE SOLUTIONS INC	1,850 Shares	23,923	23,625
	ALLSTATE CORP	2,300 Shares	59,687	161,575
	ALTERA CORP	780 Shares	14,815	28,813
	AMERICAN AIRLINES GROUP INC	1,000 Shares	6,313	53,630

**THE COMPREHENSIVE HEALTH CARE OF OHIO, INC.
RETIREMENT PLAN**

EIN: 34-1492733

Plan Number: 001

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

December 31, 2014

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment, including par or maturity value, rate of interest, collateral, or maturity date	(d) Cost	(e) Current value
	AMERICAN EXPRESS CO	1,100 Shares	\$ 47,237	102,344
	AMERICAN INTERNATIONAL GROUP	2,900 Shares	111,698	162,429
	AMERISOURCEBERGEN CORP	3,500 Shares	84,819	315,560
	APPLE INC	2,800 Shares	159,315	309,064
	ARES COMMERCIAL REAL ESTATE CRP REIT	1,900 Shares	24,402	21,812
	ARMSTRONG WORLD INDUSTRIES INC	610 Shares	31,584	31,183
	ATLAS AIR WORLDWIDE HLDGS INC	1,670 Shares	62,410	82,331
	ATMEL CORP	3,590 Shares	27,421	30,138
	AUTOLIV INC	440 Shares	8,902	46,693
	AVG TECHNOLOGIES	4,175 Shares	84,184	82,414
	BAKER HUGHES INC	2,000 Shares	130,255	112,140
	BANK OF NEW YORK MELLON CORP	4,000 Shares	129,542	162,280
	BANKUNITED INC	3,410 Shares	99,591	98,788
	BAXTER INTL INC	2,300 Shares	106,509	168,567
	BBCN BANCORP INC	4,990 Shares	81,222	71,756
	BEACON ROOFING SUPPLY INC	3,340 Shares	114,403	92,852
	BELDEN INC	1,540 Shares	55,630	121,367
	BERRY PLASTICS G	2,920 Shares	49,724	92,126
	BIOMARIN PHARMACEUTICAL INC	190 Shares	2,381	17,176
	BOISE CASCADE CO	1,100 Shares	24,750	40,865
	BORG-WARNER INC	2,400 Shares	74,680	131,880
	BRIGHTCOVE INC	6,050 Shares	40,616	47,069
	BRINKS CO	2,930 Shares	75,577	71,521
	CABOT CORP	1,855 Shares	64,393	81,360
	CABOT OIL & GAS CORP	1,160 Shares	8,092	34,348
	CAESAR STONE SDOT-YAM LTD	1,360 Shares	30,790	81,355
	CARDTRONICS INC	3,080 Shares	107,116	118,826
	CAREER EDUCATION CORP	144 Shares	830	1,002
	CARLISLE COS INC	340 Shares	14,242	30,682
	CARRIZO OIL & GAS INC	2,260 Shares	58,099	94,016
	CATAMARAN CORPORATION	650 Shares	13,037	33,637
	CATHAY GENERAL BANCORP	4,380 Shares	76,798	112,084
	CBS CORPORATION CLASS B W/I	2,300 Shares	72,708	127,282
	CELANESE CORP-A	300 Shares	11,260	17,988
	CELLADON CORP	918 Shares	10,688	17,929
	CHEVRON CORPORATION	1,900 Shares	110,384	213,142
	CHICOS FAS INC COM	1,323 Shares	8,299	21,446
	CISCO SYSTEMS INC	4,900 Shares	120,205	136,293
	COGENT COMMUNICATIONS HOLDINGS	2,754 Shares	29,070	97,464
	CONOCOPHILLIPS	2,208 Shares	132,197	152,484
	CONSOL ENERGY INC	450 Shares	16,096	15,215
	CONTINENTAL RESOURCES INC/OK	1,000 Shares	13,029	38,360
	CONTROL 4 CORP	1,090 Shares	13,967	16,753
	CONTROLADORA VUELA CIA SPONS ADR	6,660 Shares	67,664	60,073
	COOPER COS INC	758 Shares	30,020	122,864
	CYPRESS SEMICONDUCTOR CORP	4,323 Shares	50,570	61,732
	DARLING INGREDIENTS INC	5,680 Shares	97,061	103,149
	DEERE & CO	1,400 Shares	104,074	123,858
	DELEK US HOLDINGS INC	3,870 Shares	126,635	105,574
	DEXCOM	2,339 Shares	18,268	128,762
	DIEBOLD INC	2,680 Shares	78,192	92,835
	DIRECTV	2,100 Shares	175,655	182,070
	DISCOVER FINL SVCS	3,600 Shares	211,250	235,764
	DOVER CORP	2,100 Shares	76,278	150,612
	DRIL-QUIP INC	500 Shares	21,436	38,365
	DTS INC	1,630 Shares	36,867	50,123
	E TRADE FINANCIAL CORP	1,240 Shares	25,195	30,076
	EAGLE MATERIALS INC	1,030 Shares	26,630	78,311
	EBAY INC	1,800 Shares	87,899	101,016
	EDWARDS LIFESCIENCES CORP	360 Shares	23,285	45,857

**THE COMPREHENSIVE HEALTH CARE OF OHIO, INC.
RETIREMENT PLAN**

EIN: 34-1492733

Plan Number: 001

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

December 31, 2014

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment, including par or maturity value, rate of interest, collateral, or maturity date	(d) Cost	(e) Current value
	ELECTRONIC ARTS INC	1,300 Shares	\$ 16,700	61,120
	ELLIEMAE INC	620 Shares	15,832	24,998
	EMC CORP/MASS	3,900 Shares	82,044	115,986
	EMERALD OIL INC	7,320 Shares	41,384	8,784
	ENERSYS COM	1,700 Shares	105,800	104,924
	EOG RES INC	1,100 Shares	105,132	101,277
	EVEREST RE GROUP LIMITED	370 Shares	23,335	63,011
	EVERTEC INC	4,330 Shares	103,314	95,823
	EXELIS INC	5,900 Shares	64,575	103,427
	EXPRESS INC	4,810 Shares	88,902	70,659
	EXPRESS SCRIPTS HLDG	1,800 Shares	92,391	152,406
	FAIRCHILD SEMICONDUCTOR INTL INC	2,670 Shares	39,549	45,070
	FINISH LINE INC CL A	3,320 Shares	90,863	80,709
	FLEETMATICS GROUP PLC COM	1,500 Shares	46,942	53,235
	FLEXTRONICS INTL LTD	5,220 Shares	45,342	58,360
	FMC CORP	540 Shares	3,385	30,796
	FORTINET INC	1,550 Shares	28,008	47,523
	FORUM ENERGY TECHNOLOGIES INC	3,460 Shares	95,397	71,726
	FOX FACTORY HOLDING CORP	2,587 Shares	39,390	41,987
	FREEPORT-MCMORAN INC	4,200 Shares	147,977	98,112
	GENERACHOLDINGS	2,240 Shares	92,371	104,742
	GENERAL ELECTRIC CORP	10,700 Shares	158,541	270,389
	GENESCO INC	1,360 Shares	84,988	104,203
	GLOBAL PMTS INC	320 Shares	13,544	25,834
	GLOBE SPECIALTY METALS INC	3,084 Shares	43,888	53,137
	GOGOINC	2,845 Shares	46,486	47,028
	GOLDMAN SACHS GROUP INC	700 Shares	93,435	135,681
	GREEN DOT CORP CL A	4,930 Shares	102,207	101,016
	GROUP 1 AUTOMOTIVE INC	1,225 Shares	78,755	109,785
	HAEMONETICS CORP	2,690 Shares	112,522	100,660
	HARMAN INTERNATIONAL INDS	630 Shares	15,196	67,227
	HARSCO CORP	940 Shares	20,537	17,757
	HCC INS HLDGS INC	600 Shares	16,451	32,112
	HEARTWARE INTL INC	310 Shares	23,835	22,763
	HOME LOAN SERVICING SOLUTIONS LTD	4,819 Shares	95,010	94,067
	HONEYWELL INTERNATIONAL INC	1,900 Shares	55,989	189,848
	HORSEHEAD HOLDING CORP	874 Shares	8,718	13,835
	HUB GROUP INC	790 Shares	19,141	30,083
	HUBBELL INC CL B	140 Shares	6,580	14,956
	ILLUMINA INC	560 Shares	12,138	103,365
	IMAX CORP	1,300 Shares	25,793	40,170
	INSULET CORP	2,840 Shares	24,049	130,810
	INTEGRA LIFESCIENCES CORP	1,460 Shares	51,043	79,176
	INTEGRATED DEVICE TECHNOLOGY INC	2,060 Shares	20,312	40,376
	INTEL CORP	6,300 Shares	135,417	228,627
	INTERNATIONAL RECTIFIER CORP	1,120 Shares	22,241	44,688
	INTEROIL CORP	1,020 Shares	45,547	49,766
	INTERSECT ENT INC	250 Shares	2,750	4,638
	ITRON INC	1,228 Shares	50,093	51,932
	JABIL CIRCUIT INC	2,150 Shares	30,595	46,935
	JACOBS ENGR GROUP INC	209 Shares	6,017	9,340
	JDS UNIPHASE CORP	8,080 Shares	94,145	110,858
	JETBLUE AIRWAYS CORP	3,460 Shares	21,744	54,876
	JPMORGAN CHASE & CO	4,800 Shares	209,866	300,384
	KAISER ALUMINUM CORP	1,370 Shares	90,338	97,859
	KANSAS CITY SOUTHERN	200 Shares	3,131	24,406
	KAR AUCTION SERVICES INC	1,040 Shares	18,200	36,036
	KBR INC	580 Shares	16,635	9,831
	KIRBY CORP	250 Shares	3,194	20,185
	KRATON PERFORMANCE POLYMERS	3,090 Shares	60,482	64,241

**THE COMPREHENSIVE HEALTH CARE OF OHIO, INC.
RETIREMENT PLAN**

EIN: 34-1492733

Plan Number: 001

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

December 31, 2014

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment, including par or maturity value, rate of interest, collateral, or maturity date	(d) Cost	(e) Current value
	LA QUINTA HOLDINGS INC	4,545 Shares	\$ 77,694	100,263
	LENNOX INTERNATIONAL INC	960 Shares	32,091	91,267
	LEUCADIA NATIONAL CORP	1,377 Shares	21,283	30,872
	LIONS GATE ENTMT CORP	1,900 Shares	13,173	60,838
	LOUISIANA PAC CORP	4,440 Shares	73,979	73,526
	LPL FINANCIAL HOLDINGS INC	610 Shares	18,457	27,176
	MAGELLAN HEALTH SERVICES INC	1,815 Shares	92,326	108,954
	MARATHON PETROLEUM CORPORATION	1,200 Shares	105,509	108,312
	MARINEMAX INC	1,450 Shares	22,755	29,073
	MARTIN MARIETTA MATLS INC	240 Shares	20,715	26,477
	MASTEC INC	1,059 Shares	28,802	23,944
	MAXIM INTEGRATED PRODS INC	1,380 Shares	34,437	43,981
	MCDERMOTT INTL INC F	1,690 Shares	21,712	4,918
	MEDNAX INC	2,580 Shares	125,241	170,564
	MENTORGRAPHICSCORP	4,910 Shares	107,209	107,627
	MERITOR INCORPORATED	3,670 Shares	44,819	55,601
	MICROSEMI CORP	4,090 Shares	87,417	116,074
	MICROSOFT CORP	2,400 Shares	51,031	111,480
	MODINE MFG CO	1,730 Shares	17,293	23,528
	MONOLITHIC POWER	1,800 Shares	29,509	89,532
	MRC GLOBAL INC	1,994 Shares	43,704	30,209
	MYRIAD GENETICS INC	1,120 Shares	29,018	38,147
	NEXTERA ENERGY INC	1,700 Shares	70,174	180,693
	OFFICE DEPOT INC	11,685 Shares	57,085	100,199
	ON SEMICONDUCTOR CORP	3,130 Shares	22,945	31,707
	ORACLE CORPORATION	2,800 Shares	91,954	125,916
	ORBITZ WORLDWIDE	9,880 Shares	86,846	81,312
	PACKAGING CORP OF AMERICA	440 Shares	9,953	34,342
	PACWEST BANCORP	2,428 Shares	60,323	110,377
	PALL CORP	500 Shares	9,247	50,605
	PHILIP MORRIS INTERNATIONAL	1,100 Shares	36,862	89,595
	POPULAR INC	1,710 Shares	31,005	58,226
	PREMIERE GLOBAL SERVICES INC	4,160 Shares	39,701	44,179
	PRIMORIS SERVICES CORP	710 Shares	9,896	16,500
	PROASSURANCE CORP	2,190 Shares	98,875	98,879
	PROCTER & GAMBLE CO	1,400 Shares	88,384	127,526
	PUBLIC SVC ENTERPRISE GROUP INC	3,500 Shares	97,342	144,935
	QIAGEN NV	1,000 Shares	20,019	23,460
	QLOGICCORP	3,370 Shares	31,530	44,888
	QUALITY SYSTEMS INC	4,620 Shares	86,546	72,026
	QUANTA SERVICES INCORPORATED	1,240 Shares	22,310	35,204
	QUICKLOGICCORP	10,630 Shares	39,397	33,378
	QUINSTREET INC	3,142 Shares	36,625	19,072
	RAYMOND JAMES FINANCIAL INC	880 Shares	12,993	50,415
	RE/MAX HOLDINGS INC	20 Shares	440	685
	REGAL BELOIT CORP	1,500 Shares	97,923	112,800
	REX ENERGY CORP	975 Shares	10,990	4,972
	RITCHIE BROS AUCTIONEERS INC	500 Shares	2,333	13,445
	ROGERS CORP	1,200 Shares	35,700	97,728
	ROVI CORP	3,331 Shares	70,551	75,247
	SANDISK CORP	1,200 Shares	59,843	117,576
	SANDRIDGE ENERGY INC	3,917 Shares	20,379	7,129
	SANGAMO BIOSCIENCES INC	1,070 Shares	14,717	16,275
	SBA COMMUNICATIONS CORP	400 Shares	13,669	44,304
	SCHOLASTIC CORP	2,180 Shares	65,968	79,396
	SCOTTS MIRACLE-GRO COMPANY CL A COM	1,700 Shares	79,421	105,944
	SEACHANGE INTL INC	2,047 Shares	13,125	13,060
	SELECT COMFORT CORPORATION	2,090 Shares	40,699	56,493
	SEMTECHCORP	700 Shares	15,838	19,299
	SILICON LABORATORIES INC	340 Shares	10,239	16,191
	SILVERSPRINGNETWORKSINC	2,649 Shares	21,904	22,331

**THE COMPREHENSIVE HEALTH CARE OF OHIO, INC.
RETIREMENT PLAN**

EIN: 34-1492733

Plan Number: 001

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

December 31, 2014

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment, including par or maturity value, rate of interest, collateral, or maturity date	(d) Cost	(e) Current value
	SKYWORKS SOLUTIONS INC	1,280 Shares	\$ 9,924	93,069
	SOTHEBY S (DELAWARE)	2,470 Shares	98,467	106,655
	STOCK BUILDING SUPPLY HOLDINGS	2,220 Shares	34,239	34,010
	SUNEDISON INC	1,960 Shares	20,826	38,240
	SYNAPTICS INC	700 Shares	20,465	48,188
	T ROWE PRICE GROUP INC	1,700 Shares	143,397	145,962
	TANGOEINC/CT	2,180 Shares	28,346	28,405
	TCF FINANCIAL CORP	6,470 Shares	74,158	102,808
	TELEPHONEANDDATASYSTEMSINC	4,000 Shares	95,819	101,000
	TENNECO INC	200 Shares	5,191	11,322
	TESSERA TECHNOLOGIES INC	1,840 Shares	32,559	65,798
	TETRA TECH INC	3,900 Shares	92,981	104,130
	THE BUCKLE INC	2,175 Shares	101,145	114,231
	THIRD POINT REINSURANCE LTD	5,070 Shares	65,820	73,464
	TIME WARNER CABLE INC	700 Shares	36,580	106,442
	TIME WARNER INC	1,400 Shares	101,704	119,588
	TIVO INC	10,960 Shares	131,865	129,766
	TREX COMPANY INC	820 Shares	6,624	34,916
	TRIQUINT SEMICONDUCTOR INC	5,050 Shares	40,832	139,127
	TRONOX LTD	1,580 Shares	30,574	37,730
	TRW AUTOMOTIVE HOLDINGS CORP	350 Shares	19,501	35,997
	ULTRATECH INC	3,085 Shares	71,374	57,258
	UMPQUA HLDGS CORP	6,195 Shares	77,545	105,377
	UNILIFE CORP	7,180 Shares	21,489	24,053
	UNITED CONTINENTAL	5,988 Shares	113,678	400,537
	UNITED TECHNOLOGIES CORP	1,400 Shares	74,628	161,000
	UNIVERSAL DISPLAY CORP	1,010 Shares	27,674	28,027
	US BANCORP NEW	2,700 Shares	75,724	121,365
	UTI WORLDWIDE INC	3,940 Shares	62,006	47,556
	VERA BRADLEY INC	710 Shares	17,810	14,470
	VERIFONE SYSTEMS, INC	600 Shares	18,815	22,320
	WABASH NATL CORP	4,590 Shares	28,765	56,732
	WABCO HLDGS INC	370 Shares	10,249	38,769
	WADDELL & REED FINL INC	360 Shares	8,075	17,935
	WAL MART STORES INC	2,400 Shares	123,013	206,112
	WATSCO INC CL-A	570 Shares	24,632	60,990
	WEB.COM GROUP INC	810 Shares	13,367	15,382
	WELLCARE GROUP INC	1,450 Shares	92,956	118,987
	WELLS FARGO & CO	6,100 Shares	178,682	334,402
	WPX ENERGY	2,363 Shares	43,645	27,482
	WR BERKLEY CORP	1,030 Shares	22,720	52,798
	ZYNGA INC	15,540 Shares	57,950	41,336
	Total corporate stocks		13,009,432	18,734,574
	Corporate debt securities:			
	AMER EXPRESS CR MTN 2.800% 9/19/16	110,000 Shares	116,745	113,235
	AMERICAN EXPRESS V-Q 0.823% 5/22/18	150,000 Shares	151,206	149,995
	AMERICAN INTL GROUP MTN 5.850% 1/16/18	90,000 Shares	102,987	100,629
	AUTOZONE INC 4.000 11/15/20	100,000 Shares	109,292	106,102
	BB&T Corp MTN 5.750% 2/01/19	110,000 Shares	111,153	110,043
	BANK OF AMER CRP 5.650% 5/1/18	130,000 Shares	148,109	144,426
	BERKSHIRE HATHAWAY 1.600% 5/15/17	90,000 Shares	91,011	90,770
	BLACKROCK INC 5.000% 12/10/19	100,000 Shares	114,197	113,058
	BOSTON PROP LP 5.625% 11/15/20	85,000 Shares	84,907	96,981
	CAROLINA P & L 5.150% 4/01/15	75,000 Shares	74,929	75,816
	CAROLINA P & L 5.150% 4/01/15	85,000 Shares	90,124	85,925
	CATERPILLAR INC 7.900% 12/15/18	70,000 Shares	74,600	85,347

**THE COMPREHENSIVE HEALTH CARE OF OHIO, INC.
RETIREMENT PLAN**

EIN: 34-1492733

Plan Number: 001

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

December 31, 2014

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment, including par or maturity value, rate of interest, collateral, or maturity date	(d) Cost	(e) Current value
	CONOCOPHILLIPS 5.750% 2/01/19	100,000 Shares	\$ 110,999	113,679
	CVS CAREMARK 5.750% 6/01/17	32,000 Shares	34,708	35,317
	DIRECTV HLDG/FIN 3.500%3/01/16	75,000 Shares	76,738	76,956
	DIRECTV HLDG/FIN 3.500%3/01/16	110,000 Shares	112,969	112,869
	DOW CHEMICAL CO 8.550% 5/15/19	100,000 Shares	133,590	124,325
	ENTERPRISE PROD LLC 6.500% 1/31/19	80,000 Shares	101,342	91,693
	EXELON GENERATION 6.200% 10/1/17	90,000 Shares	102,390	100,010
	GEN ELEC CAP MTN 4.375% 9/16/20	155,000 Shares	170,174	169,762
	GOLDMAN SACHS 1.433% 4/30/18	150,000 Shares	152,961	151,759
	HCP INC 2.625% 2/01/20	105,000 Shares	104,715	103,909
	HEALTH CARE REIT 4.950% 1/15/21	90,000 Shares	89,828	98,962
	HIGHWOODS REALTY LP 3.20% 6/15/21	80,000 Shares	79,268	79,506
	HOME DEPOT INC 5.400% 3/01/16	80,000 Shares	84,686	84,425
	JPMORGAN CHASE & Co 2.000% due 8/15/17	165,000 Shares	166,995	166,569
	KEYCORP MTN 2.300% 12/13/18	135,000 Shares	134,915	135,466
	KINDER MORGAN ENERGY 6.000% 2/01/17	170,000 Shares	198,781	183,639
	MORGAN STANLEY 4.750% 3/22/17	100,000 Shares	110,583	106,519
	MORGAN STANLEY 1.083% 1/24/19	150,000 Shares	151,877	150,296
	OMNICOM GROUP INC 4.450% 8/15/20	80,000 Shares	83,835	86,050
	PNC FUNDING CORP 4.375% 8/11/20	110,000 Shares	118,330	120,045
	PRAXAIR INC 2.200% 8/15/22	100,000 Shares	99,785	95,821
	PRUDENTIAL FIN MTN 3.000% 5/12/16	55,000 Shares	54,959	56,358
	PRUDENTIAL FIN MTN 3.000% 5/12/16	65,000 Shares	65,661	66,605
	PUBLIC SERV COLORADO 3.200% 11/15/20	75,000 Shares	74,695	78,027
	SIMON PROP GP LP 2.150% 9/15/17	130,000 Shares	129,758	132,203
	SUNTRUST BANKS 6.000% 9/11/17	85,000 Shares	100,853	94,226
	TD AMERITRADE 5.600% 12/01/19	85,000 Shares	101,794	97,573
	TIME WARNER INC 5.875% 11/15/16	125,000 Shares	129,950	135,494
	TIME WARNER INC 6.750% 7/01/18	85,000 Shares	100,541	97,484
	UNITED TECH CORP 6.125% 2/01/19	65,000 Shares	69,912	75,466
	UNITEDHEALTH GRP 4.700% 2/15/21	65,000 Shares	67,260	73,155
	VALERO ENERGY CORP 6.125% 2/01/20	90,000 Shares	106,466	102,070
	VERIZON COMM INC 6.550% 9/15/43	85,000 Shares	107,914	108,898
	WELLS FARGO CO 5.625% 12/11/17	135,000 Shares	161,397	150,162
	Total corporate debt securities		4,959,889	4,927,625
		Total investments	\$ 59,583,837	65,451,599

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

See accompanying independent auditors' report.

**THE COMPREHENSIVE HEALTH CARE OF OHIO, INC.
RETIREMENT PLAN**

EIN: 34-1492733

Plan Number: 001

Schedule H, Line 4j – Schedule of Reportable Transactions

Year ended December 31, 2014

Single transaction involving an amount in excess of 5% of the current value of Plan assets:

(a) Identity of party involved	(b) Description of assets	(c) Purchase price	(d) Sale price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of assets on transaction date	(i) Net gain (loss)
Harbor	Harbor International Fund 82,444 sales	\$ —	5,362,963	—	—	4,606,689	5,362,963	756,274
Ishares Russel	Ishares Russell 1000 Growth ETF 74,005 sales	—	7,146,779	—	3,858	4,140,040	7,146,779	3,006,739
Oppenheimer	Oppenheimer Intl Growth FD-Y 160,958 sales	—	5,668,946	—	—	4,336,207	5,668,946	1,332,739
Pimco	PIMCO All Assets All Auth-IS 671,643 sales	—	6,125,388	—	—	7,167,715	6,125,388	(1,042,327)
Pimco	PIMCO Unconstrained Bond Fund-INS 334,572 sales	—	3,737,165	—	—	3,755,314	3,737,165	(18,149)

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

See accompanying independent auditors' report.

**THE COMPREHENSIVE HEALTH CARE OF OHIO, INC.
RETIREMENT PLAN**

EIN: 34-1492733

Plan Number: 001

Schedule H, Line 4j – Schedule of Reportable Transactions

Year ended December 31, 2014

Series of transactions involving an amount in excess of 5% of the current value of Plan assets:

(a) Identity of party involved	(b) Description of assets	(c) Purchase price	(d) Sale price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of assets on transaction date	(i) Net gain (loss)
Ishares Russel	Ishares Russell 1000 Growth ETF 74,005 sales	\$ —	7,146,779	—	3,858	4,140,040	7,146,779	3,006,739

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

See accompanying independent auditors' report.

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

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▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>The Comprehensive Health Care of Ohio, Inc. Retirement Plan</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>Comprehensive Health Care of Ohio, Inc.</u>	D Employer Identification Number (EIN) <u>34-1492733</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2014</u>			
2 Assets:			
a Market value	2a	<u>66,158,276</u>	
b Actuarial value	2b	<u>62,669,908</u>	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	<u>612</u>	<u>29,521,160</u>	<u>29,521,160</u>
b For terminated vested participants.....	<u>562</u>	<u>12,176,617</u>	<u>12,176,617</u>
c For active participants.....	<u>657</u>	<u>27,105,446</u>	<u>27,105,446</u>
d Total.....	<u>1,831</u>	<u>68,803,223</u>	<u>68,803,223</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	<u>6.51 %</u>	
6 Target normal cost	6	<u>746,544</u>	

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	<u>Jason Bravo</u> Signature of actuary	<u>10/06/2015</u> Date
	<u>Jason M. Bravo</u> Type or print name of actuary	<u>14-05569</u> Most recent enrollment number
	<u>Hewitt Associates LLC</u> Firm name	<u>(216) 573-9700</u> Telephone number (including area code)
	<u>5005 Rockside Road</u> Address of the firm	
	<u>Independence</u> Address of the firm	
	<u>OH 44131</u> Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2014
v. 140124

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	626,655
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	626,655
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>14.69%</u>	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		918073
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.7%</u>		19554
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		92,056
	c Total available at beginning of current plan year to add to prefunding balance		1029683
	d Portion of (c) to be added to prefunding balance		1029683
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	1029683

Part III Funding Percentages		14	15	16	17
14	Funding target attainment percentage		89.58 %		
15	Adjusted funding target attainment percentage		89.58 %		
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement		85.72 %		
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage				%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/14/2014	763,000				
07/01/2014	763,000				
01/09/2015	340,000				
09/08/2015	490,000				
Totals ►			18(b)	2,356,000	18(c) style="text-align: right;">0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:			
a Contributions allocated toward unpaid minimum required contributions from prior years	19a 0		
b Contributions made to avoid restrictions adjusted to valuation date	19b 0		
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 2,248,426		
20 Quarterly contributions and liquidity shortfalls:			
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No		
c If line 20a is "Yes," see instructions and complete the following table as applicable:			
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:			
a Segment rates:	1st segment: 4.99 %	2nd segment: 6.32 %	3rd segment: 6.99 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 4
22 Weighted average retirement age			22 64
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....		☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....		☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....		☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years.....	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....		31a	746,544
b Excess assets, if applicable, but not greater than line 31a		31b	0
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		7,162,998	2,530,949
b Waiver amortization installment.....		0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount.....		33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...		34	3,277,493
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	1,029,683	1,029,683
36 Additional cash requirement (line 34 minus line 35)		36	2,247,810
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....		37	2,248,426
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	616
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	616
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39	0
40 Unpaid minimum required contributions for all years		40	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected		☐ 2 plus 7 years	☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made		☐ 2008	☐ 2009 ☐ 2010 ☐ 2011
42 Amount of acceleration adjustment		42	
43 Excess installment acceleration amount to be carried over to future plan years.....		43	

Schedule SB Attachment (Form 5500)—2014 Plan Year
The Comprehensive Health Care of Ohio, Inc. Retirement Plan
EIN: 341492733 PN: 001

Schedule SB, line 19—Discounted Employer Contributions
Year applied for contributions: 2014

Date	Amount	Days to Discount to 1/1/2014 at 6.51%	Interest Adjusted Contribution
April 14, 2014	\$ 763,000	103	\$ 749,541
July 1, 2014	763,000	181	739,506
January 9, 2015	340,000	373	318,778
September 8, 2015	490,000	615	440,601
Total Contribution	\$ 2,356,000		\$ 2,248,426

Schedule SB Attachment (Form 5500)—2014 Plan Year
The Comprehensive Health Care of Ohio, Inc. Retirement Plan
EIN: 341492733 PN: 001

Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	5.00%	1.0000	2.78
56.5	5.00%	0.9500	2.68
57.5	2.00%	0.9025	1.04
58.5	2.00%	0.8845	1.03
59.5	2.00%	0.8668	1.03
60.5	5.00%	0.8494	2.57
61.5	5.00%	0.8070	2.48
62.5	20.00%	0.7666	9.58
63.5	5.00%	0.6133	1.95
64.5	5.00%	0.5826	1.88
65.5	50.00%	0.5535	18.13
66.5	50.00%	0.2767	9.20
67.5	50.00%	0.1384	4.67
68.5	50.00%	0.0692	2.37
69.5	50.00%	0.0346	1.20
70	100.00%	0.0173	1.21
Weighted Average			63.80

Schedule SB Attachment (Form 5500)—2014 Plan Year
The Comprehensive Health Care of Ohio, Inc. Retirement Plan
EIN: 341492733 PN: 001

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month look-back (as of September 2013), each adjusted as needed to fall within the 25-year average interest rate corridor under HATFA
1st Segment Rate	4.99%
2nd Segment Rate	6.32%
3rd Segment Rate	6.99%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month look-back (as of September 2013), without regard to interest rate stabilization
1st Segment Rate	1.37%
2nd Segment Rate	4.05%
3rd Segment Rate	5.06%
Salary Increases	
Minimum Funding Target Normal Cost	3.20%
Maximum Tax Expected Benefit Increase	3.20%
Social Security Wage Base Increases	Future wage indices are based on a national wage increase of 3.25% per year.
Optional Payment Form Election Percentage	80% elect life annuity 20% elect 50% joint & survivor annuity
Optional Payment Form Conversion Interest Rate	7.00%
Optional Payment Form Conversion Mortality	1994 GAR, 50% male, projected to 2002
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	65
Mortality Rates	
Healthy	2014 static mortality table for annuitants and non-annuitants per § 1.430(h)(3)-1(e)
Disabled	Revenue Ruling 96-7 mortality table for disability after December 31, 1994
Withdrawal Rates	See Table 2

Schedule SB Attachment (Form 5500)—2014 Plan Year
The Comprehensive Health Care of Ohio, Inc. Retirement Plan
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Disability Rates	See Table 3
Surviving Spouse Benefit	It is assumed that 75% of males and 75% of females have an eligible spouse, and that males are 3 years older than their spouses.
Valuation Compensation	2013 compensation rolled forward one year with salary increase assumption
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$210,000 and the IRC section 401(a)(17) compensation limit of \$260,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2012 Plan Year	7.75%, limited to 7.52%
2013 Plan Year	7.75%, limited to 7.16%
Trust Expenses Included in Target Normal Cost	\$421,028, equal to actual expenses paid for the prior plan year
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2014

Schedule SB Attachment (Form 5500)—2014 Plan Year
The Comprehensive Health Care of Ohio, Inc. Retirement Plan
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Table 1

Retirement Rates

Age	Rate
55	5.00%
56	5.00%
57	2.00%
58	2.00%
59	2.00%
60	5.00%
61	5.00%
62	20.00%
63	5.00%
64	5.00%
65	50.00%
66	50.00%
67	50.00%
68	50.00%
69	50.00%
70+	100.00%

Schedule SB Attachment (Form 5500)—2014 Plan Year
The Comprehensive Health Care of Ohio, Inc. Retirement Plan
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Table 2

Withdrawal Rates

Age	Rate	Age	Rate
15	39.292%	45	5.645%
16	39.292%	46	5.545%
17	39.292%	47	5.436%
18	39.292%	48	5.382%
19	21.681%	49	5.318%
20	19.206%	50	5.118%
21	23.353%	51	4.982%
22	24.475%	52	4.864%
23	24.002%	53	4.636%
24	22.209%	54	3.927%
25	20.361%	55	2.655%
26	18.689%	56	2.045%
27	17.083%	57	1.873%
28	15.565%	58	1.927%
29	14.322%	59	2.064%
30	13.409%	60	2.000%
31	12.584%	61	2.118%
32	11.770%	62	2.327%
33	10.901%	63	2.273%
34	10.175%	64	2.382%
35	9.658%	65+	0.000%
36	9.207%		
37	8.800%		
38	8.338%		
39	7.953%		
40	6.364%		
41	6.109%		
42	5.945%		
43	5.845%		
44	5.755%		

Schedule SB Attachment (Form 5500)—2014 Plan Year
The Comprehensive Health Care of Ohio, Inc. Retirement Plan
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Table 3

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.03%	0.03%	45	0.16%	0.24%
16	0.03%	0.03%	46	0.18%	0.27%
17	0.03%	0.03%	47	0.21%	0.30%
18	0.03%	0.03%	48	0.25%	0.33%
19	0.03%	0.03%	49	0.28%	0.36%
20	0.03%	0.03%	50	0.33%	0.40%
21	0.03%	0.03%	51	0.39%	0.44%
22	0.03%	0.03%	52	0.46%	0.49%
23	0.03%	0.03%	53	0.53%	0.54%
24	0.03%	0.03%	54	0.61%	0.59%
25	0.03%	0.03%	55	0.69%	0.64%
26	0.03%	0.03%	56	0.77%	0.69%
27	0.03%	0.03%	57	0.86%	0.74%
28	0.03%	0.04%	58	0.95%	0.80%
29	0.03%	0.04%	59	1.05%	0.85%
30	0.03%	0.04%	60	1.15%	0.90%
31	0.03%	0.05%	61	1.26%	0.96%
32	0.03%	0.05%	62	1.38%	1.01%
33	0.03%	0.06%	63	1.51%	1.05%
34	0.03%	0.06%	64	1.64%	1.09%
35	0.04%	0.07%	65+	0.00%	0.00%
36	0.04%	0.08%			
37	0.05%	0.09%			
38	0.06%	0.10%			
39	0.07%	0.12%			
40	0.08%	0.13%			
41	0.09%	0.15%			
42	0.10%	0.17%			
43	0.12%	0.19%			
44	0.14%	0.22%			

Schedule SB Attachment (Form 5500)—2014 Plan Year
The Comprehensive Health Care of Ohio, Inc. Retirement Plan
EIN: 341492733 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

Effective Date

July 1, 1984.

Participant Eligibility

Hired prior to July 1, 2003. Benefits were frozen for specific participant groups at June 30, 2003 and December 31, 2009. Actives participants who were age 55 with 20 years of service at December 31, 2009 and elected to stay in the plan continue to accrue benefits.

Normal Retirement

Eligibility

First day of the month on or after attaining age 65. For participants hired after age 60, normal retirement date is five years after date of hire.

Benefit

The greater of (a), (b), AND (c):

- (a) 1.20% of Average Monthly Compensation plus 0.65% of Average Monthly Compensation in excess of Social Security Covered Compensation, the sum multiplied by Benefit Service up to a maximum of 25 years.
- (b) \$16.00 multiplied by Benefit Service up to a maximum of 25 years.
- (c) Accrued benefit under the plan provisions in effect as of June 30, 1989.

Early Retirement

Eligibility

Age 55 and five years of Credited Service.

Benefit

Accrued Benefit actuarially reduced for commencement at Early Retirement Date.

Disabled Retirement

Eligibility

Ten years of Credited Service and termination of employment due to a permanent disability.

Benefit

Accrued Benefit commencing on the first of the month following five months of disability.

Schedule SB Attachment (Form 5500)—2014 Plan Year
The Comprehensive Health Care of Ohio, Inc. Retirement Plan
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Deferred Vested Retirement

Eligibility

Five years of Credited Service.

Benefit

Accrued Benefit commencing at Normal Retirement Date or the actuarially reduced Accrued Benefit commencing at Early Retirement Date.

Survivor Benefit

Eligibility

Any participant eligible for a vested retirement benefit who has been married for at least one year.

Benefit

50% of the participant's Accrued Benefit reduced for both Joint and 50% Survivor form and early receipt and payable at the participant's earliest retirement age.

Definitions

Average Monthly Compensation

The sum of a participant's compensation (annualized if participant's compensated hours in any calendar year is less than 1,800) during the five highest consecutive completed calendar years out of the last 10 years prior to the Date of Termination (or date of benefit freeze, if earlier), divided by 60. Eligible compensation generally is wages paid by the employer in addition to any section 125 plan, 401(k), or 403(b) plan contribution.

Compensated Hours

Hours of Service for which a participant was compensated.

Noncompensated Hours

Hours of Service for which participant was scheduled to work, but did not and was not compensated.

Credited Service

One year is credited for each calendar year in which a participant's actual hours (compensated plus noncompensated) are at least 1,000 hours.

Benefit Service

Determined according to the following schedule based on Compensated Hours of Service in a calendar year:

Compensated Hours	Benefit Service
1,800+	100%
1,640–1,799	90%
1,480–1,639	80%
1,320–1,479	70%
1,160–1,319	60%
1,000–1,159	50%
0–999	0%

Schedule SB Attachment (Form 5500)—2014 Plan Year
The Comprehensive Health Care of Ohio, Inc. Retirement Plan
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Social Security Covered Compensation	The average of the maximum taxable wage bases for the 35 calendar years ending with the year that a participant attains Social Security Normal Retirement Age. Frozen for some participants as of June 30, 2003 or December 31, 2009.
Accrued Benefit	The Normal Retirement Benefit multiplied by the Credited Service Ratio. In determining the Normal Retirement Benefit, Benefit Service is computed as the sum of: (a) Benefit Service at determination date; and (b) The ratio of (a) to elapsed time from date of plan entry to the determination date, multiplied by number of years from the date of determination to Normal Retirement Age. The Accrued Benefit is frozen for some participants as of June 30, 2003 or December 31, 2009.
Credited Service Ratio	The numerator equals Credited Service at the date of determination and the denominator equals Credited Service at the determination date plus the number of years from the date of determination to Normal Retirement Age.
Normal Form of Payment	Single Life Annuity.
Optional Forms of Payment	50%, 66-2/3%, 75%, and 100% Joint and Survivor Annuity; 5- and 10-year Certain and Life Annuity

Plan Changes Since the Prior Year

The funding valuation reflects the following plan changes:

- The IRC section 415 defined benefit limit increased from \$205,000 in 2013 to \$210,000 in 2014.
- The IRC section 401(a)(17) compensation limit increased from \$255,000 in 2013 to \$260,000 in 2014.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Schedule SB Attachment (Form 5500)—2014 Plan Year
The Comprehensive Health Care of Ohio, Inc. Retirement Plan
EIN: 341492733 PN: 001

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2014

Number of Participants and Average Compensation

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34		1	2	11						
35-39		1	6	40 \$55,749	10	2				
40-44		3	1	19	31 \$64,102	11				
45-49		2	2	22 \$52,864	26 \$69,989	34 \$59,886	15			
50-54		1		22 \$56,800	27 \$76,928	32 \$54,335	20 \$50,860	15	4	
55-59		1	2	22 \$45,003	25 \$60,611	32 \$66,856	30 \$49,380	15	33 \$57,545	2
60-64			2	20 \$45,922	12	24 \$46,710	16	10	14	8
65-69			1	7	2	5	1	4	1	4
70+			1	1	2					

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Schedule SB Attachment (Form 5500)—2014 Plan Year
The Comprehensive Health Care of Ohio, Inc. Retirement Plan
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Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 1,870,485	January 1, 2009	2	\$ 958,009
Shortfall	\$ 2,187,382	January 1, 2010	3	\$ 764,906
Shortfall	\$ 4,667,634	January 1, 2011	4	\$ 1,253,474
Shortfall	\$ (4,594,056)	January 1, 2012	5	\$ (1,010,399)
Shortfall	\$ 2,626,297	January 1, 2013	6	\$ 497,136
Shortfall	\$ 405,256	January 1, 2014	7	\$ 67,823

Schedule SB Attachment (Form 5500)—2014 Plan Year
The Comprehensive Health Care of Ohio, Inc. Retirement Plan
EIN: 341492733 PN: 001

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2014

Date	Amount	Days to Discount to 1/1/2014 at 6.51%	Interest Adjusted Contribution
April 14, 2014	\$ 763,000	103	\$ 749,541
July 1, 2014	763,000	181	739,506
January 9, 2015	340,000	373	318,778
September 8, 2015	<u>490,000</u>	615	<u>440,601</u>
Total Contribution	\$ 2,356,000		\$ 2,248,426

Schedule SB Attachment (Form 5500)—2014 Plan Year
The Comprehensive Health Care of Ohio, Inc. Retirement Plan
EIN: 341492733 PN: 001

Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	5.00%	1.0000	2.78
56.5	5.00%	0.9500	2.68
57.5	2.00%	0.9025	1.04
58.5	2.00%	0.8845	1.03
59.5	2.00%	0.8668	1.03
60.5	5.00%	0.8494	2.57
61.5	5.00%	0.8070	2.48
62.5	20.00%	0.7666	9.58
63.5	5.00%	0.6133	1.95
64.5	5.00%	0.5826	1.88
65.5	50.00%	0.5535	18.13
66.5	50.00%	0.2767	9.20
67.5	50.00%	0.1384	4.67
68.5	50.00%	0.0692	2.37
69.5	50.00%	0.0346	1.20
70	100.00%	0.0173	1.21
Weighted Average			63.80

Schedule SB Attachment (Form 5500)—2014 Plan Year
The Comprehensive Health Care of Ohio, Inc. Retirement Plan
EIN: 341492733 PN: 001

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2014

Attained Age	Number of Participants and Average Compensation									
	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34		1	2	11						
35-39		1	6	40 \$55,749	10	2				
40-44		3	1	19	31 \$64,102	11				
45-49		2	2	22 \$52,864	26 \$69,989	34 \$59,886	15			
50-54		1		22 \$56,800	27 \$76,928	32 \$54,335	20 \$50,860	15	4	
55-59		1	2	22 \$45,003	25 \$60,611	32 \$66,856	30 \$49,380	15	33 \$57,545	2
60-64			2	20 \$45,922	12	24 \$46,710	16	10	14	8
65-69			1	7	2	5	1	4	1	4
70+			1	1	2					

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Schedule SB Attachment (Form 5500)—2014 Plan Year
The Comprehensive Health Care of Ohio, Inc. Retirement Plan
EIN: 341492733 PN: 001

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month look-back (as of September 2013), each adjusted as needed to fall within the 25-year average interest rate corridor under HATFA
1st Segment Rate	4.99%
2nd Segment Rate	6.32%
3rd Segment Rate	6.99%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month look-back (as of September 2013), without regard to interest rate stabilization
1st Segment Rate	1.37%
2nd Segment Rate	4.05%
3rd Segment Rate	5.06%
Salary Increases	
Minimum Funding Target Normal Cost	3.20%
Maximum Tax Expected Benefit Increase	3.20%
Social Security Wage Base Increases	Future wage indices are based on a national wage increase of 3.25% per year.
Optional Payment Form Election Percentage	80% elect life annuity 20% elect 50% joint & survivor annuity
Optional Payment Form Conversion Interest Rate	7.00%
Optional Payment Form Conversion Mortality	1994 GAR, 50% male, projected to 2002
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	65
Mortality Rates	
Healthy	2014 static mortality table for annuitants and non-annuitants per § 1.430(h)(3)-1(e)
Disabled	Revenue Ruling 96-7 mortality table for disability after December 31, 1994
Withdrawal Rates	See Table 2

Schedule SB Attachment (Form 5500)—2014 Plan Year
The Comprehensive Health Care of Ohio, Inc. Retirement Plan
EIN: 341492733 PN: 001

Disability Rates	See Table 3
Surviving Spouse Benefit	It is assumed that 75% of males and 75% of females have an eligible spouse, and that males are 3 years older than their spouses.
Valuation Compensation	2013 compensation rolled forward one year with salary increase assumption
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$210,000 and the IRC section 401(a)(17) compensation limit of \$260,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2012 Plan Year	7.75%, limited to 7.52%
2013 Plan Year	7.75%, limited to 7.16%
Trust Expenses Included in Target Normal Cost	\$421,028, equal to actual expenses paid for the prior plan year
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2014

Schedule SB Attachment (Form 5500)—2014 Plan Year
The Comprehensive Health Care of Ohio, Inc. Retirement Plan
EIN: 341492733 PN: 001

Table 1

Retirement Rates	
Age	Rate
55	5.00%
56	5.00%
57	2.00%
58	2.00%
59	2.00%
60	5.00%
61	5.00%
62	20.00%
63	5.00%
64	5.00%
65	50.00%
66	50.00%
67	50.00%
68	50.00%
69	50.00%
70+	100.00%

Schedule SB Attachment (Form 5500)—2014 Plan Year
The Comprehensive Health Care of Ohio, Inc. Retirement Plan
EIN: 341492733 PN: 001

Table 2

Withdrawal Rates

Age	Rate	Age	Rate
15	39.292%	45	5.645%
16	39.292%	46	5.545%
17	39.292%	47	5.436%
18	39.292%	48	5.382%
19	21.681%	49	5.318%
20	19.206%	50	5.118%
21	23.353%	51	4.982%
22	24.475%	52	4.864%
23	24.002%	53	4.636%
24	22.209%	54	3.927%
25	20.361%	55	2.655%
26	18.689%	56	2.045%
27	17.083%	57	1.873%
28	15.565%	58	1.927%
29	14.322%	59	2.064%
30	13.409%	60	2.000%
31	12.584%	61	2.118%
32	11.770%	62	2.327%
33	10.901%	63	2.273%
34	10.175%	64	2.382%
35	9.658%	65+	0.000%
36	9.207%		
37	8.800%		
38	8.338%		
39	7.953%		
40	6.364%		
41	6.109%		
42	5.945%		
43	5.845%		
44	5.755%		

Schedule SB Attachment (Form 5500)—2014 Plan Year
The Comprehensive Health Care of Ohio, Inc. Retirement Plan
EIN: 341492733 PN: 001

Table 3

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.03%	0.03%	45	0.16%	0.24%
16	0.03%	0.03%	46	0.18%	0.27%
17	0.03%	0.03%	47	0.21%	0.30%
18	0.03%	0.03%	48	0.25%	0.33%
19	0.03%	0.03%	49	0.28%	0.36%
20	0.03%	0.03%	50	0.33%	0.40%
21	0.03%	0.03%	51	0.39%	0.44%
22	0.03%	0.03%	52	0.46%	0.49%
23	0.03%	0.03%	53	0.53%	0.54%
24	0.03%	0.03%	54	0.61%	0.59%
25	0.03%	0.03%	55	0.69%	0.64%
26	0.03%	0.03%	56	0.77%	0.69%
27	0.03%	0.03%	57	0.86%	0.74%
28	0.03%	0.04%	58	0.95%	0.80%
29	0.03%	0.04%	59	1.05%	0.85%
30	0.03%	0.04%	60	1.15%	0.90%
31	0.03%	0.05%	61	1.26%	0.96%
32	0.03%	0.05%	62	1.38%	1.01%
33	0.03%	0.06%	63	1.51%	1.05%
34	0.03%	0.06%	64	1.64%	1.09%
35	0.04%	0.07%	65+	0.00%	0.00%
36	0.04%	0.08%			
37	0.05%	0.09%			
38	0.06%	0.10%			
39	0.07%	0.12%			
40	0.08%	0.13%			
41	0.09%	0.15%			
42	0.10%	0.17%			
43	0.12%	0.19%			
44	0.14%	0.22%			

Schedule SB Attachment (Form 5500)—2014 Plan Year
The Comprehensive Health Care of Ohio, Inc. Retirement Plan
EIN: 341492733 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

Effective Date July 1, 1984.

Participant Eligibility Hired prior to July 1, 2003. Benefits were frozen for specific participant groups at June 30, 2003 and December 31, 2009. Actives participants who were age 55 with 20 years of service at December 31, 2009 and elected to stay in the plan continue to accrue benefits.

Normal Retirement Eligibility First day of the month on or after attaining age 65. For participants hired after age 60, normal retirement date is five years after date of hire.

Benefit The greater of (a), (b), AND (c):

- (a) 1.20% of Average Monthly Compensation plus 0.65% of Average Monthly Compensation in excess of Social Security Covered Compensation, the sum multiplied by Benefit Service up to a maximum of 25 years.
- (b) \$16.00 multiplied by Benefit Service up to a maximum of 25 years.
- (c) Accrued benefit under the plan provisions in effect as of June 30, 1989.

Early Retirement Eligibility Age 55 and five years of Credited Service.

Benefit Accrued Benefit actuarially reduced for commencement at Early Retirement Date.

Disabled Retirement Eligibility Ten years of Credited Service and termination of employment due to a permanent disability.

Benefit Accrued Benefit commencing on the first of the month following five months of disability.

Schedule SB Attachment (Form 5500)—2014 Plan Year
The Comprehensive Health Care of Ohio, Inc. Retirement Plan
EIN: 341492733 PN: 001

Deferred Vested Retirement

Eligibility

Five years of Credited Service.

Benefit

Accrued Benefit commencing at Normal Retirement Date or the actuarially reduced Accrued Benefit commencing at Early Retirement Date.

Survivor Benefit

Eligibility

Any participant eligible for a vested retirement benefit who has been married for at least one year.

Benefit

50% of the participant's Accrued Benefit reduced for both Joint and 50% Survivor form and early receipt and payable at the participant's earliest retirement age.

Definitions

Average Monthly Compensation

The sum of a participant's compensation (annualized if participant's compensated hours in any calendar year is less than 1,800) during the five highest consecutive completed calendar years out of the last 10 years prior to the Date of Termination (or date of benefit freeze, if earlier), divided by 60. Eligible compensation generally is wages paid by the employer in addition to any section 125 plan, 401(k), or 403(b) plan contribution.

Compensated Hours

Hours of Service for which a participant was compensated.

Noncompensated Hours

Hours of Service for which participant was scheduled to work, but did not and was not compensated.

Credited Service

One year is credited for each calendar year in which a participant's actual hours (compensated plus noncompensated) are at least 1,000 hours.

Benefit Service

Determined according to the following schedule based on Compensated Hours of Service in a calendar year:

Compensated Hours	Benefit Service
1,800+	100%
1,640–1,799	90%
1,480–1,639	80%
1,320–1,479	70%
1,160–1,319	60%
1,000–1,159	50%
0–999	0%

Schedule SB Attachment (Form 5500)—2014 Plan Year
The Comprehensive Health Care of Ohio, Inc. Retirement Plan
EIN: 341492733 PN: 001

Social Security Covered Compensation	The average of the maximum taxable wage bases for the 35 calendar years ending with the year that a participant attains Social Security Normal Retirement Age. Frozen for some participants as of June 30, 2003 or December 31, 2009.
Accrued Benefit	The Normal Retirement Benefit multiplied by the Credited Service Ratio. In determining the Normal Retirement Benefit, Benefit Service is computed as the sum of: (a) Benefit Service at determination date; and (b) The ratio of (a) to elapsed time from date of plan entry to the determination date, multiplied by number of years from the date of determination to Normal Retirement Age. The Accrued Benefit is frozen for some participants as of June 30, 2003 or December 31, 2009.
Credited Service Ratio	The numerator equals Credited Service at the date of determination and the denominator equals Credited Service at the determination date plus the number of years from the date of determination to Normal Retirement Age.
Normal Form of Payment	Single Life Annuity.
Optional Forms of Payment	50%, 66-2/3%, 75%, and 100% Joint and Survivor Annuity; 5- and 10-year Certain and Life Annuity

Plan Changes Since the Prior Year

The funding valuation reflects the following plan changes:

- The IRC section 415 defined benefit limit increased from \$205,000 in 2013 to \$210,000 in 2014.
- The IRC section 401(a)(17) compensation limit increased from \$255,000 in 2013 to \$260,000 in 2014.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Schedule SB Attachment (Form 5500)—2014 Plan Year
The Comprehensive Health Care of Ohio, Inc. Retirement Plan
EIN: 341492733 PN: 001

Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 1,870,485	January 1, 2009	2	\$ 958,009
Shortfall	\$ 2,187,382	January 1, 2010	3	\$ 764,906
Shortfall	\$ 4,667,634	January 1, 2011	4	\$ 1,253,474
Shortfall	\$ (4,594,056)	January 1, 2012	5	\$ (1,010,399)
Shortfall	\$ 2,626,297	January 1, 2013	6	\$ 497,136
Shortfall	\$ 405,256	January 1, 2014	7	\$ 67,823

**THE COMPREHENSIVE HEALTH CARE OF OHIO, INC.
RETIREMENT PLAN**

EIN: 34-1492733

Plan Number: 001

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

December 31, 2014

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment, including par or maturity value, rate of interest, collateral, or maturity date	(d) Cost	(e) Current value
	Cash and Cash Equivalents:			
	Cash	35,094,768 units	\$ 35,094,768	35,094,768
	Total Cash and cash equivalents		<u>35,094,768</u>	<u>35,094,768</u>
	Mutual funds:			
	PIMCO UNCONSTRAINED BOND FUND-INS	625 Shares	7,016	6,989
	Total mutual funds		<u>7,016</u>	<u>6,989</u>
	U.S. government securities:			
	FHLMC GD PL #A95407 4.000% 12/01/40	105,846 Shares	107,549	113,005
	FHLMC GD PL #E01545 5.000% 1/01/19	21,548 Shares	21,641	22,861
	FHLMC GD PL #G01989 6.000% 12/01/35	45,402 Shares	46,147	51,913
	FHLMC GD PL #G08016 6.000% 10/01/34	40,043 Shares	41,509	45,885
	FHLMC GD PL #G 12806 5.500% 9/01/22	38,796 Shares	39,523	42,363
	FHLMC GD PL #Q08998 3.500% 6/01/42	238,796 Shares	253,217	248,687
	FHLMC GD PL #G08566 3.500% 1/01/44	301,558 Shares	304,785	313,886
	FNMA PL #3135G0ES8 1.375% 11/15/16	390,000 Shares	394,643	395,257
	FNMA PL #555532 7.000% 12/01/17	414 Shares	441	426
	FNMA PL #586318 6.500% 6/01/31	1,320 Shares	1,304	1,503
	FNMA PL #588936 6.500% 6/01/31	1,006 Shares	1,001	1,146
	FNMA PL #725424 5.500% 4/01/34	50,099 Shares	50,252	56,453
	FNMA PL #735667 5.000% 7/01/35	52,999 Shares	54,535	58,699
	FNMA PL #AH5583 4.500% 2/01/41	104,522 Shares	107,331	113,573
	FNMA PL #AJ9355 3.000% 1/01/27	221,772 Shares	230,361	231,115
	FNMA PL #AK6784 3.000% 3/01/27	151,087 Shares	158,122	157,446
	FNMA PL #MA0322 4.000% 2/01/20	56,667 Shares	58,870	60,028
	FNMA PL #MA1446 3.500% 5/01/33	258,159 Shares	278,126	272,345
	FNMA PL #AT2937 3.000% 5/01/43	307,820 Shares	301,952	311,806
	FNMA PL #AU1629 3.000% 7/01/43	327,298 Shares	324,268	331,533
	FNMA PL #AX6156 4.000% 11/01/44	345,604 Shares	367,907	369,295
	GNMA PL #781158 8.000% 4/15/30	2,801 Shares	2,907	3,469
	U.S. TREASURY BONDS 3.000% 5/15/42	440,000 Shares	413,679	462,480
	U.S. TREASURY BONDS 1.750% 5/15/23	295,000 Shares	280,488	287,233
	U.S. TREASURY NOTES 1.250% 9/30/15	225,000 Shares	227,146	226,723
	U.S. TREASURY NOTES 2.125% 12/31/15	185,000 Shares	190,673	188,367
	U.S. TREASURY NOTES 2.750% 2/15/19	175,000 Shares	178,235	184,105
	U.S. TREASURY NOTES 2.125% 12/31/15	1,075,000 Shares	1,101,569	1,094,565
	U.S. TREASURY NOTES 2.750% 2/15/24	200,000 Shares	200,266	210,454
	U.S. TREASURY NOTES 2.750% 2/15/24	355,000 Shares	360,179	373,556
	U.S. TREASURY NOTES 3.875% 8/15/40	100,000 Shares	110,738	122,078
	U.S. TREASURY NOTES 3.625% 2/15/44	285,000 Shares	303,368	335,388
	Total U.S. government securities		<u>6,512,732</u>	<u>6,687,643</u>
	Corporate stocks:			
	2U INC	1,220 Shares	15,098	23,985
	ABBOTT LABS	3,100 Shares	118,455	139,562
	ACTAVIS PLC	748 Shares	93,377	192,543
	ACTUANT CORP CL A NEW	3,540 Shares	101,596	96,430
	ADTRAN INC	3,350 Shares	70,869	73,030
	ADVENT SOFTWARE INC	820 Shares	19,309	25,125
	AGILENT TECHNOLOGIES INC	2,000 Shares	55,889	81,880
	AGNICO EAGLE MINES LTD	1,360 Shares	44,714	33,850
	AIRCASLE LTD	5,230 Shares	94,750	111,765
	AKAMAI TECHNOLOGIES INC	740 Shares	22,364	46,590
	ALBEMARLE CORP	660 Shares	25,064	39,686
	ALLEGHENY TECHNOLOGIES INC	1,480 Shares	52,153	51,460
	ALLSCRIPTS HEALTHCARE SOLUTIONS INC	1,850 Shares	23,923	23,625
	ALLSTATE CORP	2,300 Shares	59,687	161,575
	ALTERA CORP	780 Shares	14,815	28,813
	AMERICAN AIRLINES GROUP INC	1,000 Shares	6,313	53,630

**THE COMPREHENSIVE HEALTH CARE OF OHIO, INC.
RETIREMENT PLAN**

EIN: 34-1492733

Plan Number: 001

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

December 31, 2014

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment, including par or maturity value, rate of interest, collateral, or maturity date	(d) Cost	(e) Current value
	AMERICAN EXPRESS CO	1,100 Shares	\$ 47,237	102,344
	AMERICAN INTERNATIONAL GROUP	2,900 Shares	111,698	162,429
	AMERISOURCEBERGEN CORP	3,500 Shares	84,819	315,560
	APPLE INC	2,800 Shares	159,315	309,064
	ARES COMMERCIAL REAL ESTATE CRP REIT	1,900 Shares	24,402	21,812
	ARMSTRONG WORLD INDUSTRIES INC	610 Shares	31,584	31,183
	ATLAS AIR WORLDWIDE HLDGS INC	1,670 Shares	62,410	82,331
	ATMEL CORP	3,590 Shares	27,421	30,138
	AUTOLIV INC	440 Shares	8,902	46,693
	AVG TECHNOLOGIES	4,175 Shares	84,184	82,414
	BAKER HUGHES INC	2,000 Shares	130,255	112,140
	BANK OF NEW YORK MELLON CORP	4,000 Shares	129,542	162,280
	BANKUNITED INC	3,410 Shares	99,591	98,788
	BAXTER INTL INC	2,300 Shares	106,509	168,567
	BBCN BANCORP INC	4,990 Shares	81,222	71,756
	BEACON ROOFING SUPPLY INC	3,340 Shares	114,403	92,852
	BELDEN INC	1,540 Shares	55,630	121,367
	BERRY PLASTICS G	2,920 Shares	49,724	92,126
	BIOMARIN PHARMACEUTICAL INC	190 Shares	2,381	17,176
	BOISE CASCADE CO	1,100 Shares	24,750	40,865
	BORG-WARNER INC	2,400 Shares	74,680	131,880
	BRIGHTCOVE INC	6,050 Shares	40,616	47,069
	BRINKS CO	2,930 Shares	75,577	71,521
	CABOT CORP	1,855 Shares	64,393	81,360
	CABOT OIL & GAS CORP	1,160 Shares	8,092	34,348
	CAESAR STONE SDOT-YAM LTD	1,360 Shares	30,790	81,355
	CARDTRONICS INC	3,080 Shares	107,116	118,826
	CAREER EDUCATION CORP	144 Shares	830	1,002
	CARLISLE COS INC	340 Shares	14,242	30,682
	CARRIZO OIL & GAS INC	2,260 Shares	58,099	94,016
	CATAMARAN CORPORATION	650 Shares	13,037	33,637
	CATHAY GENERAL BANCORP	4,380 Shares	76,798	112,084
	CBS CORPORATION CLASS B W/I	2,300 Shares	72,708	127,282
	CELANESE CORP-A	300 Shares	11,260	17,988
	CELLADON CORP	918 Shares	10,688	17,929
	CHEVRON CORPORATION	1,900 Shares	110,384	213,142
	CHICOS FAS INC COM	1,323 Shares	8,299	21,446
	CISCO SYSTEMS INC	4,900 Shares	120,205	136,293
	COGENT COMMUNICATIONS HOLDINGS	2,754 Shares	29,070	97,464
	CONOCOPHILLIPS	2,208 Shares	132,197	152,484
	CONSOL ENERGY INC	450 Shares	16,096	15,215
	CONTINENTAL RESOURCES INC/OK	1,000 Shares	13,029	38,360
	CONTROL 4 CORP	1,090 Shares	13,967	16,753
	CONTROLADORA VUELA CIA SPONS ADR	6,660 Shares	67,664	60,073
	COOPER COS INC	758 Shares	30,020	122,864
	CYPRESS SEMICONDUCTOR CORP	4,323 Shares	50,570	61,732
	DARLING INGREDIENTS INC	5,680 Shares	97,061	103,149
	DEERE & CO	1,400 Shares	104,074	123,858
	DELEK US HOLDINGS INC	3,870 Shares	126,635	105,574
	DEXCOM	2,339 Shares	18,268	128,762
	DIEBOLD INC	2,680 Shares	78,192	92,835
	DIRECTV	2,100 Shares	175,655	182,070
	DISCOVER FINL SVCS	3,600 Shares	211,250	235,764
	DOVER CORP	2,100 Shares	76,278	150,612
	DRIL-QUIP INC	500 Shares	21,436	38,365
	DTS INC	1,630 Shares	36,867	50,123
	E TRADE FINANCIAL CORP	1,240 Shares	25,195	30,076
	EAGLE MATERIALS INC	1,030 Shares	26,630	78,311
	EBAY INC	1,800 Shares	87,899	101,016
	EDWARDS LIFESCIENCES CORP	360 Shares	23,285	45,857

**THE COMPREHENSIVE HEALTH CARE OF OHIO, INC.
RETIREMENT PLAN**

EIN: 34-1492733

Plan Number: 001

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

December 31, 2014

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment, including par or maturity value, rate of interest, collateral, or maturity date	(d) Cost	(e) Current value
	ELECTRONIC ARTS INC	1,300 Shares	\$ 16,700	61,120
	ELLIEMAE INC	620 Shares	15,832	24,998
	EMC CORP/MASS	3,900 Shares	82,044	115,986
	EMERALD OIL INC	7,320 Shares	41,384	8,784
	ENERSYS COM	1,700 Shares	105,800	104,924
	EOG RES INC	1,100 Shares	105,132	101,277
	EVEREST RE GROUP LIMITED	370 Shares	23,335	63,011
	EVERTEC INC	4,330 Shares	103,314	95,823
	EXELIS INC	5,900 Shares	64,575	103,427
	EXPRESS INC	4,810 Shares	88,902	70,659
	EXPRESS SCRIPTS HLDG	1,800 Shares	92,391	152,406
	FAIRCHILD SEMICONDUCTOR INTL INC	2,670 Shares	39,549	45,070
	FINISH LINE INC CL A	3,320 Shares	90,863	80,709
	FLEETMATICS GROUP PLC COM	1,500 Shares	46,942	53,235
	FLEXTRONICS INTL LTD	5,220 Shares	45,342	58,360
	FMC CORP	540 Shares	3,385	30,796
	FORTINET INC	1,550 Shares	28,008	47,523
	FORUM ENERGY TECHNOLOGIES INC	3,460 Shares	95,397	71,726
	FOX FACTORY HOLDING CORP	2,587 Shares	39,390	41,987
	FREEPORT-MCMORAN INC	4,200 Shares	147,977	98,112
	GENERACHOLDINGS	2,240 Shares	92,371	104,742
	GENERAL ELECTRIC CORP	10,700 Shares	158,541	270,389
	GENESCO INC	1,360 Shares	84,988	104,203
	GLOBAL PMTS INC	320 Shares	13,544	25,834
	GLOBE SPECIALTY METALS INC	3,084 Shares	43,888	53,137
	GOGOINC	2,845 Shares	46,486	47,028
	GOLDMAN SACHS GROUP INC	700 Shares	93,435	135,681
	GREEN DOT CORP CL A	4,930 Shares	102,207	101,016
	GROUP 1 AUTOMOTIVE INC	1,225 Shares	78,755	109,785
	HAEMONETICS CORP	2,690 Shares	112,522	100,660
	HARMAN INTERNATIONAL INDS	630 Shares	15,196	67,227
	HARSCO CORP	940 Shares	20,537	17,757
	HCC INS HLDGS INC	600 Shares	16,451	32,112
	HEARTWARE INTL INC	310 Shares	23,835	22,763
	HOME LOAN SERVICING SOLUTIONS LTD	4,819 Shares	95,010	94,067
	HONEYWELL INTERNATIONAL INC	1,900 Shares	55,989	189,848
	HORSEHEAD HOLDING CORP	874 Shares	8,718	13,835
	HUB GROUP INC	790 Shares	19,141	30,083
	HUBBELL INC CL B	140 Shares	6,580	14,956
	ILLUMINA INC	560 Shares	12,138	103,365
	IMAX CORP	1,300 Shares	25,793	40,170
	INSULET CORP	2,840 Shares	24,049	130,810
	INTEGRA LIFESCIENCES CORP	1,460 Shares	51,043	79,176
	INTEGRATED DEVICE TECHNOLOGY INC	2,060 Shares	20,312	40,376
	INTEL CORP	6,300 Shares	135,417	228,627
	INTERNATIONAL RECTIFIER CORP	1,120 Shares	22,241	44,688
	INTEROIL CORP	1,020 Shares	45,547	49,766
	INTERSECT ENT INC	250 Shares	2,750	4,638
	ITRON INC	1,228 Shares	50,093	51,932
	JABIL CIRCUIT INC	2,150 Shares	30,595	46,935
	JACOBS ENGR GROUP INC	209 Shares	6,017	9,340
	JDS UNIPHASE CORP	8,080 Shares	94,145	110,858
	JETBLUE AIRWAYS CORP	3,460 Shares	21,744	54,876
	JPMORGAN CHASE & CO	4,800 Shares	209,866	300,384
	KAISER ALUMINUM CORP	1,370 Shares	90,338	97,859
	KANSAS CITY SOUTHERN	200 Shares	3,131	24,406
	KAR AUCTION SERVICES INC	1,040 Shares	18,200	36,036
	KBR INC	580 Shares	16,635	9,831
	KIRBY CORP	250 Shares	3,194	20,185
	KRATON PERFORMANCE POLYMERS	3,090 Shares	60,482	64,241

**THE COMPREHENSIVE HEALTH CARE OF OHIO, INC.
RETIREMENT PLAN**

EIN: 34-1492733

Plan Number: 001

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

December 31, 2014

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment, including par or maturity value, rate of interest, collateral, or maturity date	(d) Cost	(e) Current value
	LA QUINTA HOLDINGS INC	4,545 Shares	\$ 77,694	100,263
	LENNOX INTERNATIONAL INC	960 Shares	32,091	91,267
	LEUCADIA NATIONAL CORP	1,377 Shares	21,283	30,872
	LIONS GATE ENTMT CORP	1,900 Shares	13,173	60,838
	LOUISIANA PAC CORP	4,440 Shares	73,979	73,526
	LPL FINANCIAL HOLDINGS INC	610 Shares	18,457	27,176
	MAGELLAN HEALTH SERVICES INC	1,815 Shares	92,326	108,954
	MARATHON PETROLEUM CORPORATION	1,200 Shares	105,509	108,312
	MARINEMAX INC	1,450 Shares	22,755	29,073
	MARTIN MARIETTA MATLS INC	240 Shares	20,715	26,477
	MASTEC INC	1,059 Shares	28,802	23,944
	MAXIM INTEGRATED PRODS INC	1,380 Shares	34,437	43,981
	MCDERMOTT INTL INC F	1,690 Shares	21,712	4,918
	MEDNAX INC	2,580 Shares	125,241	170,564
	MENTORGRAPHICSCORP	4,910 Shares	107,209	107,627
	MERITOR INCORPORATED	3,670 Shares	44,819	55,601
	MICROSEMI CORP	4,090 Shares	87,417	116,074
	MICROSOFT CORP	2,400 Shares	51,031	111,480
	MODINE MFG CO	1,730 Shares	17,293	23,528
	MONOLITHIC POWER	1,800 Shares	29,509	89,532
	MRC GLOBAL INC	1,994 Shares	43,704	30,209
	MYRIAD GENETICS INC	1,120 Shares	29,018	38,147
	NEXTERA ENERGY INC	1,700 Shares	70,174	180,693
	OFFICE DEPOT INC	11,685 Shares	57,085	100,199
	ON SEMICONDUCTOR CORP	3,130 Shares	22,945	31,707
	ORACLE CORPORATION	2,800 Shares	91,954	125,916
	ORBITZ WORLDWIDE	9,880 Shares	86,846	81,312
	PACKAGING CORP OF AMERICA	440 Shares	9,953	34,342
	PACWEST BANCORP	2,428 Shares	60,323	110,377
	PALL CORP	500 Shares	9,247	50,605
	PHILIP MORRIS INTERNATIONAL	1,100 Shares	36,862	89,595
	POPULAR INC	1,710 Shares	31,005	58,226
	PREMIERE GLOBAL SERVICES INC	4,160 Shares	39,701	44,179
	PRIMORIS SERVICES CORP	710 Shares	9,896	16,500
	PROASSURANCE CORP	2,190 Shares	98,875	98,879
	PROCTER & GAMBLE CO	1,400 Shares	88,384	127,526
	PUBLIC SVC ENTERPRISE GROUP INC	3,500 Shares	97,342	144,935
	QIAGEN NV	1,000 Shares	20,019	23,460
	QLOGICCORP	3,370 Shares	31,530	44,888
	QUALITY SYSTEMS INC	4,620 Shares	86,546	72,026
	QUANTA SERVICES INCORPORATED	1,240 Shares	22,310	35,204
	QUICKLOGICCORP	10,630 Shares	39,397	33,378
	QUINSTREET INC	3,142 Shares	36,625	19,072
	RAYMOND JAMES FINANCIAL INC	880 Shares	12,993	50,415
	RE/MAX HOLDINGS INC	20 Shares	440	685
	REGAL BELOIT CORP	1,500 Shares	97,923	112,800
	REX ENERGY CORP	975 Shares	10,990	4,972
	RITCHIE BROS AUCTIONEERS INC	500 Shares	2,333	13,445
	ROGERS CORP	1,200 Shares	35,700	97,728
	ROVI CORP	3,331 Shares	70,551	75,247
	SANDISK CORP	1,200 Shares	59,843	117,576
	SANDRIDGE ENERGY INC	3,917 Shares	20,379	7,129
	SANGAMO BIOSCIENCES INC	1,070 Shares	14,717	16,275
	SBA COMMUNICATIONS CORP	400 Shares	13,669	44,304
	SCHOLASTIC CORP	2,180 Shares	65,968	79,396
	SCOTTS MIRACLE-GRO COMPANY CL A COM	1,700 Shares	79,421	105,944
	SEACHANGE INTL INC	2,047 Shares	13,125	13,060
	SELECT COMFORT CORPORATION	2,090 Shares	40,699	56,493
	SEMTECHCORP	700 Shares	15,838	19,299
	SILICON LABORATORIES INC	340 Shares	10,239	16,191
	SILVERSPRINGNETWORKSINC	2,649 Shares	21,904	22,331

**THE COMPREHENSIVE HEALTH CARE OF OHIO, INC.
RETIREMENT PLAN**

EIN: 34-1492733

Plan Number: 001

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

December 31, 2014

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment, including par or maturity value, rate of interest, collateral, or maturity date	(d) Cost	(e) Current value
	SKYWORKS SOLUTIONS INC	1,280 Shares	\$ 9,924	93,069
	SOTHEBY S (DELAWARE)	2,470 Shares	98,467	106,655
	STOCK BUILDING SUPPLY HOLDINGS	2,220 Shares	34,239	34,010
	SUNEDISON INC	1,960 Shares	20,826	38,240
	SYNAPTICS INC	700 Shares	20,465	48,188
	T ROWE PRICE GROUP INC	1,700 Shares	143,397	145,962
	TANGOEINC/CT	2,180 Shares	28,346	28,405
	TCF FINANCIAL CORP	6,470 Shares	74,158	102,808
	TELEPHONEANDDATASYSTEMSINC	4,000 Shares	95,819	101,000
	TENNECO INC	200 Shares	5,191	11,322
	TESSERA TECHNOLOGIES INC	1,840 Shares	32,559	65,798
	TETRA TECH INC	3,900 Shares	92,981	104,130
	THE BUCKLE INC	2,175 Shares	101,145	114,231
	THIRD POINT REINSURANCE LTD	5,070 Shares	65,820	73,464
	TIME WARNER CABLE INC	700 Shares	36,580	106,442
	TIME WARNER INC	1,400 Shares	101,704	119,588
	TIVO INC	10,960 Shares	131,865	129,766
	TREX COMPANY INC	820 Shares	6,624	34,916
	TRIQUINT SEMICONDUCTOR INC	5,050 Shares	40,832	139,127
	TRONOX LTD	1,580 Shares	30,574	37,730
	TRW AUTOMOTIVE HOLDINGS CORP	350 Shares	19,501	35,997
	ULTRATECH INC	3,085 Shares	71,374	57,258
	UMPQUA HLDGS CORP	6,195 Shares	77,545	105,377
	UNILIFE CORP	7,180 Shares	21,489	24,053
	UNITED CONTINENTAL	5,988 Shares	113,678	400,537
	UNITED TECHNOLOGIES CORP	1,400 Shares	74,628	161,000
	UNIVERSAL DISPLAY CORP	1,010 Shares	27,674	28,027
	US BANCORP NEW	2,700 Shares	75,724	121,365
	UTI WORLDWIDE INC	3,940 Shares	62,006	47,556
	VERA BRADLEY INC	710 Shares	17,810	14,470
	VERIFONE SYSTEMS, INC	600 Shares	18,815	22,320
	WABASH NATL CORP	4,590 Shares	28,765	56,732
	WABCO HLDGS INC	370 Shares	10,249	38,769
	WADDELL & REED FINL INC	360 Shares	8,075	17,935
	WAL MART STORES INC	2,400 Shares	123,013	206,112
	WATSCO INC CL-A	570 Shares	24,632	60,990
	WEB.COM GROUP INC	810 Shares	13,367	15,382
	WELLCARE GROUP INC	1,450 Shares	92,956	118,987
	WELLS FARGO & CO	6,100 Shares	178,682	334,402
	WPX ENERGY	2,363 Shares	43,645	27,482
	WR BERKLEY CORP	1,030 Shares	22,720	52,798
	ZYNGA INC	15,540 Shares	57,950	41,336
	Total corporate stocks		13,009,432	18,734,574
	Corporate debt securities:			
	AMER EXPRESS CR MTN 2.800% 9/19/16	110,000 Shares	116,745	113,235
	AMERICAN EXPRESS V-Q 0.823% 5/22/18	150,000 Shares	151,206	149,995
	AMERICAN INTL GROUP MTN 5.850% 1/16/18	90,000 Shares	102,987	100,629
	AUTOZONE INC 4.000 11/15/20	100,000 Shares	109,292	106,102
	BB&T Corp MTN 5.750% 2/01/19	110,000 Shares	111,153	110,043
	BANK OF AMER CRP 5.650% 5/1/18	130,000 Shares	148,109	144,426
	BERKSHIRE HATHAWAY 1.600% 5/15/17	90,000 Shares	91,011	90,770
	BLACKROCK INC 5.000% 12/10/19	100,000 Shares	114,197	113,058
	BOSTON PROP LP 5.625% 11/15/20	85,000 Shares	84,907	96,981
	CAROLINA P & L 5.150% 4/01/15	75,000 Shares	74,929	75,816
	CAROLINA P & L 5.150% 4/01/15	85,000 Shares	90,124	85,925
	CATERPILLAR INC 7.900% 12/15/18	70,000 Shares	74,600	85,347

**THE COMPREHENSIVE HEALTH CARE OF OHIO, INC.
RETIREMENT PLAN**

EIN: 34-1492733

Plan Number: 001

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

December 31, 2014

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment, including par or maturity value, rate of interest, collateral, or maturity date	(d) Cost	(e) Current value
	CONOCOPHILLIPS 5.750% 2/01/19	100,000 Shares	\$ 110,999	113,679
	CVS CAREMARK 5.750% 6/01/17	32,000 Shares	34,708	35,317
	DIRECTV HLDG/FIN 3.500%3/01/16	75,000 Shares	76,738	76,956
	DIRECTV HLDG/FIN 3.500%3/01/16	110,000 Shares	112,969	112,869
	DOW CHEMICAL CO 8.550% 5/15/19	100,000 Shares	133,590	124,325
	ENTERPRISE PROD LLC 6.500% 1/31/19	80,000 Shares	101,342	91,693
	EXELON GENERATION 6.200% 10/1/17	90,000 Shares	102,390	100,010
	GEN ELEC CAP MTN 4.375% 9/16/20	155,000 Shares	170,174	169,762
	GOLDMAN SACHS 1.433% 4/30/18	150,000 Shares	152,961	151,759
	HCP INC 2.625% 2/01/20	105,000 Shares	104,715	103,909
	HEALTH CARE REIT 4.950% 1/15/21	90,000 Shares	89,828	98,962
	HIGHWOODS REALTY LP 3.20% 6/15/21	80,000 Shares	79,268	79,506
	HOME DEPOT INC 5.400% 3/01/16	80,000 Shares	84,686	84,425
	JPMORGAN CHASE & Co 2.000% due 8/15/17	165,000 Shares	166,995	166,569
	KEYCORP MTN 2.300% 12/13/18	135,000 Shares	134,915	135,466
	KINDER MORGAN ENERGY 6.000% 2/01/17	170,000 Shares	198,781	183,639
	MORGAN STANLEY 4.750% 3/22/17	100,000 Shares	110,583	106,519
	MORGAN STANLEY 1.083% 1/24/19	150,000 Shares	151,877	150,296
	OMNICOM GROUP INC 4.450% 8/15/20	80,000 Shares	83,835	86,050
	PNC FUNDING CORP 4.375% 8/11/20	110,000 Shares	118,330	120,045
	PRAXAIR INC 2.200% 8/15/22	100,000 Shares	99,785	95,821
	PRUDENTIAL FIN MTN 3.000% 5/12/16	55,000 Shares	54,959	56,358
	PRUDENTIAL FIN MTN 3.000% 5/12/16	65,000 Shares	65,661	66,605
	PUBLIC SERV COLORADO 3.200% 11/15/20	75,000 Shares	74,695	78,027
	SIMON PROP GP LP 2.150% 9/15/17	130,000 Shares	129,758	132,203
	SUNTRUST BANKS 6.000% 9/11/17	85,000 Shares	100,853	94,226
	TD AMERITRADE 5.600% 12/01/19	85,000 Shares	101,794	97,573
	TIME WARNER INC 5.875% 11/15/16	125,000 Shares	129,950	135,494
	TIME WARNER INC 6.750% 7/01/18	85,000 Shares	100,541	97,484
	UNITED TECH CORP 6.125% 2/01/19	65,000 Shares	69,912	75,466
	UNITEDHEALTH GRP 4.700% 2/15/21	65,000 Shares	67,260	73,155
	VALERO ENERGY CORP 6.125% 2/01/20	90,000 Shares	106,466	102,070
	VERIZON COMM INC 6.550% 9/15/43	85,000 Shares	107,914	108,898
	WELLS FARGO CO 5.625% 12/11/17	135,000 Shares	161,397	150,162
	Total corporate debt securities		4,959,889	4,927,625
		Total investments	\$ 59,583,837	65,451,599

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

See accompanying independent auditors' report.

**THE COMPREHENSIVE HEALTH CARE OF OHIO, INC.
RETIREMENT PLAN**

EIN: 34-1492733

Plan Number: 001

Schedule H, Line 4j – Schedule of Reportable Transactions

Year ended December 31, 2014

Single transaction involving an amount in excess of 5% of the current value of Plan assets:

(a) Identity of party involved	(b) Description of assets	(c) Purchase price	(d) Sale price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of assets on transaction date	(i) Net gain (loss)
Harbor	Harbor International Fund 82,444 sales	\$ —	5,362,963	—	—	4,606,689	5,362,963	756,274
Ishares Russel	Ishares Russell 1000 Growth ETF 74,005 sales	—	7,146,779	—	3,858	4,140,040	7,146,779	3,006,739
Oppenheimer	Oppenheimer Intl Growth FD-Y 160,958 sales	—	5,668,946	—	—	4,336,207	5,668,946	1,332,739
Pimco	PIMCO All Assets All Auth-IS 671,643 sales	—	6,125,388	—	—	7,167,715	6,125,388	(1,042,327)
Pimco	PIMCO Unconstrained Bond Fund-INS 334,572 sales	—	3,737,165	—	—	3,755,314	3,737,165	(18,149)

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

See accompanying independent auditors' report.

**THE COMPREHENSIVE HEALTH CARE OF OHIO, INC.
RETIREMENT PLAN**

EIN: 34-1492733

Plan Number: 001

Schedule H, Line 4j – Schedule of Reportable Transactions

Year ended December 31, 2014

Series of transactions involving an amount in excess of 5% of the current value of Plan assets:

(a) Identity of party involved	(b) Description of assets	(c) Purchase price	(d) Sale price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of assets on transaction date	(i) Net gain (loss)
Ishares Russel	Ishares Russell 1000 Growth ETF 74,005 sales	\$ —	7,146,779	—	3,858	4,140,040	7,146,779	3,006,739

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

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