

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>WOODLAND CENTERS, INC. 403(B) 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>01/01/1995</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1995</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/1995</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>WOODLAND CENTERS, INC.</u> <u>3086 STATE ROUTE 160</u> <u>GALLIPOLIS, OH 45631-7800</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>31-0840780</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>740-446-5500</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>621420</u></td> </tr> <tr> <td style="height: 40px;"></td> </tr> </table>	2b Employer Identification Number (EIN) <u>31-0840780</u>	2c Plan Sponsor's telephone number <u>740-446-5500</u>	2d Business code (see instructions) <u>621420</u>	
2b Employer Identification Number (EIN) <u>31-0840780</u>					
2c Plan Sponsor's telephone number <u>740-446-5500</u>					
2d Business code (see instructions) <u>621420</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.	10/30/2015	KEVAN MOCK
	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	5 143
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) 96 6a(2) 111 6b 0 6c 43 6d 154 6e 0 6f 154 6g 107 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2F 2G 2L 2M 2T 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) ☒ <u>2</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
A Name of plan WOODLAND CENTERS, INC. 403(B) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 WOODLAND CENTERS, INC.	D Employer Identification Number (EIN) 31-0840780	

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

(a) Name of insurance carrier
LINCOLN NATIONAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	CR18203	28	01/01/2014	12/31/2014

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
1742	0

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
LINCOLN FINANCIAL ADVISORS 1300 SOUTH CLINTON ST, STE #150 FORT WAYNE, IN 46802

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1742			4

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	
6	Contracts With Allocated Funds:		
a	State the basis of premium rates ▶		
b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e	Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶		
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐		
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a	Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☒ other ▶ GROUP VARIABLE ANNUITY W/GUAR FUND		
b	Balance at the end of the previous year	7b	363105
c	Additions: (1) Contributions deposited during the year	7c(1)	7395
	(2) Dividends and credits	7c(2)	
	(3) Interest credited during the year	7c(3)	12367
	(4) Transferred from separate account	7c(4)	
	(5) Other (specify below)	7c(5)	2969
	▶ MAY INCLUDE LOAN REPAYMENTS, FORFEITURES, TAKEOVERS, AND/OR ADJUSTMENTS		
	(6) Total additions	7c(6)	22731
d	Total of balance and additions (add lines 7b and 7c(6))	7d	385836
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	38106
	(2) Administration charge made by carrier	7e(2)	389
	(3) Transferred to separate account	7e(3)	
	(4) Other (specify below)	7e(4)	
	▶		
	(5) Total deductions	7e(5)	38495
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	347341

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
A Name of plan WOODLAND CENTERS, INC. 403(B) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 WOODLAND CENTERS, INC.		
		D Employer Identification Number (EIN) 31-0840780

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

(a) Name of insurance carrier NATIONWIDE LIFE INSURANCE COMPANY					
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	66869	W00D000H00RF	76	01/01/2014	12/31/2014

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
2799	0

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid LINCOLN INVESTMENT PLANNING THE FORST PAVILLION 218 GLENSIDE AVE WYNCOTE, PA 19095-1595

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2799			4

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	
6	Contracts With Allocated Funds:		
a	State the basis of premium rates ▶		
b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e	Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶		
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐		
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a	Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☒ guaranteed investment (4) ☐ other ▶		
b	Balance at the end of the previous year	7b	269623
c	Additions: (1) Contributions deposited during the year	7c(1)	40686
	(2) Dividends and credits	7c(2)	
	(3) Interest credited during the year	7c(3)	11241
	(4) Transferred from separate account	7c(4)	
	(5) Other (specify below)	7c(5)	
	(6) Total additions	7c(6)	51927
d	Total of balance and additions (add lines 7b and 7c(6))	7d	321550
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	12685
	(2) Administration charge made by carrier	7e(2)	689
	(3) Transferred to separate account	7e(3)	
	(4) Other (specify below)	7e(4)	17767
	▶ MAY INCLUDE LOANS ISSUED, FORFEITURES, FEES, CORRECTIVES, AND/OR ADJUSTMENTS		
	(5) Total deductions	7e(5)	31141
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	290409

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) 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>WOODLAND CENTERS, INC. 403(B) 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>WOODLAND CENTERS, INC.</u>	D Employer Identification Number (EIN) <u>31-0840780</u>

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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)

NATIONWIDE

31-4156830

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	SERVICE PROVIDER	3147	Yes ☒ No ☐	Yes ☒ No ☐	3853	Yes ☐ No ☒

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

LINCOLN NATIONAL CORPORATION

35-1140070

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	SERVICE PROVIDER	575	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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
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>WOODLAND CENTERS, INC. 403(B) 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>WOODLAND CENTERS, INC.</u>		D Employer Identification Number (EIN) <u>31-0840780</u>

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)	24380	5129
(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)	403454	376409
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	632728	637750
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	1060562	1019288

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	1060562	1019288
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	25663	
(B) Participants	2a(1)(B)	48068	
(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)		73731
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)	23608	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		23608
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		25200
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		122539

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	162410	
(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)		162410
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)	1403	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		1403
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		163813

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-41274
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: WHITE SEIGNEUR SAMS & RAHE CPAS LLP

(2) EIN: 31-0962125

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	
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.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN
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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>WOODLAND CENTERS, INC. 403(B) 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>WOODLAND CENTERS, INC.</u>	D Employer Identification Number (EIN) <u>31-0840780</u>

Part I	Distributions
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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>31-4156830</u> <u>35-1140070</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>20</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)
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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
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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
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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: 0.0% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
- b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

WOODLAND CENTERS, INC. 403(b) PLAN
EIN 31-0840780 PLAN 001

FINANCIAL STATEMENTS

DECEMBER 31, 2014



Whited Seigneur Sams & Rahe, LLP
CERTIFIED PUBLIC ACCOUNTANTS

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WOODLAND CENTERS, INC. 403(b) PLAN
EIN 31-0840780 PLAN 001

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October 27, 2015

To the Trustees and Plan Administrator
Woodland Centers, Inc. 403(b) Plan
Gallipolis, Ohio 45631

Independent Auditor's Report

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Woodland Centers, Inc. 403(b) Plan, which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statement of changes in net assets available for benefits for the year ended December 31, 2014, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

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, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Nationwide Life Insurance Company and The Lincoln National Life Insurance Company, the custodians of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the custodians hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from the custodians as of and for the years ended December 31, 2014 and 2013, that the information provided to the plan administrator by the custodians is complete and accurate.

Disclaimer of Opinion

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

Other Matter

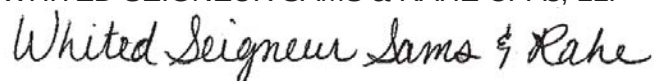
The supplemental schedule, as of or for the year ended December 31, 2014, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required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

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

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

Respectfully submitted,

WHITED SEIGNEUR SAMS & RAHE CPAs, LLP

A handwritten signature in cursive script that reads "Whited Seigneur Sams & Rahe".

WOODLAND CENTERS, INC. 403(b) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2014 AND 2013

ASSETS

	<u>2014</u>	<u>2013</u>
Investments (at fair value)		
Registered investment companies (mutual funds)	\$ 376,409	\$ 403,454
Investment contract with insurance company	<u>642,879</u>	<u>657,108</u>
Total Investments	1,019,288	1,060,562
Contributions Receivable		
Participant	4,971	1,233
Employer	<u>2,820</u>	<u>2,882</u>
Total Contributions Receivable	<u>7,791</u>	<u>4,115</u>
TOTAL ASSETS	1,027,079	1,064,677
TOTAL LIABILITIES	<u>-</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 1,027,079</u></u>	<u><u>\$ 1,064,677</u></u>

SEE ACCOMPANYING NOTES AND AUDITOR'S REPORT

WOODLAND CENTERS, INC. 403(b) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2014

	Participant Directed Total 2014
ADDITIONS	
Additions to Net Assets Attributed to:	
Investment Income:	
Net appreciation/(depreciation) in fair value of investments	\$ 25,200
Interest	23,608
Total Investment Income	48,808
Contributions:	
Participants	50,344
Employer	27,063
Total Contributions	77,407
TOTAL ADDITIONS	126,215
DEDUCTIONS	
Deductions from Net Assets Attributed to:	
Benefits Paid to Participants	162,410
Fees	1,403
TOTAL DEDUCTIONS	163,813
NET INCREASE (DECREASE)	(37,598)
NET ASSETS AVAILABLE FOR BENEFITS:	
BEGINNING OF YEAR	1,064,677
END OF YEAR	\$ 1,027,079

SEE ACCOMPANYING NOTES AND AUDITOR'S REPORT

WOODLAND CENTERS, INC. 403(b) PLAN
NOTES TO THE FINANCIAL STATEMENTS

1. DESCRIPTION OF PLAN

The following description of Woodland Centers, Inc. 403(b) Plan (Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General. The Plan is a restatement of an existing Plan to comply with current law. This Plan was originally effective January 1, 1995. The restatement is effective as of January 1, 2010. The Plan is a defined contribution plan covering all employees of Woodland Centers, Inc. (Company). All eligible employees are able to make salary deferrals into the plan. There are no minimum age or service requirements to make salary deferrals. In order to be eligible to receive matching contributions and discretionary employer contributions, eligible employees must be at least 18 years old and have completed 1,000 hours for the Company during the 12-month period immediately following the date of hire. An eligible employee who satisfies the minimum age and service requirements shall be eligible to participate in the Plan on the first day of each calendar month following the date that eligibility is satisfied. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions. The Plan currently offers an insurance investment contract and various mutual funds as investment options for participants.

Participant. Each year, participants may contribute an amount of pretax annual compensation, as defined in the Plan. However, pre-tax contributions that are deferred from compensation are subject to the dollar limit for the calendar year as provided by law. The maximum dollar limit applies to the aggregate of all amounts that are contributed to this plan and all other 401(k), 403(b) and SEPs of this employer or any other employer during the calendar year. Participants who have attained age 50 before the end of the calendar year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan.

Employer Matching Contribution. The Plan authorizes the Company to make a matching contributions on behalf of eligible Plan participants. The matching contribution will be 1% for employees contributing 4% or more, 0.75% for 3% contributions, 0.50% for 2% contributions, and 0.25% for 1% contributions.

Employer Discretionary Contribution. The Company elected to contribute 1% of participants' plan compensation. These matching contributions are a discretionary amount to be determined by the Employer each plan year.

Participant Accounts. Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and, (b) Plan earnings or losses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account, less applicable withdrawal fees.

Vesting. Participants are immediately vested in all contributions received.

**WOODLAND CENTERS, INC. 403(b) PLAN
NOTES TO THE FINANCIAL STATEMENTS**

1. DESCRIPTION OF PLAN (Continued)

Plan Loans. Participants may obtain loans directly with the Plan custodians. Loans are secured by the balance in the participant's account.

Payment of Benefits. On termination of service due to death, disability, or retirement, a participant may elect to receive payment(s), transfer to another plan, or remain in plan. However, if plan valuation is less than \$5,000, the participant will receive a lump sum amount equal to the value in his or her account. For termination of service due to other reasons or financial hardship, a participant may receive the value of the vested interest in his or her account as a lump sum distribution.

Plan Termination. Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting.

Investment Valuation and Income Recognition

Unaudited information has been certified by Nationwide Life Insurance Company and The Lincoln National Life Insurance Company for a limited scope audit. The Plan's investments are stated at fair value. Shares of registered investment companies and mutual funds are reported at quoted market prices, which represent the net asset value of shares held by the Plan at year-end. Investment contracts with insurance companies are reported at contract value.

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

Payment of Benefits

Benefits are recorded when paid.

Plan Expenses.

Plan administration expenses are paid by the sponsor company, Woodland Centers, Inc., except for certain withdrawal and participant fees.

Estimates

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

Date of Management's Review of Subsequent Events

Management has evaluated subsequent events and transactions for potential recognition through October 27, 2015, the date the financial statements were available to be issued.

WOODLAND CENTERS, INC. 403(b) PLAN
NOTES TO THE FINANCIAL STATEMENTS

3. FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: *Level 1 Inputs*- are quoted prices in active independent markets for identical assets that the plan has the ability to access at the measurement date; *Level 2 Inputs*- are inputs other than quoted prices included within Level 1 that are observable for the asset, either directly or indirectly; and *Level 3 Inputs*- are unobservable inputs for the asset. Unobservable inputs are those that reflect the Plan's own assumptions about the assumptions that market participants would use in pricing the asset developed and are based on the best information available.

The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments.

When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. No Level 2 inputs were available to the Plan, and Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

The following table set forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 31:

Fair Value Measurements at Reporting Date Using:				
December 31, 2014	Fair Value	Level 1	Level 2	Level 3
Mutual Funds	\$ 376,409	\$ 376,409	\$ -	\$ -
Investment contract with insurance company	642,879	-	-	642,879
Total Investments at fair value	<u>\$ 1,019,288</u>	<u>\$ 376,409</u>	<u>\$ -</u>	<u>\$ 642,879</u>

Fair Value Measurements at Reporting Date Using:				
December 31, 2013	Fair Value	Level 1	Level 2	Level 3
Mutual Funds	403,454	403,454	-	-
Investment contract with insurance company	657,108	-	-	657,108
Total Investments at fair value	<u>\$ 1,060,562</u>	<u>\$ 403,454</u>	<u>\$ -</u>	<u>\$ 657,108</u>

**WOODLAND CENTERS, INC. 403(b) PLAN
NOTES TO THE FINANCIAL STATEMENTS**

3. FAIR VALUE MEASUREMENTS (Continued)

The following table reconciles the beginning and ending balances of fair value measurements using significant unobservable inputs (Level 3) for the investment contract with insurance company for the year ended December 31, 2014:

Beginning balance	\$ 657,108
Total gains or losses included in changes in net assets available for benefits:	26,129
Purchases, issuances, sales, and settlements:	
Purchases	47,888
Sales	<u>(88,246)</u>
Ending balance	<u>\$ 642,879</u>

4. INFORMATION PREPARED AND CERTIFIED BY CUSTODIAN

The December 31, 2014 and 2013 Statements of Net Assets Available for Benefits, the investment activities included on the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2014, and the accompanying notes to the financial statements were prepared in part or entirely from information certified by the Custodians in accordance with 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The information certified includes total investments of \$1,019,288 and \$1,060,562 at December 31, 2014 and 2013, respectively.

During 2014, the Plan's investments (including gains and losses on investments bought and sold as well as held during the year) decreased in value by \$46,274.

5. GUARANTEED INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan had guaranteed investment contracts with Nationwide Life Insurance Company (Nationwide) and The Lincoln National Life Insurance Company (Lincoln). The custodians maintain the contributions in separate accounts. The accounts are credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

The guaranteed investment contracts are presented on the face of the statement of net assets available for benefits at fair value with an adjustment to contract value in arriving at net assets available for benefits. Contract value, as reported to the Plan by the insurer, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses and plus/minus a market value adjustment. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

**WOODLAND CENTERS, INC. 403(b) PLAN
NOTES TO THE FINANCIAL STATEMENTS**

5. GUARANTEED INVESTMENT CONTRACT WITH INSURANCE COMPANY (Continued)

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

6. SEPARATED PARTICIPANTS WITH DEFERRED VESTED BENEFITS

As of December 31, 2014, the Plan assets include investments valued at \$567,847 for participants who have separated from the Company. These participants are permitted to delay distribution until required by law to receive minimum required distributions.

7. RISKS AND UNCERTAINTIES

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

8. TAX STATUS

The Plan Administration believes that the Plan is designed and is currently operated in compliance with the applicable requirements of the Internal Revenue Code as of the report date.

9. RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule F of Form 5500:

	2014	2013
Net assets available for benefits per the financial statements	\$ 1,027,079	\$ 1,064,677
Contributions receivable	(7,791)	(4,115)
Net assets available for benefits per the Form 5500	<u>\$ 1,019,288</u>	<u>\$ 1,060,562</u>

10. PLAN LOANS

Both Nationwide Life Insurance Company and The Lincoln National Life Insurance Company offer loans directly to plan participants. Such loans are issued directly from the custodians' funds and not through the plan from participants' accounts. A portion of participants' accounts may be set aside or held as collateral. Plan loans are not considered assets of the Plan. As of December 31, 2014, plan participants had loans outstanding of \$5,129.

WOODLAND CENTERS, INC. 403(b) PLAN
EIN 31-0840780 PLAN 001
SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2014

<u>a</u>	<u>b</u>	<u>c</u>	<u>e</u>
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Current Value
	Nationwide Life Insurance Company	American Century NVIT Growth Fund- Class I	\$ 1,353
	Nationwide Life Insurance Company	American Century NVIT Multi Cap Value Fund- Class I	15,635
	Nationwide Life Insurance Company	American Century VP Inflation Protection Fund	49
	Nationwide Life Insurance Company	American Funds NVIT Asset Allocation Fund	2,494
	Nationwide Life Insurance Company	American Funds NVIT Global Growth Fund	1,229
	Nationwide Life Insurance Company	American Funds NVIT Growth Fund- Class II	1,920
	Nationwide Life Insurance Company	BlackRock Global Allocation V I Fund- Class III	502
	Nationwide Life Insurance Company	Dreyfus IP Small Cap Stock Index Portfolio- Service Shares	5,121
	Nationwide Life Insurance Company	Dreyfus Stock Index Fund, Inc.	7,163
	Nationwide Life Insurance Company	Dreyfus Variable Investment Fund- Appreciation Portfolio	4,509
	Nationwide Life Insurance Company	Fidelity VIP Equity Income Portfolio- Initial Class	183
	Nationwide Life Insurance Company	Fidelity VIP Freedom 2010 Portfolio- Service Class	1,449
	Nationwide Life Insurance Company	Fidelity VIP Growth Portfolio	76
	Nationwide Life Insurance Company	Fidelity VIP High Income Portfolio	57
	Nationwide Life Insurance Company	Fidelity VIP Investment Grade Bond Portfolio- Service Class	4,566
	Nationwide Life Insurance Company	Fidelity VIP Overseas Portfolio- Initial Class R	-
	Nationwide Life Insurance Company	Franklin VIPT Small Cap Value Securities Fund- Class 2	-
	Nationwide Life Insurance Company	Franklin VIPT Income Securities Fund- Class 2	1,367
	Nationwide Life Insurance Company	Guaranteed Fixed Account	292,881
	Nationwide Life Insurance Company	Invesco NVIT Comstock Value Fund	4,010
	Nationwide Life Insurance Company	Ivy Funds VIP High Income	4,460
	Nationwide Life Insurance Company	JP Morgan Insurance Trust Mid Cap Value Portfolio	1,009
	Nationwide Life Insurance Company	MFS VIT International Value Portfolio- Service Class	1,186
	Nationwide Life Insurance Company	MFS VIT Value Series- Service Class	1,431
	Nationwide Life Insurance Company	Neuberger Berman AMT Short Duration Bond Portfolio- I Class	609
	Nationwide Life Insurance Company	Neuberger Berman NVIT Socially Responsible Fund- Class I	-
	Nationwide Life Insurance Company	Pimco Variable Insurance Trust Total Return Portfolio	53
	Nationwide Life Insurance Company	NVIT Emerging Markets Fund- Class I	1,759
	Nationwide Life Insurance Company	NVIT Government Bond Fund- Class I	4,075
	Nationwide Life Insurance Company	NVIT International Equity Fund- Class I	11,789
	Nationwide Life Insurance Company	NVIT Investor Destinations Aggressive Fund- Class II	497
	Nationwide Life Insurance Company	NVIT Investor Destinations Conservative Fund- Class II	5,200
	Nationwide Life Insurance Company	NVIT Investor Destinations Moderate Fund- Class I	8,454
	Nationwide Life Insurance Company	NVIT Investor Destinations Capital Appreciation Fund- Class II	888
	Nationwide Life Insurance Company	NVIT Investor Destinations Moderately Aggressive Fund- Class II	11,987
	Nationwide Life Insurance Company	NVIT Investor Destinations Moderately Conservative Fund- Class II	9,525
	Nationwide Life Insurance Company	NVIT Mid Cap Index Fund- Class I	9,534
	Nationwide Life Insurance Company	NVIT Multi-Manager Large Cap Growth Fund- Class I	-
	Nationwide Life Insurance Company	NVIT Multi-Manager Small Cap Value Fund- Class I	21
	Nationwide Life Insurance Company	NVIT Multi-Manager Mid Cap Growth Fund- Class II	-
	Nationwide Life Insurance Company	NVIT Multi-Manager Small Company Fund- Class I	568
	Nationwide Life Insurance Company	NVIT Multi-Manager International Growth Fund- Class III	-
	Nationwide Life Insurance Company	NVIT Multi-Manager Mid Cap Value Fund- Class II	-
	Nationwide Life Insurance Company	NVIT Nationwide Fund- Class I	-
	Nationwide Life Insurance Company	Templeton NVIT International Value Fund- Class I	60
	Nationwide Life Insurance Company	Invesco Van Kampen NVIT Comstock Value Fund- Class II	-
	Nationwide Life Insurance Company	Oppenheimer Main Street Small Cap Growth Fund/VA NSS	1,009
	Nationwide Life Insurance Company	Oppenheimer Main Street Fund/VA- Non-Services Shares	4,840
	Nationwide Life Insurance Company	T Rowe Price Health Sciences Portfolio- Class II	870

WOODLAND CENTERS, INC. 403(b) PLAN
EIN 31-0840780 PLAN 001
SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR) (Continued)
DECEMBER 31, 2014

a	b	c	e
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Current Value
	Lincoln Nat'l Life- Multifund	American Funds Growth	32,607
	Lincoln Nat'l Life- Multifund	American Funds Growth- Income	25,769
	Lincoln Nat'l Life- Multifund	Delaware VIP Small Cap Value	45,305
	Lincoln Nat'l Life- Multifund	Delaware VIP Value	321
	Lincoln Nat'l Life- Multifund	Fidelity VIP Contrafund	42,828
	Lincoln Nat'l Life- Multifund	Fixed Account	349,998
	Lincoln Nat'l Life- Multifund	LVIP Blackrock Equity Dividend RPM	335
	Lincoln Nat'l Life- Multifund	LVIP Del Foundation Conservative Alloc	13,964
	Lincoln Nat'l Life- Multifund	LVIP Delaware Growth & Income	4,664
	Lincoln Nat'l Life- Multifund	LVIP Delaware Social Awareness	218
	Lincoln Nat'l Life- Multifund	LVIP Managed Risk Profile 2030	1,265
	Lincoln Nat'l Life- Multifund	LVIP Mondrian International Value	326
	Lincoln Nat'l Life- Multifund	LVIP SSGA S&P 500 Index	36,689
	Lincoln Nat'l Life- Multifund	LVIP T. Rowe Price Structured Mid-Cap Growth	375
	Lincoln Nat'l Life- Multifund	LVIP UBS Large Cap Growth RPM	326
	Lincoln Nat'l Life- Multifund	MFS Utilities	39,910
	Lincoln Nat'l Life- Multifund	Neuberger Berman Mid Cap Growth	\$ 1,019,288

WOODLAND CENTERS, INC. 403(b) PLAN
EIN 31-0840780 PLAN 001
SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2014

<u>a</u>	<u>b</u>	<u>c</u>	<u>e</u>
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Current Value
	Nationwide Life Insurance Company	American Century NVIT Growth Fund- Class I	\$ 1,353
	Nationwide Life Insurance Company	American Century NVIT Multi Cap Value Fund- Class I	15,635
	Nationwide Life Insurance Company	American Century VP Inflation Protection Fund	49
	Nationwide Life Insurance Company	American Funds NVIT Asset Allocation Fund	2,494
	Nationwide Life Insurance Company	American Funds NVIT Global Growth Fund	1,229
	Nationwide Life Insurance Company	American Funds NVIT Growth Fund- Class II	1,920
	Nationwide Life Insurance Company	BlackRock Global Allocation V I Fund- Class III	502
	Nationwide Life Insurance Company	Dreyfus IP Small Cap Stock Index Portfolio- Service Shares	5,121
	Nationwide Life Insurance Company	Dreyfus Stock Index Fund, Inc.	7,163
	Nationwide Life Insurance Company	Dreyfus Variable Investment Fund- Appreciation Portfolio	4,509
	Nationwide Life Insurance Company	Fidelity VIP Equity Income Portfolio- Initial Class	183
	Nationwide Life Insurance Company	Fidelity VIP Freedom 2010 Portfolio- Service Class	1,449
	Nationwide Life Insurance Company	Fidelity VIP Growth Portfolio	76
	Nationwide Life Insurance Company	Fidelity VIP High Income Portfolio	57
	Nationwide Life Insurance Company	Fidelity VIP Investment Grade Bond Portfolio- Service Class	4,566
	Nationwide Life Insurance Company	Fidelity VIP Overseas Portfolio- Initial Class R	-
	Nationwide Life Insurance Company	Franklin VIPT Small Cap Value Securities Fund- Class 2	-
	Nationwide Life Insurance Company	Franklin VIPT Income Securities Fund- Class 2	1,367
	Nationwide Life Insurance Company	Guaranteed Fixed Account	292,881
	Nationwide Life Insurance Company	Invesco NVIT Comstock Value Fund	4,010
	Nationwide Life Insurance Company	Ivy Funds VIP High Income	4,460
	Nationwide Life Insurance Company	JP Morgan Insurance Trust Mid Cap Value Portfolio	1,009
	Nationwide Life Insurance Company	MFS VIT International Value Portfolio- Service Class	1,186
	Nationwide Life Insurance Company	MFS VIT Value Series- Service Class	1,431
	Nationwide Life Insurance Company	Neuberger Berman AMT Short Duration Bond Portfolio- I Class	609
	Nationwide Life Insurance Company	Neuberger Berman NVIT Socially Responsible Fund- Class I	-
	Nationwide Life Insurance Company	Pimco Variable Insurance Trust Total Return Portfolio	53
	Nationwide Life Insurance Company	NVIT Emerging Markets Fund- Class I	1,759
	Nationwide Life Insurance Company	NVIT Government Bond Fund- Class I	4,075
	Nationwide Life Insurance Company	NVIT International Equity Fund- Class I	11,789
	Nationwide Life Insurance Company	NVIT Investor Destinations Aggressive Fund- Class II	497
	Nationwide Life Insurance Company	NVIT Investor Destinations Conservative Fund- Class II	5,200
	Nationwide Life Insurance Company	NVIT Investor Destinations Moderate Fund- Class I	8,454
	Nationwide Life Insurance Company	NVIT Investor Destinations Capital Appreciation Fund- Class II	888
	Nationwide Life Insurance Company	NVIT Investor Destinations Moderately Aggressive Fund- Class II	11,987
	Nationwide Life Insurance Company	NVIT Investor Destinations Moderately Conservative Fund- Class II	9,525
	Nationwide Life Insurance Company	NVIT Mid Cap Index Fund- Class I	9,534
	Nationwide Life Insurance Company	NVIT Multi-Manager Large Cap Growth Fund- Class I	-
	Nationwide Life Insurance Company	NVIT Multi-Manager Small Cap Value Fund- Class I	21
	Nationwide Life Insurance Company	NVIT Multi-Manager Mid Cap Growth Fund- Class II	-
	Nationwide Life Insurance Company	NVIT Multi-Manager Small Company Fund- Class I	568
	Nationwide Life Insurance Company	NVIT Multi-Manager International Growth Fund- Class III	-
	Nationwide Life Insurance Company	NVIT Multi-Manager Mid Cap Value Fund- Class II	-
	Nationwide Life Insurance Company	NVIT Nationwide Fund- Class I	-
	Nationwide Life Insurance Company	Templeton NVIT International Value Fund- Class I	60
	Nationwide Life Insurance Company	Invesco Van Kampen NVIT Comstock Value Fund- Class II	-
	Nationwide Life Insurance Company	Oppenheimer Main Street Small Cap Growth Fund/VA NSS	1,009
	Nationwide Life Insurance Company	Oppenheimer Main Street Fund/VA- Non-Services Shares	4,840
	Nationwide Life Insurance Company	T Rowe Price Health Sciences Portfolio- Class II	870

WOODLAND CENTERS, INC. 403(b) PLAN
EIN 31-0840780 PLAN 001
SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR) (Continued)
DECEMBER 31, 2014

a	b	c	e
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Current Value	
Lincoln Nat'l Life- Multifund	American Funds Growth	32,607	
Lincoln Nat'l Life- Multifund	American Funds Growth- Income	25,769	
Lincoln Nat'l Life- Multifund	Delaware VIP Small Cap Value	45,305	
Lincoln Nat'l Life- Multifund	Delaware VIP Value	321	
Lincoln Nat'l Life- Multifund	Fidelity VIP Contrafund	42,828	
Lincoln Nat'l Life- Multifund	Fixed Account	349,998	
Lincoln Nat'l Life- Multifund	LVIP Blackrock Equity Dividend RPM	335	
Lincoln Nat'l Life- Multifund	LVIP Del Foundation Conservative Alloc	13,964	
Lincoln Nat'l Life- Multifund	LVIP Delaware Growth & Income	4,664	
Lincoln Nat'l Life- Multifund	LVIP Delaware Social Awareness	218	
Lincoln Nat'l Life- Multifund	LVIP Managed Risk Profile 2030	1,265	
Lincoln Nat'l Life- Multifund	LVIP Mondrian International Value	326	
Lincoln Nat'l Life- Multifund	LVIP SSGA S&P 500 Index	36,689	
Lincoln Nat'l Life- Multifund	LVIP T. Rowe Price Structured Mid-Cap Growth	375	
Lincoln Nat'l Life- Multifund	LVIP UBS Large Cap Growth RPM	326	
Lincoln Nat'l Life- Multifund	MFS Utilities	39,910	
Lincoln Nat'l Life- Multifund	Neuberger Berman Mid Cap Growth	<u>\$ 1,019,288</u>	