

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 2015 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</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>COMPREHENSIVE HEALTH CARE OF OHIO, INC. 401(K) SAVINGS AND RETIREMENT PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>003</u>
		1c	Effective date of plan <u>01/01/2010</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>COMPREHENSIVE HEALTH CARE OF OHIO, INC.</u> <u>630 EAST RIVER STREET</u> <u>ELYRIA, OH 44035</u>	2b	Employer Identification Number (EIN) <u>34-1492733</u>
		2c	Plan Sponsor's telephone number <u>440-329-7898</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.	10/12/2016	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)			Preparer's telephone number

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 72
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) 64 6a(2) 0 6b 6c 6d 0 6e 6f 0 6g 0 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☐ H (Financial Information) (2) ☒ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☐ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III	Form M-1 Compliance Information (to be completed by welfare benefit plans)
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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 2015 Form M-1 annual report. If the plan was not required to file the 2015 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 D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan <u>COMPREHENSIVE HEALTH CARE OF OHIO, INC. 401(K) SAVINGS AND RETIREMENT PLAN</u>	B Three-digit plan number (PN) ► <u>003</u>	
C Plan or DFE 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	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: MIP CL 1

b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY

c EIN-PN <u>04-3022712-024</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

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

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

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

SCHEDULE I (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information—Small Plan This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.		OMB No. 1210-0110
			2015
			This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015			
A Name of plan COMPREHENSIVE HEALTH CARE OF OHIO, INC. 401(K) SAVINGS AND RETIREMENT PLAN		B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 COMPREHENSIVE HEALTH CARE OF OHIO, INC.		D Employer Identification Number (EIN) 34-1492733	

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

Part I	Small Plan Financial Information
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Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. **Round off amounts to the nearest dollar.**

1 Plan Assets and Liabilities:		(a) Beginning of Year	(b) End of Year
a Total plan assets	1a	5490848	0
b Total plan liabilities	1b	0	0
c Net plan assets (subtract line 1b from line 1a)	1c	5490848	0
2 Income, Expenses, and Transfers for this Plan Year:		(a) Amount	(b) Total
a Contributions received or receivable:			
(1) Employers	2a(1)	94	
(2) Participants	2a(2)	1058	
(3) Others (including rollovers)	2a(3)	0	
b Noncash contributions	2b	0	
c Other income	2c	38198	
d Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	2d		39350
e Benefits paid (including direct rollovers)	2e	1027847	
f Corrective distributions (see instructions)	2f	0	
g Certain deemed distributions of participant loans (see instructions)	2g	0	
h Administrative service providers (salaries, fees, and commissions)	2h	283	
i Other expenses	2i	0	
j Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	2j		1028130
k Net income (loss) (subtract line 2j from line 2d)	2k		-988780
l Transfers to (from) the plan (see instructions)	2l		-4502068

3 Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.				
		Yes	No	Amount
a Partnership/joint venture interests	3a		X	
b Employer real property	3b		X	
c Real estate (other than employer real property)	3c		X	
d Employer securities	3d		X	
e Participant loans	3e	X		0

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

Part II Compliance Questions

4 During the plan year:	Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X		0
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance.....		X		
c Were any leases to which the plan was a party in default or classified during the year as uncollectible?		X		
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.).....		X		
e Was the plan covered by a fidelity bond?	X			3000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X		
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
i Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?		X		
j Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X		
k Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	X			
l Has the plan failed to provide any benefit when due under the plan?		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3				
o Did the plan trust incur unrelated business taxable income?				
p Were in-service distributions made during the plan year?				

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)
UHHS 401(K) RETIREMENT SAVING PLAN	34-0714775	004

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

Part III **Trust Information****6a** Name of trust**6b** Trust's EIN**6c** Name of trustee or custodian**6d** Trustee's or custodian's telephone number

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 2015 This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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

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

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

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

Schedule R (Form 5500) 2015
v. 150123

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:		14a	
	a The current year		14b	
	b The plan year immediately preceding the current plan year		14c	
	c The second preceding plan year			
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
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18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c)
	a Enter the percentage of plan assets held as: Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
	b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
	c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A
22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____. (See instructions for tax law changes and codes).		
22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number _____.		
22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ____/____/____.		
23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No



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

Financial Statements

December 31, 2015 and 2014

(With Independent Auditors' Report Thereon)

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

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Statements of Net Assets Available for Benefits as of December 31, 2015 and 2014	3
Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2015 and 2014	4
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All 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
Comprehensive Health Care of Ohio, Inc.
401(k) Savings and Retirement Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Comprehensive Health Care of Ohio, Inc. 401(k) Savings and Retirement Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014 and the related statements of changes in net assets available for benefits for the years ended December 31, 2015 and 2014, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in notes 3 and 8, which was certified by Fidelity Management Trust Company (the Trustee), except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the Trustee holds the Plan's investment assets and executes related transactions. The plan administrator has obtained a certification from the Trustee as of December 31, 2015 and 2014, and for the years then ended, 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.



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

Notes to Financial Statements

December 31, 2015 and 2014

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

The form and content of the information included in the financial statements, 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.

KPMG LLP

Cleveland, Ohio
September 30, 2016

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

Statements of Net Assets Available for Benefits

December 31, 2015 and 2014

	<u>2015</u>	<u>2014</u>
Assets:		
Participant-directed investments:		
Mutual funds	\$ —	5,232,710
Common collective trust fund	—	174,966
Total participant-directed investments	—	5,407,676
Participant notes receivable	—	83,172
Net assets available for benefits before adjustment	—	5,490,848
Adjustment from fair value to contract value for interest in common collective trust fund relating to fully benefit-responsive investment contract	—	(2,557)
Net assets available for benefits	\$ <u>—</u>	<u>5,488,291</u>

See accompanying notes to financial statements.

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

Statements of Changes in Net Assets Available for Benefits

Years ended December 31, 2015 and 2014

	<u>2015</u>	<u>2014</u>
Additions to net assets:		
Investment income:		
Interest and dividends	\$ 282,313	373,040
Net (depreciation) appreciation in investments in mutual funds	<u>(244,206)</u>	<u>17,748</u>
Total investment income	<u>38,107</u>	<u>390,788</u>
Contributions:		
Employee	1,058	293,502
Employer	<u>94</u>	<u>30,860</u>
Total contributions	<u>1,152</u>	<u>324,362</u>
Interest from participant notes receivable	<u>2,648</u>	<u>4,076</u>
Total additions	<u>41,907</u>	<u>719,226</u>
Deductions from net assets:		
Benefits paid directly to participants or beneficiaries	1,027,847	1,824,565
Administrative expenses	283	497
Transferred to the University Hospitals 401(k) Plan	<u>4,502,068</u>	<u>—</u>
Total deductions	<u>5,530,198</u>	<u>1,825,062</u>
Net decrease in net assets available for benefits	<u>(5,488,291)</u>	<u>(1,105,836)</u>
Net assets available for benefits:		
Beginning of year	<u>5,488,291</u>	<u>6,594,127</u>
End of year	<u>\$ —</u>	<u>5,488,291</u>

See accompanying notes to financial statements.

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

Notes to Financial Statements

December 31, 2015 and 2014

(1) Plan Description

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

(a) General

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

Effective January 1, 2015, eligible employees of the Plan became participants of the University Hospitals Health Systems, Inc. 401(k) Retirement Plan.

The Board of Directors of University Hospitals, as permitted by the plan document, adopted and approved an amendment and instrument of merger to transfer the assets of Comprehensive Health Care of Ohio, Inc. 401(k) Savings and Retirement Plan into the University Hospitals Health System 401(k) Retirement Savings Plan (University Hospitals 401(k) Plan) effective December 31, 2015.

(b) Contributions

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

The Company made matching contributions to eligible plan participants who were active and made deferral contributions. The Company matching contribution were equal to 25% of the first 4% of eligible compensation. Additionally, a discretionary contribution was made by the Company for all employees who had met the 12 months of service requirement. The contribution was allocated pro rata based on the participant's eligible compensation compared to total compensation of eligible participants. No discretionary contribution was made to the Plan in the year ended December 31, 2015.

(c) Participant Accounts

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

(d) Participant Notes Receivable

Participants could borrow from their fund accounts a minimum of \$1,000 up to an amount equal to the lesser of \$50,000 or 50% of their vested account balance, reduced by outstanding notes receivable balances. Participants could have a maximum of two notes outstanding at any given time. Participant notes receivable terms ranged from one to five years or within a reasonable period of time for the purchase of a primary residence. Notes receivable were collateralized by the participant's account

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

Notes to Financial Statements

December 31, 2015 and 2014

balance and had interest rates ranging from 4.25% to 7.75%, which were commensurate with local prevailing rates as determined by the plan administrator. Principal and interest were paid ratably through monthly payroll deductions.

(e) Vesting

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

(f) Benefit Payments

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

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

(g) Administrative Expenses

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

(2) Summary of Significant Accounting Policies

(a) Basis of Accounting

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

(b) Investment Valuation

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

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

The common collective trust fund consisted of an investment in the Fidelity Managed Income Portfolio (MIP) fund of which the purpose was to preserve principal while earning interest income. The MIP was a commingled pool and its investments were comprised of conventional and synthetic investment contracts issued by insurance companies, banks and other financial institutions, short-term bonds and

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

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other fixed income securities, including U.S. Treasury bonds, mortgage-backed securities, commercial mortgage-backed securities, asset backed securities and derivative instruments such as futures, swaps and options. Third-party wrap contracts were purchased to permit the use of book value accounting to maintain a constant net asset value and to provide for payment of participant-directed withdrawals and exchanges at book value. Interest was credited under wrap contracts.

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

The MIP was valued daily and it was the policy of Fidelity Management Trust Company (the Trustee) to use its best efforts to maintain a stable net asset value of \$1.00 per unit. The MIP used independent pricing services to value its investments. The market value spot yield for plan years ended December 31, 2015 and 2014 was 1.93% and 1.67%, respectively.

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

(c) *Participant Notes Receivable*

Notes receivable from participants were measured at their unpaid principal balance plus accrued but unpaid interest. Interest income was recorded on the accrual basis. Related fees were recorded as administrative expenses and were expensed when they were incurred. No allowance for credit losses has been recorded as of December 31, 2015 or 2014. If a participant ceased to make loan repayments and the plan administrator deemed the participant loan to be in default, the participant loan balance was reduced and a benefit payment was recorded based on the terms of the plan document.

(d) *Benefit Payments*

Benefits were recorded when paid.

(e) *Use of Estimates*

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

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

Notes to Financial Statements

December 31, 2015 and 2014

(3) Investments

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

The following table presents investments as certified to be complete and accurate by the Trustee of the Plan. Individual investments representing 5% or more of the Plan's total net assets for benefits are separately identified (*). Common/collective trusts are presented at fair value (**).

	<u>2015</u>	<u>2014</u>	
Mutual funds – at fair value:			
PIMCO Total Return	\$ —	353,247	*
T. Rowe Price Dividend Growth	—	718,167	*
AF Fundamental Investment R4	—	709,785	*
Fidelity Freedom 2020	—	1,168,786	*
Fidelity Freedom 2040	—	549,809	*
Fidelity Mid-Cap Stock	—	326,115	*
Other mutual funds	—	1,406,801	
Common collective trust fund - at contract value - Fidelity	—	174,966	**
Total investments	<u>\$ —</u>	<u>5,407,676</u>	

During the years ended December 31, 2015 and 2014, the investment gain and net (depreciation) appreciation in the Plan's investments (including investments bought, sold, and held during the year) as certified by the Trustee of the Plan were as follows:

	<u>2015</u>	<u>2014</u>
Interest and dividend income:		
Mutual funds	\$ 280,408	370,312
Common/collective trusts	<u>1,905</u>	<u>2,728</u>
	282,313	373,040
Net (depreciation) appreciation in investments at fair value as determined by quoted market price for mutual funds	<u>(244,206)</u>	<u>17,748</u>
Total investment income	<u>\$ 38,107</u>	<u>390,788</u>

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

Notes to Financial Statements

December 31, 2015 and 2014

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

Certain plan assets were in investment funds managed by Fidelity Management Trust Company or its affiliates. Fidelity Management Trust Company was the Trustee of the Plan; therefore, these transactions qualify as party-in interest transactions as defined under ERISA guidelines. The fees paid by the Plan to these parties in interest were \$283 and \$497 during the years ended December 31, 2015 and 2014.

(5) Plan Termination

The Plan Sponsor has the right under the Plan to terminate the Plan, subject to the provisions set forth in the plan agreement and ERISA. Upon termination, participants would remain 100% vested in their accounts.

(6) Tax Status

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

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2015, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Company believes the Plan is no longer subject to income tax examinations for years prior to 2012.

(7) Risks and Uncertainties

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

(8) Fair Value Measurements

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

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

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

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

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

Level 1 instruments consist of mutual funds which are valued at the daily closing price as reported by the fund. There are no Level 2 or 3 instruments within the Plan. There were no transfers in or out of Level 1, 2 or 3.

There were no assets at December 31, 2015.

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

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

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

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

Notes to Financial Statements

December 31, 2015 and 2014

(9) Reconciliation to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2015 and 2014 to Form 5500:

	<u>2015</u>	<u>2014</u>
Net assets available for benefits per the financial statements	\$ —	5,488,291
Add fair value adjustments of Fidelity Managed Income Portfolio	—	2,557
Net assets available for benefits per Form 5500	\$ <u>—</u>	<u>5,490,848</u>

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

The following is a reconciliation of the decrease in net assets available for benefits per the financial statements at December 31, 2015 and 2014 to Form 5500:

	<u>2015</u>	<u>2014</u>
Decrease in net assets per the financial statements	\$ (5,488,291)	(1,105,836)
Decrease in fair value adjustment of Fidelity Managed Income Portfolio	(2,557)	(2,287)
Decrease in net assets per Form 5500	\$ <u>(5,490,848)</u>	<u>(1,108,123)</u>

(10) Subsequent Events

The Plan has evaluated events through September 30, 2016, the date the financial statements were available to be issued. There were no reportable events.