

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>08/01/2015</u> and ending <u>07/31/2016</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>LORAIN COUNTY COMMUNITY ACTION AGENCY, INC.</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>08/01/1994</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>08/01/1994</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>08/01/1994</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>LORAIN COUNTY COMMUNITY ACTION AGENCY</u> <u>CHRIS HANEY</u> <u>506 BROADWAY</u> <u>LORAIN, OH 44052-1732</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>34-0968029</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>440-245-2009</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>624100</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>34-0968029</u>	2c Plan Sponsor's telephone number <u>440-245-2009</u>	2d Business code (see instructions) <u>624100</u>	
2b Employer Identification Number (EIN) <u>34-0968029</u>					
2c Plan Sponsor's telephone number <u>440-245-2009</u>					
2d Business code (see instructions) <u>624100</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. Signature of plan administrator	<u>03/17/2017</u> Date	<u>JACQUELINE BOEHNLEIN</u> Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature. Signature of employer/plan sponsor	<u>03/17/2017</u> Date	<u>JACQUELINE BOEHNLEIN</u> 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) <u>JONATHON R. PAPP, CPA</u> <u>CHARLES E HARRIS & ASSOCIATES, CPA</u> <u>614 SUPERIOR AVENUE</u> <u>SUITE 1242</u> <u>CLEVELAND, OH 44113</u>			Preparer's telephone number <u>440-842-0988</u>

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

Form 5500 (2015)
v. 150123

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	5 314
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year.....	6a(1) 314
a(2) Total number of active participants at the end of the plan year	6a(2) 307
b Retired or separated participants receiving benefits.....	6b 0
c Other retired or separated participants entitled to future benefits.....	6c 18
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 325
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 2
f Total. Add lines 6d and 6e	6f 327
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 327
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 16
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: 2L 2G 2F 2T	
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 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 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 2015 This Form is Open to Public Inspection
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For calendar plan year 2015 or fiscal plan year beginning **08/01/2015** and ending **07/31/2016**

A Name of plan LORAIN COUNTY COMMUNITY ACTION AGENCY, INC.	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 LORAIN COUNTY COMMUNITY ACTION AGENCY	D Employer Identification Number (EIN) 34-0968029	

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
VOYA RETIREMENT INSURANCE AND ANNUITY CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	VF1299	153	08/01/2015	07/31/2016

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
666	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 FINACIAL ADVISORS CORP.	1300 S CLINTON ST. STE 150 ATTN KIM LEHMAN LFA COMP. FORT WAYNE, IN 46802
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
12			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid FSC AGENCY, INC.	23 WINDY RIDGE PARKWAY SE STE 1100 ATLANTA, GA 30339
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
654			

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	0
5 Current value of plan's interest under this contract in separate accounts at year end	5	0

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 ▶ **UNALLOCATED ANNUITY CONTRACT**

b Balance at the end of the previous year	7b	265219
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c Additions: (1) Contributions deposited during the year	7c(1)		
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	9193	
(4) Transferred from separate account	7c(4)	14446	
(5) Other (specify below)..... ▶ LOAN REPAYMENTS, POSITIVE VALUE ADJUSTMENT, COLLATERAL INTEREST EARNED, TRANSFERS, RESOLUTION SETTLEMENTS	7c(5)	7158	

(6) Total additions	7c(6)	30797
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d Total of balance and additions (add lines 7b and 7c(6))	7d	296016
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	21087
(2) Administration charge made by carrier	7e(2)	1739
(3) Transferred to separate account	7e(3)	5176
(4) Other (specify below)..... ▶ LOAN DISBURSEMENTS, NEGATIVE VALUE ADJUSTMENT, TRANSFERS, FEES PAID	7e(4)	8157

(5) Total deductions	7e(5)	36159
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f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	259857
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE 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 2015 This Form is Open to Public Inspection
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For calendar plan year 2015 or fiscal plan year beginning 08/01/2015 and ending 07/31/2016

A Name of plan LORAIN COUNTY COMMUNITY ACTION AGENCY, INC.	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 LORAIN COUNTY COMMUNITY ACTION AGENCY	D Employer Identification Number (EIN) 34-0968029

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
MUTUAL OF AMERICA 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
13-1614399	88668	014997D	174	08/01/2015	07/31/2016

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
	82

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

AFRON REGIONAL OFFICE
3700 EMBASSY PARKWAY
SUITE 500
AKRON, OH 44333

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	82	PORTION OF INCENTIVE COMP. PROGRAM	3

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	620209
5 Current value of plan's interest under this contract in separate accounts at year end	5	833117

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶ [N/A](#)

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 ▶ N/A	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	580466
c Additions: (1) Contributions deposited during the year	7c(1)	53768
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	5857
(4) Transferred from separate account	7c(4)	25129
(5) Other (specify below)..... ▶ ROLLOVER	7c(5)	5660
(6) Total additions	7c(6)	90414
d Total of balance and additions (add lines 7b and 7c(6))	7d	670880
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	49166
(2) Administration charge made by carrier	7e(2)	1505
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	50671
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	620209

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2015
		This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 08/01/2015 and ending 07/31/2016

A Name of plan LORAIN COUNTY COMMUNITY ACTION AGENCY, INC.	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 LORAIN COUNTY COMMUNITY ACTION AGENCY	D Employer Identification Number (EIN) 34-0968029

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
T. ROWE PRICE ASSOCIATES, INC.	100 EAST PRATT STREET BALTIMORE, MD 21202

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation	
PIMCO	840 NEWPORT CENTER DRIVE NEWPORT BEACH, CA 92660

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
CAPITAL RESEARCH AND MANAGMENT CO.	333 SOUTH HOPE STREET LOS ANGELES, CA 90071

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
CALVERT INVESTMENT MANAGMENT, INC.	4550 MONTGOMERY AVENUE SUITE 1000N BETHESDA, MD 20814

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

AMERICAN CENTURY INVESTMENT MANAG

PO BOX 419786
KANSAS CITY, MO 64141

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

OPPENHEIMER FUNDS, INC.

PO BOX 5270
DENVER, CO 80217

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

DEUTSCHE INVESTMENT MANAGMENT AMERI

222 SOUTH RIVERSIDE PLAZA
CHICAGO, IL 60606

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

THE VANGUARD GOURP, INC.

PO BOX 2600
VALLEY FORGE, PA 19482

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

FIDELITY MANGEMENT & RESEARCH COMPA

82 DEVONSHIRE STREET
BOSTON, MA 02109

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

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

(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)

MUTUAL OF AMERICA LIFE INSURANCE CO

320 PARK AVENUE
NEW YORK, NY 10022

(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?
12 15 37	INSURANCE CARRIER	2144	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

VOYA RETIREMENT INSURANCE & ANNUITY

PO BOX 990067
HARTFORD, CT 06199

(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?
60 64 65 66	SERVICE PROVIDER	0	Yes ☒ No ☐	Yes ☒ No ☐	227	Yes ☐ No ☒

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 08/01/2015 and ending 07/31/2016

A Name of plan <u>LORAIN COUNTY COMMUNITY ACTION AGENCY, INC.</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>LORAIN COUNTY COMMUNITY ACTION AGENCY</u>	D Employer Identification Number (EIN) <u>34-0968029</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)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: MUTUAL OF AMERICA LIFE INSURANCE CO

b Name of sponsor of entity listed in (a): SEPERATE ACCOUNT NUMBER SA2

c EIN-PN <u>13-1614399-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1350804</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA RETIREMENT INSURANCE AND ANNUI

b Name of sponsor of entity listed in (a): SEPERATE ACCOUNT 1

c EIN-PN <u>71-0294708-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>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)**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)**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)**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 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 2015 This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning 08/01/2015 and ending 07/31/2016		
A Name of plan LORAIN COUNTY COMMUNITY ACTION AGENCY, INC.	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 LORAIN COUNTY COMMUNITY ACTION AGENCY	D Employer Identification Number (EIN) 34-0968029	

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)	4275	3637
(2) Participant contributions	1b(2)	4639	2969
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	42833	40121
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)	1528345	1555139
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	580466	620209
(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	2160558	2222075

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	2160558	2222075
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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)	89764	
(B) Participants	2a(1)(B)	85885	
(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)		175649
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)	5361	
(F) Other	2b(1)(F)	5857	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		11218
(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)		22242
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		209109

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	145987	
(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)		145987
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)	1605	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1605
j Total expenses. Add all expense amounts in column (b) and enter total	2j		147592

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		61517
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: CHARLES E. HARRIS & ASSOCIATES, CPA

(2) EIN: 34-1612521

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	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.)		☒		
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	N/A	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X		
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X		
e Was this plan covered by a fidelity bond?	X			1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X		
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X		
l Has the plan failed to provide any benefit when due under the plan?		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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?		X		
p Were in-service distributions made during the plan year?		X		

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

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 08/01/2015 and ending 07/31/2016

A Name of plan <u>LORAIN COUNTY COMMUNITY ACTION AGENCY, INC.</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>LORAIN COUNTY COMMUNITY ACTION AGENCY</u>	D Employer Identification Number (EIN) <u>34-0968029</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>71-0294708</u> <u>13-3590259</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>15</u>

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

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

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

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

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: _____% 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
-----------------	---------------------------------

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

Charles E. Harris & Associates, Inc.
Certified Public Accountants

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Cleveland, OH 44113-1306
Office phone - (216) 575-1630
Fax - (216) 436-2411

REPORT OF INDEPENDENT ACCOUNTANTS

Lorain County Community Action Agency, Inc.
403(b) Thrift Plan
506 Broadway Avenue
Lorain, Ohio 44052

To the Board of Directors:

We were engaged to audit the financial statements of the Lorain County Community Action Agency, Inc. 403(b) Thrift Plan, aka LCCAA Tax Deferred Annuity Plan (the Plan) as of July 31, 2016 and for the year then ended, and the supplemental schedule as of July 31, 2016, as listed in the accompanying Table of Contents. These financial statements and schedule are the responsibility of the Plan's management.

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 investment information summarized in Note 3, which was certified by Mutual of America, ING Life Insurance and Annuity Company and VOYA Retirement Insurance and Annuity Company (the Custodians of the Plan), except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan Administrator that the Plan Custodians hold the Plan's investment assets and execute investment transactions. The Plan Administrator has obtained certifications from each of the Plan Custodians identified above, as of July 31, 2016, and for the year then ended, that the information provided to the Plan Administrator by each Custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The supplemental schedule is presented for the purpose of additional analysis and is not a required part of the financial statements, but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Security Act of 1974. The form and content of the information included in the financial statements and schedule, other than that derived from the information certified by the Custodians, have been audited 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 Employer Retirement Income Security Act of 1974.

Charles E. Harris & Associates

Charles E. Harris & Associates, Inc.
February 9, 2017

LORAIN COUNTY COMMUNITY ACTION AGENCY, INC.
403(b) THRIFT PLAN
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
FORM 5500, SCHEDULE H, PART IV, LINE 41
July 31, 2016

EIN 34-0968029, PLAN 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value	(d) Cost	(e) Current Vaule
	Mutual of America	Interest Accumulation		620,209
	Mutual of America	Money Market Fund		3,055
	Mutual of America	Bond Fund		841
	Mutual of America	Mid-Term Bond Fund		767
	Mutual of America	Conservative Allocation		37,821
	Mutual of America	Moderate Allocation		61,830
	Mutual of America	Aggressive Allocation		111,517
	Mutual of America	Mid Cap Value Fund		5,753
	Mutual of America	Small Cap Growth Fund		10,094
	Mutual of America	Small Cap Value Fund		4,576
	Mutual of America	Retirement Income Fund PAGE 19		201
	Mutual of America	2015 Retirement Fund		87,366
	Mutual of America	2020 Retirement Fund		117,800
	Mutual of America	2025 Retirement Fund		80,807
	Mutual of America	2030 Retirement Fund		17,840
	Mutual of America	2035 Retirement Fund		116,367
	Mutual of America	2040 Retirement Fund		34,373
	Mutual of America	2045 Retirement Fund		29,951
	Mutual of America	2050 Retirement Fund		9,636
	DWS	Capital Growth		10,551
	American Century	VP Capital Appreciation		12,352
	Fidelity Investments	VIP Asset Manager		47,778
	Fidelity Investments	VIP Contrafund		3,555
	Fidelity Investments	VIP Mid Cap		18,559
	Fidelity Investments	VIP Equity-Income		1,446
	Vanguard	VIF International		2,799
	Vanguard	VIF Diversified Value Portfolio		1,392
	Vanguard	REIT Index Portfolio		417
	T. Rowe Price	Blue Chip Growth Fund		3,673
	Voya	Growth and Income Port - I		40,902
	ING	Fixed Account		147,624
	Voya	Money Market Portfolio - I		3,574
	Voya	Intermediate Bond Port - I		25,339
	ING	Short Term GAA		7,385
	Voya	Balance Portfolio I		40,629
	ING	Fixed Plus Account		104,847
	Voya	Strategic Alloc Growth Port I		686
	Voya	Strategic Alloc Mod Port I		18,366
	Voya	Strategic Alloc Conserv Port I		172
	Voya	Index Plus Large Cap Portfolio I		57,800
		SUBTOTAL		1,900,650

LORAIN COUNTY COMMUNITY ACTION AGENCY, INC.
403(b) THRIFT PLAN
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
FORM 5500, SCHEDULE H, PART IV, LINE 41
July 31, 2016

EIN 34-0968029, PLAN 001

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		<i>SUBTOTAL (previous page)</i>		1,900,650
	Voya	Small Company Portfolio I		2
	Voya	Index Plus SmallCap Portfolio I		3,571
	Voya	Index Plus MidCap Portfolio I		2,888
	Franklin	Sm Cap Value VIP Fd-2		1
	Lord Abbett	Mid-Cap Value Port-VC		3,231
	Invesco V.I.	Core Equity Fd - Series I		4,134
	Voya	SmallCap Opportunities Port-I		145
	Voya	MidCap Opportunities Port-I		23,635
	Calvert	VP SRI Balanced Portfolio		11,808
	Fidelity	VIP Overseas Portfolio - I		2,320
	Fidelity	VIP Equity-Income Port - I		459
	Fidelity	VIP Growth Portfolio - I		26,504
	VY	T. Rowe Price Growth Eq Port		10,803
	Fidelity	VIP Contrafund Port - Init		3,587
	Oppenheimer	Developing Mkts Fund - A		917
	Pax World	Balanced Fd Indiv Inv		7,463
	Voya	Loan Collateral Fund		40,407
	Voya	Global Bond Port - I		6,173
	VY	Oppenheimer Global Port I		8,293
	VY	JPMorgan Mid Cap Val Port Svc		5,911
	VY	Baron Growth Port Svc		1,405
	VY	T. Rowe Price Divr MidCap Gr Pt- I		30,012
	VY	Invesco Equity & Inc Port - I		14,705
	American Funds	EuroPacific R4		897
	VY	T. Rowe Price Equity Income Pt Svc		1,162
	Voya	Large Cap Growth Portfolio Inst		18,386
	Voya	Solution 2025 Portfolio - Svc		1,014
	Voya	Solution 2035 Portfolio - Svc		692
	Voya	Solution 2045 Portfolio - Svc		2,544
	VY	JPMorgan Emerg Mkts Eq Port - Svc		913
	VY	T. Rowe Price Capital Apprec Pt Svc		1
	Wanger	Select		3,036
	Voya	Large Cap Value Port Inst		6,536
	VY	Templeton Global Growth Port Svc		215
	Voya	International Index Port - I		2
	VY	Templeton Foreign Eq Port I		26,208
	VY	Clarion Global Real Est Prt Init		1
		SUBTOTAL		<u>269,981</u> 2,170,631

LORAIN COUNTY COMMUNITY ACTION AGENCY, INC.
403(b) THRIFT PLAN
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
FORM 5500, SCHEDULE H, PART IV, LINE 41
July 31, 2016

EIN 34-0968029, PLAN 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value	(d) Cost	(e) Current Vaule
		<i>SUBTOTAL (Previous Page)</i>		2,170,631
	Voya	Global Value Advantage Port 1	1	
	Voya	Russell Mid Cap Gr Index Port S	1,370	
	Invesco	Invesco VI American Franchise Fd I	3,346	
		SUBTOTAL		4,717
		TOTAL INVESTMENTS IN CONTRACTS WITH INSURANCE COMPANIES		2,175,348
		NOTES RECEIVABLE FROM PARTICIPANTS		
		Participant loans Various maturity dates; prevailing interest rates		40,121
		TOTAL ASSETS HELD FOR INVESTMENT		2,215,469

***LORAIN COUNTY COMMUNITY ACTION AGENCY, INC.
403(b) THRIFT PLAN
(aka LCCAA Tax Deferred Annuity Plan)***

***FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULES***



For the Years Ended July 31, 2016 and 2015



LORAIN COUNTY COMMUNITY ACTION AGENCY, INC.
403(b) THRIFT PLAN
FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES
For the Year Ending July 31, 2016 and 2015

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REPORT OF INDEPENDENT ACCOUNTANTS

Lorain County Community Action Agency, Inc.
403(b) Thrift Plan
506 Broadway Avenue
Lorain, Ohio 44052

To the Board of Directors:

We were engaged to audit the financial statements of the Lorain County Community Action Agency, Inc. 403(b) Thrift Plan, aka LCCAA Tax Deferred Annuity Plan (the Plan) as of July 31, 2016 and for the year then ended, and the supplemental schedule as of July 31, 2016, as listed in the accompanying Table of Contents. These financial statements and schedule are the responsibility of the Plan's management.

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 investment information summarized in Note 3, which was certified by Mutual of America, ING Life Insurance and Annuity Company and VOYA Retirement Insurance and Annuity Company (the Custodians of the Plan), except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan Administrator that the Plan Custodians hold the Plan's investment assets and execute investment transactions. The Plan Administrator has obtained certifications from each of the Plan Custodians identified above, as of July 31, 2016, and for the year then ended, that the information provided to the Plan Administrator by each Custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The supplemental schedule is presented for the purpose of additional analysis and is not a required part of the financial statements, but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Security Act of 1974. The form and content of the information included in the financial statements and schedule, other than that derived from the information certified by the Custodians, have been audited 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 Employer Retirement Income Security Act of 1974.



Charles E. Harris & Associates, Inc.
February 9, 2017

LORAIN COUNTY COMMUNITY ACTION AGENCY, INC.
403 (b) THRIFT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
JULY 31, 2016 AND 2015

	<u>2016</u>	<u>2015</u>
ASSETS		
INVESTMENTS*		
Investment contracts with insurance companies:		
General accounts	\$ 620,209	\$ 580,466
Pooled separate accounts	<u>1,555,139</u>	<u>1,528,345</u>
	2,175,348	2,108,811
NOTES RECEIVABLE FROM PARTICIPANTS	<u>40,121</u>	<u>42,833</u>
	2,215,469	2,151,644
RECEIVABLES		
Employer contributions	3,637	4,275
Participant contributions	<u>2,969</u>	<u>4,639</u>
	<u>6,606</u>	<u>8,914</u>
	2,222,075	2,160,558
TOTAL ASSETS	<u>\$ 2,222,075</u>	<u>\$ 2,160,558</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 2,222,075</u>	<u>\$ 2,160,558</u>

LORAIN COUNTY COMMUNITY ACTION AGENCY, INC.
403 (b) THRIFT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years Ended July 31, 2016 and 2015

	<u>2016</u>	<u>2015</u>
ADDITIONS		
Employer cash contributions	\$ 89,764	\$ 79,413
Employee cash contributions	85,885	68,378
Rollover cash contributions	-	5,523
Interest and dividend income		
Insurance companies - general account	5,857	5,534
Participant loans	5,361	3,689
Net realized and unrealized gains related to investments in contracts with insurance companies - Pooled separate accounts	<u>22,242</u>	<u>88,939</u>
	209,109	251,476
DEDUCTIONS		
Benefits paid to participants	145,987	129,710
Certain deemed distributions of participant loans		
Administrative fees	<u>1,605</u>	<u>1,680</u>
	<u>147,592</u>	<u>131,390</u>
NET INCREASE	61,517	120,086
NET ASSETS AVAILABLE FOR BENEFITS AT BEGINNING OF YEAR	<u>2,160,558</u>	<u>2,040,472</u>
	<u><u>\$ 2,222,075</u></u>	<u><u>\$ 2,160,558</u></u>

LORAIN COUNTY COMMUNITY ACTION AGENCY, INC.
403(b) THRIFT PLAN
NOTES TO FINANCIAL STATEMENTS
July 31, 2016 and 2015

NOTE 1 – ORGANIZATION AND DESCRIPTION OF THE PLAN

The Lorain County Community Action Agency, Inc. 403(b) Thrift Plan (the Plan) is a defined contribution plan covering substantially all employees of Lorain County Community Action Agency (the Agency) who have one year of service (consisting of at least 1,000 hours) and are age eighteen or older. The Plan is subject to the provisions of Employee Retirement Income Security Act of 1974 (ERISA). It was originally referred to as the “LCCAA Tax Deferred Annuity Plan”, when it was established in August, 1994.

Contributions

Eligible employees may contribute to the Plan through payroll deductions. In accordance with the Internal Revenue Code, the Agency limits the amount of an individual’s annual contribution, not to exceed the lesser of \$17,500, or 100% of their gross salary (as defined). In addition to this, catch-up contributions of up to \$5,500 may be deferred for those participants who are at least 50 years old. Amounts contributed by employees are deferred for Federal and State income tax purposes until benefits are paid.

The Agency’s annual contributions consist of employer base contributions (totaling 2% of each participant’s annual compensation) and employer matching contributions (equal to the lesser of 50% of each participant’s annual salary reduction contribution, or 2% of compensation).

Participant Accounts

Participants direct investment allocations into the available funds for all contributions made to the Plan. Each participant’s account is credited with the participant’s contribution and allocations of the Agency’s contribution and plan earnings, and is charged with an allocation for administrative expenses. Investment earnings are allocated to participants pro-ratably based on the ratio of each participant’s account beginning balance, adjusted for distributions, to the total beginning balance. Benefits are fully funded at all times.

Vesting and Forfeitures

Participants are immediately and fully vested in their contributions and in all employer contributions as of the date they begin to participate in the Plan. Consequently, there are no forfeitures.

Loans

Participants may borrow from their accrued benefit balance in accordance with Plan provisions and Internal Revenue Code (IRC) Regulations. The maximum amount a participant may borrow is equal to the lesser of 50% of their account balance or \$50,000. Such loans are secured by the balance in each participant’s account and bear interest at rates commensurate with local prevailing rates at the time the loan was received. These loans have been reflected as “Notes Receivable from Participants” in the accompanying Statements of Net Assets. The plan administrator believes all notes are fully collectible and, accordingly, no allowance for doubtful accounts is required. Designated Roth contributions, and

LORAIN COUNTY COMMUNITY ACTION AGENCY, INC.
403(b) THRIFT PLAN
NOTES TO FINANCIAL STATEMENTS
July 31, 2016 and 2015

their earnings, are not available for loan purposes. Loans of less than \$1,000 are not permitted under this Plan.

Payment of Benefits

On termination of service due to death, disability or retirement, participants may elect to receive either a lump-sum amount or an annuity contract for payment of benefits. For termination of service due to other reasons, a participant may elect to receive the value of the interest in his or her account as a lump-sum distribution or in installments. Account balances under \$1,000 must be paid in a single lump sum.

Administrative Costs

A significant portion of the administrative costs of the plan are paid directly by the employer sponsor, Lorain County Community Action Agency, Inc.

NOTE 2 – SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements of the Plan have been prepared on the accrual basis of accounting.

Investment Valuation and Income Recognition

The Plan's investments in the general accounts of insurance companies are stated at contract value, which approximates fair value. The Plan's investments in separate accounts are valued at fair value using quoted market prices. Fair value is the price that would be received upon the sale of an asset or paid to transfer a liability in an orderly transaction between market participants as of the measurement date. Investments in general accounts of insurance companies typically provide for a guaranteed fixed rate of return. Investments in pooled separate accounts provide for a variable rate of return and are dependent on the changes in the net asset values of the funds in the pool. Pooled separate accounts are valued through the use of accumulation units which represent account values for each separate fund in the pool. The value of these units is adjusted daily for fund performance.

Net appreciation of investments included in the accompanying Statements of Changes in Net Assets Available for Benefits includes realized gains or losses from the sale of investments and unrealized appreciation or depreciation in the fair value of investments. Net unrealized appreciation or depreciation in the fair value of investments represents the net change in the fair value of the investments held during each year. The net realized gains or losses on the sale of investments represent the difference between the sale proceeds and the fair value of the investment as of the beginning of the period or the cost of the investment if purchased during the year.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis and dividends are recorded on the ex-dividend date. The Plan held no fully benefit responsive investment contracts as of July 31, 2016 and 2015.

LORAIN COUNTY COMMUNITY ACTION AGENCY, INC.
403(b) THRIFT PLAN
NOTES TO FINANCIAL STATEMENTS
July 31, 2016 and 2015

Fair Value of Financial Instruments

The Plan provides disclosures on its financial instruments in accordance with the requirements of FASB ASC 820, *Fair Value Measurements and Disclosures*, which requires the use of a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value.

In January, 2010 the FASB issued ASU 2010-06, *Improving Disclosures About Fair Value Measurements* which requires more detailed disclosures concerning the methods and inputs used to measure the fair value of assets. The Plan has adopted all applicable provisions of ASU 2010-06 during its fiscal year ended July 31, 2011.

Payment of Benefits

Benefits are recorded when paid.

Date of Management's Review

Subsequent events were evaluated through February 9, 2016, which is the date the financial statements were available to be issued.

Estimates

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

NOTE 3 – INFORMATION PREPARED AND CERTIFIED BY CUSTODIANS

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified as complete and accurate by the Plan's Custodians:

	<u>2016</u>	<u>2015</u>
Investments, at Fair Value:		
Investments in contracts with insurance companies:		
General accounts	\$620,209	\$580,466
Pooled separate accounts	1,555,139	1,528,345
Interest income on general accounts	5,857	5,534
Investment income on pooled separate accounts	22,242	88,939

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, and disclosed in the Independent Auditor's Report on page 1, this information has not been audited.

LORAIN COUNTY COMMUNITY ACTION AGENCY, INC.
403(b) THRIFT PLAN
NOTES TO FINANCIAL STATEMENTS
July 31, 2016 and 2015

NOTE 4 – FAIR VALUE MEASUREMENTS

The Plan values its financial instruments at fair value. In accordance with FASB ASC 820, fair value is defined as the price that the Plan would receive to sell an investment or pay to transfer a liability in a timely transaction with an independent buyer in the principal market, or in the absence of a principal market the most advantageous market for the investment or liability. FASB ASC 820 establishes a three-tier hierarchy to distinguish between (1) inputs that reflect the assumptions market participants would use in pricing an asset or liability based on market data obtained from sources independent of the reporting entity (observable inputs) and (2) inputs that reflect the reporting entity's own assumptions about the assumptions market participants would use in pricing an asset or liability based on the best information available in the circumstances (unobservable inputs) and to establish classification of fair value measurements for disclosure purposes. Various inputs are used in determining the value of the Plan's investments. The inputs are summarized in the three levels, required by FASB ASC 820, and listed below:

Level 1 – Inputs represent unadjusted quoted prices in active markets for identical assets or liabilities that the reporting entity has the ability to access as of the measurement date.

Level 2 – Represents observable inputs other than quoted prices in active markets for identical assets.

Level 3 – Represents unobservable inputs supported by little or no market activity significant to the fair value measurements.

The Plan's investments consisted of the following investment categories and related levels of inputs as of July 31, 2016 and 2015:

<u>July 31, 2016</u>	<u>Fair Value</u>	<u>Fair Value Measurement Using:</u>		
		<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Investments:				
Interest accumulation funds	\$ 620,209	\$ -	\$ -	\$ 620,209
Equity funds	372,004	372,004	-	-
Retirement funds	500,802	500,802	-	-
Asset Allocation funds	234,642	234,642	-	-
Balanced funds	148,086	148,086	-	-
Fixed income funds	<u>299,605</u>	<u>299,605</u>	<u>-</u>	<u>-</u>
	2,175,348	1,555,139		620,209
Notes receivable from participants:	<u>40,121</u>	<u>-</u>	<u>-</u>	<u>40,121</u>
	<u>\$2,215,469</u>	<u>\$ 1,555,139</u>	<u>\$ -</u>	<u>\$ 660,330</u>

LORAIN COUNTY COMMUNITY ACTION AGENCY, INC.
403(b) THRIFT PLAN
NOTES TO FINANCIAL STATEMENTS
July 31, 2016 and 2015

<u>July 31, 2015</u>	<u>Fair Value</u>	<u>Fair Value Measurement Using:</u>		
		<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Investments:				
Interest accumulation funds	\$ 580,466	\$ -	\$ -	\$ 580,466
Equity funds	379,537	379,537	-	-
Retirement funds	481,864	481,864	-	-
Asset Allocation funds	221,240	221,240	-	-
Balanced funds	140,576	140,576	-	-
Fixed income funds	<u>305,128</u>	<u>305,128</u>	<u>-</u>	<u>-</u>
	2,108,811	1,528,345		580,466
Notes receivable from participants:	<u>42,833</u>	<u>-</u>	<u>-</u>	<u>42,833</u>
	<u>\$2,151,644</u>	<u>\$ 1,528,345</u>	<u>\$ -</u>	<u>\$ 623,299</u>

Listed below is a description of the various classes of investments, investment strategies and methods and significant assumptions to estimate fair values, as of July 31, 2016 and 2015:

Interest Accumulated Funds – This asset class consists of the general accounts of insurance companies and earns interest at rates determined by these companies. Funds are stated at contract value which approximates fair value. Because these funds are not available for sale in the public market, they have been classified as a Level 3 investment.

Equity Funds – Funds are generally invested in stocks of large or small to medium companies in the domestic or international marketplace. This class of investments seeks long-term growth of capital.

Retirement Funds – Funds are invested in a variety of securities to meet the goals of each specific fund. These funds are designed to provide a source of current income, consistent with capital appreciation and, to a lesser extent, to seek capital appreciation.

Assets Allocation Funds – Funds are invested in a mix of fixed income and equity securities. The goal of the funds is to provide a source of current income and also to seek capital appreciation.

Balanced Funds – Funds are invested in common stocks, bonds and money market instruments. The goal of these funds is to provide a source of current income and to seek capital appreciation.

Fixed Income Funds – This asset class is generally composed of short to mid-term investment options that are designed to provide as high a level of current income over time as is believed to be consistent with prudent investment risk. A secondary objective is preservation of capital.

LORAIN COUNTY COMMUNITY ACTION AGENCY, INC.
403(b) THRIFT PLAN
NOTES TO FINANCIAL STATEMENTS
July 31, 2016 and 2015

Equity Funds, Retirement Funds, Asset Allocation Funds, Balanced Funds and Fixed Income Funds are valued at fair value using an observable valuation system and are actively traded. These funds have been classified as Level 1 investments.

The fair value of notes receivable from participants approximates the amortized cost of these notes because the notes are secured by each respective participant's account balance. These notes have been classified as a Level 3 investment.

The following tables provide a reconciliation of Level 3 investments for the years end July 31, 2016 and 2015:

	Balance <u>7/31/15</u>	Contributions, Transfers and Loan <u>Payments</u>	<u>Distributions</u>	<u>Fees</u>	Investment <u>Earnings</u>	Balance <u>7/31/16</u>
Interest Accumulation Funds	\$580,466	\$84,557	\$(50,671)	\$0	\$5,857	\$620,209
Notes Receivable from Participants	42,833	(12,072)	9,360	0	0	40,121

	Balance <u>7/31/14</u>	Contributions, Transfers and Loan <u>Payments</u>	<u>Distributions</u>	<u>Fees</u>	Investment <u>Earnings</u>	Balance <u>7/31/15</u>
Interest Accumulation Funds	\$546,631	\$69,202	\$(40,901)	\$0	\$5,534	\$580,466
Notes Receivable from Participants	39,145	(13,612)	17,300	0	0	42,833

NOTE 5 – INCOME TAX STATUS

The Plan is a 403 (b) Plan and the Internal Revenue Service does not currently provide determination letters for such plans. The Plan Administrator believes that the Plan is designed, and it is currently being operated, in substantial compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTE 6 – INVESTMENTS

Investments that represent 5% or more of the Plan's net assets consist of the following as of July 31, 2016 and 2015:

<u>Description</u>	<u>Units</u>	<u>2016</u> <u>Amount</u>
Mutual of America Interest Accumulation Fund	N/A	\$620,209
Mutual of America Aggressive Allocation	N/A	111,517
Mutual of America 2020 Retirement Fund	N/A	117,800
Mutual of America 2035 Retirement Fund	N/A	116,367
ING Fixed Account	N/A	147,624

LORAIN COUNTY COMMUNITY ACTION AGENCY, INC.
 403(b) THRIFT PLAN
 NOTES TO FINANCIAL STATEMENTS
 July 31, 2016 and 2015

<u>Description</u>	<u>2015</u>	
	<u>Units</u>	<u>Amount</u>
ING Fixed Account	N/A	\$143,472
ING Fixed Plus Account	N/A	114,090
Mutual of America Interest Accumulation Fund	N/A	580,466
Mutual of America 2020 Retirement Fund	N/A	108,771
Mutual of America 2025 Retirement Fund	N/A	116,733

NOTE 7 – REPORTABLE TRANSACTIONS

The Plan had no reportable transactions as defined in Department of Labor Regulation 2520.103-6, during the years ended July 31, 2016 and 2015.

NOTE 8 – PARTY-IN-INTEREST TRANSACTIONS

The Plan invests in the general accounts of 3 insurance companies who are also the Plan's Custodians. The Plan also invests in pool separate accounts of these companies and these pooled separate accounts are managed by each of the Plan's Custodians. These transactions qualify as party-in-interest transactions and are exempt from reporting on Schedule G of Form 5500.

NOTE 9 – PLAN TERMINATION

Although it has not expressed any intent to do so, the Agency has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of the Employee Retirement Income Security Act of 1974.

NOTE 10 – 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 investments, it is 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.

LORAIN COUNTY COMMUNITY ACTION AGENCY, INC.
403(b) THRIFT PLAN
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
FORM 5500, SCHEDULE H, PART IV, LINE 41
July 31, 2016

EIN 34-0968029, PLAN 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	© Description of Investment Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value	(d) Cost	(e) Current Vaule
	Mutual of America	Interest Accumulation		620,209
	Mutual of America	Money Market Fund		3,055
	Mutual of America	Bond Fund		841
	Mutual of America	Mid-Term Bond Fund		767
	Mutual of America	Conservative Allocation		37,821
	Mutual of America	Moderate Allocation		61,830
	Mutual of America	Aggressive Allocation		111,517
	Mutual of America	Mid Cap Value Fund		5,753
	Mutual of America	Small Cap Growth Fund		10,094
	Mutual of America	Small Cap Value Fund		4,576
	Mutual of America	Retirement Income Fund PAGE 19		201
	Mutual of America	2015 Retirement Fund		87,366
	Mutual of America	2020 Retirement Fund		117,800
	Mutual of America	2025 Retirement Fund		80,807
	Mutual of America	2030 Retirement Fund		17,840
	Mutual of America	2035 Retirement Fund		116,367
	Mutual of America	2040 Retirement Fund		34,373
	Mutual of America	2045 Retirement Fund		29,951
	Mutual of America	2050 Retirement Fund		9,636
	DWS	Capital Growth		10,551
	American Century	VP Capital Appreciation		12,352
	Fidelity Investments	VIP Asset Manager		47,778
	Fidelity Investments	VIP Contrafund		3,555
	Fidelity Investments	VIP Mid Cap		18,559
	Fidelity Investments	VIP Equity-Income		1,446
	Vanguard	VIF International		2,799
	Vanguard	VIF Diversified Value Portfolio		1,392
	Vanguard	REIT Index Portfolio		417
	T. Rowe Price	Blue Chip Growth Fund		3,673
	Voya	Growth and Income Port - I		40,902
	ING	Fixed Account		147,624
	Voya	Money Market Portfolio - I		3,574
	Voya	Intermediate Bond Port - I		25,339
	ING	Short Term GAA		7,385
	Voya	Balance Portfolio I		40,629
	ING	Fixed Plus Account		104,847
	Voya	Strategic Alloc Growth Port I		686
	Voya	Strategic Alloc Mod Port I		18,366
	Voya	Strategic Alloc Conserv Port I		172
	Voya	Index Plus Large Cap Portfolio I		57,800
		SUBTOTAL		1,900,650

LORAIN COUNTY COMMUNITY ACTION AGENCY, INC.
403(b) THRIFT PLAN
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
FORM 5500, SCHEDULE H, PART IV, LINE 41
July 31, 2016

EIN 34-0968029, PLAN 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	© Description of Investment Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value	(d) Cost	(e) Current Vaule
		<i>SUBTOTAL (previous page)</i>		1,900,650
	Voya	Small Company Portfolio I		2
	Voya	Index Plus SmallCap Portfolio I		3,571
	Voya	Index Plus MidCap Portfolio I		2,888
	Franklin	Sm Cap Value VIP Fd-2		1
	Lord Abbett	Mid-Cap Value Port-VC		3,231
	Invesco V.I.	Core Equity Fd - Series I		4,134
	Voya	SmallCap Opportunities Port-I		145
	Voya	MidCap Opportunities Port-I		23,635
	Calvert	VP SRI Balanced Portfolio		11,808
	Fidelity	VIP Overseas Portfolio - I		2,320
	Fidelity	VIP Equity-Income Port - I		459
	Fidelity	VIP Growth Portfolio - I		26,504
	VY	T. Rowe Price Growth Eq Port		10,803
	Fidelity	VIP Contrafund Port - Init		3,587
	Oppenheimer	Developing Mkts Fund - A		917
	Pax World	Balanced Fd Indiv Inv		7,463
	Voya	Loan Collateral Fund		40,407
	Voya	Global Bond Port - I		6,173
	VY	Oppenheimer Global Port I		8,293
	VY	JPMorgan Mid Cap Val Port Svc		5,911
	VY	Baron Growth Port Svc		1,405
	VY	T. Rowe Price Divr MidCap Gr Pt- I		30,012
	VY	Invesco Equity & Inc Port - I		14,705
	American Funds	EuroPacific R4		897
	VY	T. Rowe Price Equity Income Pt Svc		1,162
	Voya	Large Cap Growth Portfolio Inst		18,386
	Voya	Solution 2025 Portfolio - Svc		1,014
	Voya	Solution 2035 Portfolio - Svc		692
	Voya	Solution 2045 Portfolio - Svc		2,544
	VY	JPMorgan Emerg Mkts Eq Port - Svc		913
	VY	T. Rowe Price Capital Apprec Pt Svc		1
	Wanger	Select		3,036
	Voya	Large Cap Value Port Inst		6,536
	VY	Templeton Global Growth Port Svc		215
	Voya	International Index Port - I		2
	VY	Templeton Foreign Eq Port I		26,208
	VY	Clarion Global Real Est Prt Init		1
		SUBTOTAL		269,981
				2,170,631

LORAIN COUNTY COMMUNITY ACTION AGENCY, INC.
 403(b) THRIFT PLAN
 SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
 FORM 5500, SCHEDULE H, PART IV, LINE 41
 July 31, 2016

EIN 34-0968029, PLAN 001

<i>(a)</i>	<i>(b)</i> <i>Identity of Issue, Borrower, Lessor or Similar Party</i>	<i>(c)</i> <i>Description of Investment Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value</i>	<i>(d)</i> <i>Cost</i>	<i>(e)</i> <i>Current Vaule</i>
		<i>SUBTOTAL (Previous Page)</i>		2,170,631
	Voya	Global Value Advantage Port 1		1
	Voya	Russell Mid Cap Gr Index Port S		1,370
	Invesco	Invesco VI American Franchise Fd I		3,346
		SUBTOTAL		4,717
		TOTAL INVESTMENTS IN CONTRACTS WITH INSURANCE COMPANIES		2,175,348
		NOTES RECEIVABLE FROM PARTICIPANTS Participant loans Various maturity dates; prevailing interest rates		40,121
		TOTAL ASSETS HELD FOR INVESTMENT		2,215,469

**Application for Extension of Time
To File Certain Employee Plan Returns**

► For Privacy Act and Paperwork Reduction Act Notice, see instructions.
► Information about Form 5558 and its instructions is at www.irs.gov/form5558

OMB No. 1545-0212

File With IRS Only**Part I Identification**

A	Name of filer, plan administrator, or plan sponsor (see instructions)	B	Filer's identifying number (see instructions)		
	Number, street, and room or suite no. (If a P.O. box, see instructions)		Employer identification number (EIN) (9 digits XX-XXXXXXX)		
	City or town, state, and ZIP code		Social security number (SSN) (9 digits XXX-XX-XXXX)		
C	Plan name	Plan number	Plan year ending—		
			MM	DD	YYYY

Part II Extension of Time To File Form 5500 Series, and/or Form 8955-SSA

1 ☐ Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part 1, C above.

2 I request an extension of time until ____ / ____ / ____ to file Form 5500 series (see instructions).

Note. A signature IS NOT required if you are requesting an extension to file Form 5500 series.

3 I request an extension of time until ____ / ____ / ____ to file Form 8955-SSA (see instructions).

Note. A signature IS NOT required if you are requesting an extension to file Form 8955-SSA.

The application is **automatically approved** to the date shown on line 2 and/or line 3 (above) if: **(a)** the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested, and **(b)** the date on line 2 and/or line 3 (above) is not later than the 15th day of the third month after the normal due date.

Part III Extension of Time To File Form 5330 (see instructions)

4 I request an extension of time until ____ / ____ / ____ to file Form 5330.

You may be approved for up to a 6 month extension to file Form 5330, after the normal due date of Form 5330.

a Enter the Code section(s) imposing the tax ► **a** _____

b Enter the payment amount attached ► **b** _____

c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date ► **c** _____

5 **State in detail why you need the extension:**

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ►**Date ►**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

What's New

The June 2011 version of Form 5558 required a signature for extensions of time to file Form 8955-SSA. A signature is no longer required for an extension to file Form 8955-SSA. As under the June 2011 version of Form 5558, a signature is also not required to extend the time to file Form 5500 series; however, a signature is still required to extend the time to file Form 5330.

The June 2011 version of the Form 5558 provided space for the names of three plans; as a result a single Form 5558 could be used to extend the time to file returns for three plans. The Form 5558 now limits the extension to a single plan. Applications for extensions of other plans must be submitted on additional Forms 5558. As under current rules, lists of other plans should not be attached to a Form 5558. Lists attached to Form 5558 will not be processed. Only the plan listed on Form 5558 will be processed.

A new checkbox has been added for recently adopted plans that are requesting an extension of time to file a Form 5500 series return/report where a Form 5500 series return/report is being filed for that plan for the first time.

Future Developments

For the latest information about developments related to Form 5558 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/form5558.

Purpose of Form

Use Form 5558 to apply for a one-time extension of time to file the Form 5500 series (Form 5500, Annual Return/Report of Employee Benefit Plan; Form 5500-SF, Short Form Annual Return/Report of Small Employee Benefit Plan; Form 5500-EZ, Annual Return of One-Participant (Owners and Their Spouses) Retirement Plan); Form 8955-SSA, Annual Registration Statement Identifying Separated Participants With Deferred Vested Benefits; or Form 5330, Return of Excise Taxes Related to Employee Benefit Plans.



To avoid processing delays, the most recent version of this Form 5558 should always be used. For example, this Form 5558 (Rev. August 2012) should be used instead of the June 2011 version or any other prior version. To determine the most recent version of this Form, go to IRS.gov/retirement.

Where To File

File Form 5558 with the Department of the Treasury, Internal Revenue Service Center, Ogden, UT 84201-0045.

Private delivery services. You can use certain private delivery services designated by the IRS to meet the "timely mailing treated as timely filing/paying" rule for tax returns and payments. If you use a private delivery service designated by the IRS (rather than the U.S. Postal Service) to send your return, the

postmark date generally is the date the private delivery service records in its database or marks on the mailing label. The private delivery service can tell you how to get written proof of this date.

The following are designated private delivery services:

- DHL Express (DHL): DHL Same Day Service.
- Federal Express (FedEx): FedEx Priority Overnight, FedEx Standard Overnight, FedEx 2 Day, FedEx International Priority, and FedEx International First.
- United Parcel Service (UPS): UPS Next Day Air, UPS Next Day Air Saver, UPS 2nd Day Air, UPS 2nd Day Air A.M., UPS Worldwide Express Plus, and UPS Worldwide Express.

Specific Instructions

Part I. Identification

A. Name and Address

Enter your name and address in the heading if you are requesting an extension of time to file the Form 5500, Form 5500-SF, Form 5500-EZ and/or Form 8955-SSA or Form 5330.

The plan sponsor (generally, the employer for a single-employer plan) or plan administrator listed on the application should be the same as the plan sponsor or plan administrator listed on the annual return/report filed for the plan.

Include the suite, room, or other unit number after the street address. If the Post Office does not deliver mail to the street address and you have a P.O. box, show the box number instead of the street address.

If the entity's address is outside the United States or its possessions, or territories, enter in the space for city or town, state, and ZIP code, the information in the following order: city, province or state, and country. Follow the country's practice for entering the postal code. Do not abbreviate the country name.

If your mailing address has changed since you filed your last return, use Form 8822, Change of Address, to notify the IRS of the change. A new address shown on Form 5558 will not update your record.

B. Filer's Identifying Number

Employer identification number (EIN). Enter the nine-digit EIN in an XX-XXXXXXX format, assigned to the employer for all applications filed for the Form 5500 series (Form 5500, Form 5500-SF, Form 5500-EZ) and/or Form 8955-SSA. Also enter the EIN for applications filed for Form 5330 (see *Social security number (SSN)* next for exceptions).

If the employer does not have an EIN, the employer must apply for one. An EIN can be applied for:

- Online by clicking the Online EIN Application link at IRS.gov. The EIN is issued immediately once the application information is validated.
- Note.** The online application process is not yet available for corporations with addresses in foreign countries.
- By telephone at 1-800-829-4933.
- By fax using the FAX-TIN numbers for your state listed in the Instructions for Form SS-4.

- Employers who do not have an EIN may apply for one by attaching a completed Form SS-4, Application for Employer Identification Number, to this form.

Social security number (SSN). If you made excess contributions to a section 403(b)(7)(A) custodial account or you are a disqualified person other than an employer, and you are applying for an extension of time to file Form 5330, enter your nine-digit SSN in an XXX-XX-XXXX format. Do not enter your SSN for Form 5500, Form 5500-SF, Form 5500-EZ, or Form 8955-SSA.

C. Plan Information

Complete the plan name, plan number, and plan year ending for the plan included on this Form 5558.

Part II. Extension of Time To File Form 5500 Series and/or Form 8955-SSA

Use Form 5558 to apply for a one-time extension of time to file the Form 5500 series (Form 5500, Form 5500-SF, Form 5500-EZ) and/or Form 8955-SSA.



Do not include the Form 5500 series (Form 5500, Form 5500-SF, Form 5500-EZ) or the Form 8955-SSA with this form.

Exception: Form 5500, Form 5500-SF, Form 5500-EZ, and Form 8955-SSA filers are automatically granted extensions of time to file until the extended due date of the federal income tax return of the employer (and are not required to file Form 5558) if both of the following conditions are met: (1) the plan year and the employer's tax year are the same; and (2) the employer has been granted an extension of time to file its federal income tax return to a date later than the normal due date for filing the Form 5500, Form 5500-SF, Form 5500-EZ, or Form 8955-SSA. An extension granted under this exception cannot be extended further by filing a Form 5558 after the normal due date of the Form 5500, Form 5500-SF, Form 5500-EZ, or Form 8955-SSA.

An extension of time to file a Form 5500, Form 5500-SF, Form 5500-EZ, and/or Form 8955-SSA does not operate as an extension of time to file the PBGC (Pension Benefit Guaranty Corporation) Form 1, Annual Premium Payment.

How to file. A separate Form 5558 must be used for each plan for which an extension is requested. For example, if an employer maintains a defined benefit plan and a profit-sharing plan, a separate Form 5558 must be filed for each plan. A single Form 5558 may, however, be used to extend the time to file a plan's Form 5500 series return/report and its Form 8955-SSA.

Lists of other plans should not be attached to a Form 5558. Only the plan listed on Form 5558 will be processed. Lists attached to the Form 5558 will not be processed.

When to file. To request an extension of time to file Form 5500, Form 5500-SF, Form 5500-EZ, and/or Form 8955-SSA, file Form 5558 on or before the return/report's normal due date. The normal due date is the date the Form 5500, Form 5500-SF, Form 5500-EZ, and/or Form 8955-SSA would otherwise be due, without extension.

Applications for extension of time to file Form 5500, Form 5500-SF, Form 5500-EZ, and/or Form 8955-SSA that are filed on or before the return/report's normal due date on a properly completed Form 5558 will be automatically approved to the date that is no later than the 15th day of the third month after the return/report's normal due date.

Note. If the filing date falls on a Saturday, Sunday, or a legal holiday, the return may be filed on the next day that is not a Saturday, Sunday, or a legal holiday.

Approved copies of Form 5558 requesting an extension to file Form 5500, Form 5500-SF, Form 5500-EZ, and/or Form 8955-SSA will not be returned to the filer from the IRS.

Line 1. Check this box if the extension of time being requested on line 2 is for the first Form 5500 series return/report filed for the plan. This box should not be checked if the plan previously filed a Form 5500 series return/report at any time for any year.

Line 2. Enter on line 2 the due date for which you are requesting to file Form 5500, Form 5500-SF, or Form 5500-EZ. This date should not be later than the 15th day of the third month after the normal due date of the return/report.

When using Form 5558 to request an extension of time to file Form 5500, Form 5500-SF, or Form 5500-EZ, plan sponsors or plan administrators are not required to sign the form. If Form 5558 is timely filed and complete, you will be granted an extension not later than the 15th day of the third month after the return/report's normal due date to file Form 5500, Form 5500-SF, or Form 5500-EZ.

Line 3. Enter on line 3 the due date for which you are requesting to file Form 8955-SSA. This date should not be later than the 15th day of the third month after the normal due date of the return.

When using Form 5558 to request an extension of time to file Form 8955-SSA, plan sponsors or plan administrators are not required to sign the form. If Form 5558 is timely filed and complete, you will be granted an extension not later than the 15th day of the third month after the return's normal due date to file Form 8955-SSA.

Part III. Extension of Time To File Form 5330

File one Form 5558 to request an extension of time to file Form 5330 for excise taxes with the same filing due date. For specific information on excise tax due dates, see the Instructions for Form 5330.



CAUTION An extension of time to file does not extend the time to pay the tax due. Any tax due must be paid with this application for an extension of time to file Form 5330. Additionally, interest is charged on taxes not paid by the due date even if an extension of time to file is granted.

Note. The IRS will no longer return stamped copies of the Form 5558 to filers who request an extension of time to file a Form 5330. Instead you will receive a computer generated notice to inform you if your extension is

approved or denied. Because of this change, we ask you to attach a photocopy of this notice to your Form 5330.

When to file. To request an extension of time to file Form 5330, file Form 5558 in sufficient time for the IRS to consider and act on it before the return's normal due date.

The normal due date is the date the Form 5330 would otherwise be due, without extension.

Line 4. On line 4, enter the requested due date. If your application for extension of time to file Form 5330 is approved, you may be granted an extension of up to 6 months after the normal due date of Form 5330.

Line 4a. Indicate the section(s) for the excise tax for which you are requesting an extension.

Line 4b. Enter the amount of tax estimated to be due with Form 5330 and attach your payment to this form.

Make your check or money order payable to the "United States Treasury." Do not send cash. On all checks or money orders, write your name, filer's identifying number (EIN or SSN), plan number, Form 5330 section number, and the tax year to which the payment applies.

If you changed your mailing address after you filed your last return, use Form 8822 to notify the IRS of the change. You can get Form 8822 by calling 1-800-829-3676 or you can access the IRS website at IRS.gov 24 hours a day, 7 days a week.

Line 5. The IRS will grant a reasonable extension of time (not to exceed 6 months) for filing Form 5330 if you file a timely application showing that you are unable to file Form 5330 because of circumstances beyond your control. Clearly describe these circumstances. Generally, an application will be considered on the basis of your own efforts to fulfill this filing responsibility, rather than the convenience of anyone providing help in preparing the return. However, consideration will be given to any circumstances that prevent your practitioner, for reasons beyond his or her control, from filing the return by the normal due date, and to circumstances in which you are unable to get needed professional help in spite of timely efforts to do so.



CAUTION If we grant you an extension of time to file Form 5330 and later find that the statements made on this form are false or misleading, the extension will be null and void. A late filing penalty associated with the form for which you filed this extension will be charged.

Signature

If you are filing Form 5558 for an extension to file Form 5330, the Form 5558 must be signed. The person who signs this form may be an employer, a plan sponsor, a plan administrator, a disqualified person required to file Form 5330, an attorney or certified public accountant qualified to practice before the IRS, a person enrolled to practice before the IRS, or a person holding a power of attorney.

If you are filing Form 5558 for an extension to file Form 5500 series return/report or Form 8955-SSA, a signature is not required.

Privacy Act and Paperwork Reduction Act Notice

We ask for the information on this form to carry out the Internal Revenue laws of the United States and the Employee Retirement Income Security Act of 1974 (ERISA). We need it to determine if you are entitled to an extension of time to file Form 5500, Form 5500-SF, Form 5500-EZ, and/or Form 8955-SSA, or Form 5330. You are not required to request an extension; however, if you want an extension, section 6081 requires you to provide the information. Section 6109 requires you to provide your identification number. Failure to provide this information may delay or prevent processing your request; providing false information may subject you to penalties.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential as required by section 6103.

However, section 6103 allows or requires the Internal Revenue Service to disclose this information to others. We may disclose to the Department of Justice for civil or criminal litigation, to the Department of Labor and the Pension Benefit Guaranty Corporation for the administration of ERISA, and to cities, states, the District of Columbia, and U.S. commonwealths or possessions to carry out their tax laws. We may also disclose the information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time: 24 minutes.

If you have comments concerning the accuracy of this time estimate or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:M:S, 1111 Constitution Ave., NW, IR-6526, Washington, DC 20224. Do not send the tax form to this address. Instead, see *Where To File*.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **Part II**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print	Enter filer's identifying number, see instructions	
Name of exempt organization or other filer, see instructions. Lorain County Community Action Agency	Employer identification number (EIN) or 34-0968029	
Number, street, and room or suite no. If a P.O. box, see instructions. 506 Broadway Avenue	Social security number (SSN)	
City, town or post office, state, and ZIP code. For a foreign address, see instructions. Lorain, OH 44052		

Enter the Return code for the return that this application is for (file a separate application for each return)

0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in the care of **Chris Haney, Director of Finance, 506 Broadway Ave., Lorain OH 44052-0245**

Telephone No. **440.2452.009**

Fax No. ☐

• If the organization does not have an office or place of business in the United States, check this box ☐

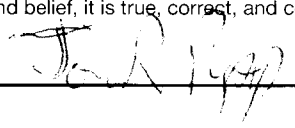
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **June 15**, 20 **17**.
- 5 For calendar year **August 1**, 20 **15**, and ending **July 31**, 20 **16**.
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period
- 7 State in detail why you need the extension **Additional time is required to properly prepare Form 990 and all its applicable schedules.**

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ 0

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature 

Title **CPA**

Date **8/1/17**