

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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 6057(b) and 6058(a) of the Internal Revenue Code (the Code).<br><br><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2016</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                          |                                                                                                                                                                                                                                             |                                                                                           |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                          |                                                                                                                                                                                                                                             |                                                                                           |
| For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u> |                                                                                                          |                                                                                                                                                                                                                                             |                                                                                           |
| <b>A</b>                                                                                                 | This return/report is for:                                                                               | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)               |                                                                                           |
|                                                                                                          | <input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) ____ |                                                                                                                                                                                                                                             |                                                                                           |
| <b>B</b>                                                                                                 | This return/report is:                                                                                   | <input type="checkbox"/> the first return/report<br><input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report<br><input type="checkbox"/> a short plan year return/report (less than 12 months) |                                                                                           |
| <b>C</b>                                                                                                 | If the plan is a collectively-bargained plan, check here. .... ▶ <input type="checkbox"/>                |                                                                                                                                                                                                                                             |                                                                                           |
| <b>D</b>                                                                                                 | Check box if filing under:                                                                               | <input checked="" type="checkbox"/> Form 5558<br><input type="checkbox"/> special extension (enter description)                                                                                                                             | <input type="checkbox"/> automatic extension<br><input type="checkbox"/> the DFVC program |

|                |                                                                                                                                                                                                                                                                                                                                                                               |           |                                                           |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------|
| <b>Part II</b> | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                                                                |           |                                                           |
| <b>1a</b>      | Name of plan<br><u>NORTHEAST OHIO NEIGHBORHOOD HEALTH SERVICES, INC. TAX SHELTERED ANNUITY PLAN</u>                                                                                                                                                                                                                                                                           | <b>1b</b> | Three-digit plan number (PN) ▶ <u>002</u>                 |
|                |                                                                                                                                                                                                                                                                                                                                                                               | <b>1c</b> | Effective date of plan<br><u>07/01/1996</u>               |
| <b>2a</b>      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>NORTHEAST OHIO NEIGHBORHOOD HEALTH SERVICES, INC.</u><br><br><u>8300 HOUGH AVENUE</u><br><u>CLEVELAND, OH 44103</u> | <b>2b</b> | Employer Identification Number (EIN)<br><u>34-1014291</u> |
|                |                                                                                                                                                                                                                                                                                                                                                                               | <b>2c</b> | Plan Sponsor's telephone number<br><u>216-231-7700</u>    |
|                |                                                                                                                                                                                                                                                                                                                                                                               | <b>2d</b> | Business code (see instructions)<br><u>621498</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.

|                                                                                                 |                                                   |            |                                                              |
|-------------------------------------------------------------------------------------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                | Filed with authorized/valid electronic signature. | 10/13/2017 | WILLIE AUSTIN                                                |
|                                                                                                 | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b>                                                                                |                                                   |            |                                                              |
|                                                                                                 | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b>                                                                                |                                                   |            |                                                              |
|                                                                                                 | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |
| Preparer's name (including firm name, if applicable) and address (include room or suite number) |                                                   |            | Preparer's telephone number                                  |
|                                                                                                 |                                                   |            |                                                              |

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2016)  
v. 160205

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div> |
| <b>4</b> 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:<br><b>a</b> Sponsor's name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>4b</b> EIN<br><br><b>4c</b> PN                                                                                                                                |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>5</b> 379                                                                                                                                                     |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year.....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><br><b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <b>6a(1)</b> 233<br><b>6a(2)</b> 233<br><b>6b</b> 8<br><b>6c</b> 146<br><b>6d</b> 387<br><b>6e</b> 0<br><b>6f</b> 387<br><b>6g</b> 238<br><b>6h</b> 0            |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>7</b>                                                                                                                                                         |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2F 2L 2M 2R 2T 3H<br><br><b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br><b>(1)</b> <input checked="" type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                            | <b>9b</b> Plan benefit arrangement (check all that apply)<br><b>(1)</b> <input checked="" type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                                       |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>a Pension Schedules</b><br><b>(1)</b> <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br><b>(2)</b> <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br><b>(3)</b> <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | <b>b General Schedules</b><br><b>(1)</b> <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br><b>(2)</b> <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br><b>(3)</b> <input checked="" type="checkbox"/> <u>1</u> <b>A</b> (Insurance Information)<br><b>(4)</b> <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br><b>(5)</b> <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br><b>(6)</b> <input type="checkbox"/> <b>G</b> (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 2016 Form M-1 annual report. If the plan was not required to file the 2016 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 \_\_\_\_\_

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                           |                                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE A</b><br><b>(Form 5500)</b><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><hr/> <small>Department of Labor<br/>Employee Benefits Security Administration</small><br><hr/> <small>Pension Benefit Guaranty Corporation</small> | <b>Insurance Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b><br><br>► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110<br><br><hr/> <b>2016</b><br><br><hr/> <b>This Form is Open to Public Inspection</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|

For calendar plan year 2016 or fiscal plan year beginning **01/01/2016** and ending **12/31/2016**

|                                                                                                                    |                                                             |            |
|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br>NORTHEAST OHIO NEIGHBORHOOD HEALTH SERVICES, INC. TAX SHELTERED ANNUITY PLAN              | <b>B</b> Three-digit plan number (PN) ►                     | <b>002</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>NORTHEAST OHIO NEIGHBORHOOD HEALTH SERVICES, INC. | <b>D</b> Employer Identification Number (EIN)<br>34-1014291 |            |

|               |                                                                                                                                                                                                                                                     |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information Concerning Insurance Contract Coverage, Fees, and Commissions</b> 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. |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**1** Coverage Information:

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

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 74-1625348 | 70238         | 08114                                 | 227                                                                         | 01/01/2016              | 12/31/2016 |

**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 |
| 7215                                 | 0                             |

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

|                                                                                                                        |                                         |
|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <b>(a)</b> Name and address of the agent, broker, or other person to whom commissions or fees were paid<br>GREG MEADOR | 2929 ALLEN PARKWAY<br>HOUSTON, TX 77019 |
|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
| 6540                                          |                                 |             | 3                     |

|                                                                                                                           |                                         |
|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <b>(a)</b> Name and address of the agent, broker, or other person to whom commissions or fees were paid<br>ROBERT HYNEMAN | 2929 ALLEN PARKWAY<br>HOUSTON, TX 77019 |
|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
| 432                                           |                                 |             | 3                     |

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

DEAN T. KOLLER

2929 ALLEN PARKWAY  
HOUSTON, TX 77019

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
| 243                                           |                                 |             | 3                     |

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

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

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

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

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

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

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

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

**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.

|                                                                                                        |          |         |
|--------------------------------------------------------------------------------------------------------|----------|---------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |         |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> | 6246469 |

**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 .....**6d**

Specify nature of costs ▶

**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**

3809973

**c** Additions: (1) Contributions deposited during the year .....**7c(1)**

233190

(2) Dividends and credits.....

**7c(2)**

(3) Interest credited during the year.....

**7c(3)**

103215

(4) Transferred from separate account .....

**7c(4)**

500534

(5) Other (specify below) .....

**7c(5)**

▶

(6) Total additions .....

**7c(6)**

836939

**d** Total of balance and additions (add lines **7b** and **7c(6)**) .....**7d**

4646912

**e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

**7e(1)**

274138

(2) Administration charge made by carrier.....

**7e(2)**

(3) Transferred to separate account .....

**7e(3)**

40587

(4) Other (specify below) .....

**7e(4)**

4399

▶ ASSET RECLASSIFICATION

(5) Total deductions .....

**7e(5)**

319124

**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**).....**7f**

4327788

**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:

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

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                                             |            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                                                       | <b>10a</b> |  |
| <b>b</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. ....<br>Specify nature of costs. | <b>10b</b> |  |

**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. ▶

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2016                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

|                                                                                                                                           |                                                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <div>A</div> <div>Name of plan</div> <div>NORTHEAST OHIO NEIGHBORHOOD HEALTH SERVICES, INC. TAX SHELTERED ANNUITY PLAN</div>              | <div>B</div> <div>Three-digit plan number (PN) ▶</div> <div>002</div>              |
| <div>C</div> <div>Plan sponsor's name as shown on line 2a of Form 5500</div> <div>NORTHEAST OHIO NEIGHBORHOOD HEALTH SERVICES, INC.</div> | <div>D</div> <div>Employer Identification Number (EIN)</div> <div>34-1014291</div> |

|        |                                                 |
|--------|-------------------------------------------------|
| Part I | Service Provider Information (see instructions) |
|--------|-------------------------------------------------|

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a

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

☒ Yes ☐ No
- b

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

|                                                                                                            |
|------------------------------------------------------------------------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| VARIABLE ANNUITY LIFE INSURANCE CO                                                                         |
| 74-1625348                                                                                                 |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**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<br>(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<br>(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<br>(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 |
|--------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------|
|                                                                          |                               |                                                                                     |
| (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 |
|                                                                          |                               |                                                                                     |
| (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 |
|                                                                          |                               |                                                                                     |
| (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 |
|                                                                          |                               |                                                                                     |
| (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 |
|                                                                          |                               |                                                                                     |
| (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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><div style="text-align: center; font-size: 1.2em; font-weight: bold;">2016</div><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

|                                                                                                                                  |                                                                            |            |
|----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><u>NORTHEAST OHIO NEIGHBORHOOD HEALTH SERVICES, INC. TAX SHELTERED ANNUITY PLAN</u>                     | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span> | <u>002</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>NORTHEAST OHIO NEIGHBORHOOD HEALTH SERVICES, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>34-1014291</u>         |            |

| Part I                                                                                                                                               | Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)<br>(Complete as many entries as needed to report all interests in DFEs) |
|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>AGGRESSIVE GROWTH LIFESTYLE</u>                                                                    |                                                                                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): <u>VARIABLE ANNUITY LIFE INSURANCE COMPANY</u>                                                     |                                                                                                                                                                           |
| <b>c</b> EIN-PN <u>74-1625348-000</u>                                                                                                                | <b>d</b> Entity code <u>P</u>                                                                                                                                             |
| <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>64703</u></span>  |                                                                                                                                                                           |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>ARIEL APPRECIATION FUND</u>                                                                        |                                                                                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): <u>VARIABLE ANNUITY LIFE INSURANCE COMPANY</u>                                                     |                                                                                                                                                                           |
| <b>c</b> EIN-PN <u>74-1625348-000</u>                                                                                                                | <b>d</b> Entity code <u>P</u>                                                                                                                                             |
| <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>118426</u></span> |                                                                                                                                                                           |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>ARIEL FUND</u>                                                                                     |                                                                                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): <u>VARIABLE ANNUITY LIFE INSURANCE COMPANY</u>                                                     |                                                                                                                                                                           |
| <b>c</b> EIN-PN <u>74-1625348-000</u>                                                                                                                | <b>d</b> Entity code <u>P</u>                                                                                                                                             |
| <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>168101</u></span> |                                                                                                                                                                           |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>ASSET ALLOCATION FUND</u>                                                                          |                                                                                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): <u>VARIABLE ANNUITY LIFE INSURANCE COMPANY</u>                                                     |                                                                                                                                                                           |
| <b>c</b> EIN-PN <u>74-1625348-000</u>                                                                                                                | <b>d</b> Entity code <u>P</u>                                                                                                                                             |
| <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>81</u></span>     |                                                                                                                                                                           |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLUE CHIP GROWTH FUND</u>                                                                          |                                                                                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): <u>VARIABLE ANNUITY LIFE INSURANCE COMPANY</u>                                                     |                                                                                                                                                                           |
| <b>c</b> EIN-PN <u>74-1625348-000</u>                                                                                                                | <b>d</b> Entity code <u>P</u>                                                                                                                                             |
| <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>301190</u></span> |                                                                                                                                                                           |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>BROAD CAP VALUE INC</u>                                                                            |                                                                                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): <u>VARIABLE ANNUITY LIFE INSURANCE COMPANY</u>                                                     |                                                                                                                                                                           |
| <b>c</b> EIN-PN <u>74-1625348-000</u>                                                                                                                | <b>d</b> Entity code <u>P</u>                                                                                                                                             |
| <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>28248</u></span>  |                                                                                                                                                                           |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>CAPITAL APPRECIATION FUND</u>                                                                      |                                                                                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): <u>VARIABLE ANNUITY LIFE INSURANCE COMPANY</u>                                                     |                                                                                                                                                                           |
| <b>c</b> EIN-PN <u>74-1625348-000</u>                                                                                                                | <b>d</b> Entity code <u>P</u>                                                                                                                                             |
| <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>4274</u></span>   |                                                                                                                                                                           |

|                                                                                           |                        |                                                                                                            |
|-------------------------------------------------------------------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL CONSERVATION                       |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY |                        |                                                                                                            |
| <b>c</b> EIN-PN 74-1625348-000                                                            | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23692  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: CORE BOND FUND                             |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): 74-1625348                              |                        |                                                                                                            |
| <b>c</b> EIN-PN 74-1625348-000                                                            | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 46737  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: CORE EQUITY FUND                           |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY |                        |                                                                                                            |
| <b>c</b> EIN-PN 74-1625348-000                                                            | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 171658 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: DIVIDEND VALUE                             |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY |                        |                                                                                                            |
| <b>c</b> EIN-PN 74-1625348-000                                                            | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 256840 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FOREIGN VALUE                              |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY |                        |                                                                                                            |
| <b>c</b> EIN-PN 74-1625348-000                                                            | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 52171  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: EMERGING ECONOMIES                         |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY |                        |                                                                                                            |
| <b>c</b> EIN-PN 74-1625348-000                                                            | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 83496  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL SOCIAL AWARENESS FUND               |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY |                        |                                                                                                            |
| <b>c</b> EIN-PN 74-1625348-000                                                            | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6181   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL STRATEGY                            |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY |                        |                                                                                                            |
| <b>c</b> EIN-PN 74-1625348-000                                                            | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 38876  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: GOVERNMENT SECURITIES FUND                 |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY |                        |                                                                                                            |
| <b>c</b> EIN-PN 74-1625348-000                                                            | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14436  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: GROWTH FUND                                |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY |                        |                                                                                                            |
| <b>c</b> EIN-PN 74-1625348-000                                                            | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 450657 |

|                                                                                                  |                               |                                                                                                                   |
|--------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>HIGH YIELD BOND FUND</b>                       |                               |                                                                                                                   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>VARIABLE ANNUITY LIFE INSURANCE COMPANY</b> |                               |                                                                                                                   |
| <b>c</b> EIN-PN <b>74-1625348-000</b>                                                            | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>3701</b>   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>INFLATION PROTECTED FUND</b>                   |                               |                                                                                                                   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>VARIABLE ANNUITY LIFE INSURANCE COMPANY</b> |                               |                                                                                                                   |
| <b>c</b> EIN-PN <b>74-1625348-000</b>                                                            | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>98022</b>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>INTERNATIONAL EQUITIES FUND</b>                |                               |                                                                                                                   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>VARIABLE ANNUITY LIFE INSURANCE COMPANY</b> |                               |                                                                                                                   |
| <b>c</b> EIN-PN <b>74-1625348-000</b>                                                            | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>28678</b>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>INTERNATIONAL GOVERNMENT BOND</b>              |                               |                                                                                                                   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>VARIABLE ANNUITY LIFE INSURANCE COMPANY</b> |                               |                                                                                                                   |
| <b>c</b> EIN-PN <b>74-1625348-000</b>                                                            | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>38409</b>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>INTERNATIONAL GROWTH FUND</b>                  |                               |                                                                                                                   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>VARIABLE ANNUITY LIFE INSURANCE COMPANY</b> |                               |                                                                                                                   |
| <b>c</b> EIN-PN <b>74-1625348-000</b>                                                            | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>54684</b>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>INTERNATIONAL OPPORTUNITIES</b>                |                               |                                                                                                                   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>VARIABLE ANNUITY LIFE INSURANCE COMPANY</b> |                               |                                                                                                                   |
| <b>c</b> EIN-PN <b>74-1625348-000</b>                                                            | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>34733</b>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>LARGE CAP VALUE FUND</b>                       |                               |                                                                                                                   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>VARIABLE ANNUITY LIFE INSURANCE COMPANY</b> |                               |                                                                                                                   |
| <b>c</b> EIN-PN <b>74-1625348-000</b>                                                            | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>24692</b>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>LARGE CAPITAL GROWTH</b>                       |                               |                                                                                                                   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>VARIABLE ANNUITY LIFE INSURANCE COMPANY</b> |                               |                                                                                                                   |
| <b>c</b> EIN-PN <b>74-1625348-000</b>                                                            | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>341700</b> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>LOU HOLLAND GROWTH FUND</b>                    |                               |                                                                                                                   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>VARIABLE ANNUITY LIFE INSURANCE COMPANY</b> |                               |                                                                                                                   |
| <b>c</b> EIN-PN <b>74-1625348-000</b>                                                            | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>3901</b>   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>MID CAP GROWTH FUND</b>                        |                               |                                                                                                                   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>VARIABLE ANNUITY LIFE INSURANCE COMPANY</b> |                               |                                                                                                                   |
| <b>c</b> EIN-PN <b>74-1625348-000</b>                                                            | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>30502</b>  |

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP STRATEGIC GWTH                     |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY |                        |                                                                                                            |
| <b>c</b> EIN-PN 74-1625348-000                                                            | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 278926 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP VALUE FUND                         |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY |                        |                                                                                                            |
| <b>c</b> EIN-PN 74-1625348-000                                                            | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 59115  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MODERATE GROWTH LIFESTYLE                  |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY |                        |                                                                                                            |
| <b>c</b> EIN-PN 74-1625348-000                                                            | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 407061 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MONEY MARKET I FUND                        |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY |                        |                                                                                                            |
| <b>c</b> EIN-PN 74-1625348-000                                                            | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 141381 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: NASDAQ 100R INDEX FUND                     |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY |                        |                                                                                                            |
| <b>c</b> EIN-PN 74-1625348-000                                                            | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 68898  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SCIENCE TECHNOLOGY FUND                    |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY |                        |                                                                                                            |
| <b>c</b> EIN-PN 74-1625348-000                                                            | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 292335 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SM CAP AGGRESSIVE GWTH                     |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY |                        |                                                                                                            |
| <b>c</b> EIN-PN 74-1625348-000                                                            | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20964  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP FUND                             |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY |                        |                                                                                                            |
| <b>c</b> EIN-PN 74-1625348-000                                                            | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 51480  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP GROWTH FUND                      |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY |                        |                                                                                                            |
| <b>c</b> EIN-PN 74-1625348-000                                                            | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11740  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP INDEX FUND                       |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): VARIABLE ANNUITY LIFE INSURANCE COMPANY |                        |                                                                                                            |
| <b>c</b> EIN-PN 74-1625348-000                                                            | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 55701  |

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>SMALL CAP VALUE FUND</b>                       |                               |                                                                                                                   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>VARIABLE ANNUITY LIFE INSURANCE COMPANY</b> |                               |                                                                                                                   |
| <b>c</b> EIN-PN <b>74-1625348-000</b>                                                            | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>6878</b>   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>SMALL MID GROWTH FUND</b>                      |                               |                                                                                                                   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>VARIABLE ANNUITY LIFE INSURANCE COMPANY</b> |                               |                                                                                                                   |
| <b>c</b> EIN-PN <b>74-1625348-000</b>                                                            | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>23751</b>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>SOCIALLY RESPONSIBLE FUND</b>                  |                               |                                                                                                                   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>VARIABLE ANNUITY LIFE INSURANCE COMPANY</b> |                               |                                                                                                                   |
| <b>c</b> EIN-PN <b>74-1625348-000</b>                                                            | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>9564</b>   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>STOCK INDEX FUND</b>                           |                               |                                                                                                                   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>VARIABLE ANNUITY LIFE INSURANCE COMPANY</b> |                               |                                                                                                                   |
| <b>c</b> EIN-PN <b>74-1625348-000</b>                                                            | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>787288</b> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>STRATEGIC BOND FUND</b>                        |                               |                                                                                                                   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>VARIABLE ANNUITY LIFE INSURANCE COMPANY</b> |                               |                                                                                                                   |
| <b>c</b> EIN-PN <b>74-1625348-000</b>                                                            | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>79156</b>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>VALUE FUND</b>                                 |                               |                                                                                                                   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>VARIABLE ANNUITY LIFE INSURANCE COMPANY</b> |                               |                                                                                                                   |
| <b>c</b> EIN-PN <b>74-1625348-000</b>                                                            | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>60079</b>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>VANGUARD LIFESTRATEGY GROWTH</b>               |                               |                                                                                                                   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>VARIABLE ANNUITY LIFE INSURANCE COMPANY</b> |                               |                                                                                                                   |
| <b>c</b> EIN-PN <b>74-1625348-000</b>                                                            | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>28624</b>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>VANGUARD LIFESTRATEGY MODERATE</b>             |                               |                                                                                                                   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>VARIABLE ANNUITY LIFE INSURANCE COMPANY</b> |                               |                                                                                                                   |
| <b>c</b> EIN-PN <b>74-1625348-000</b>                                                            | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>82465</b>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>VANGUARD LONG-TERM TREASURY</b>                |                               |                                                                                                                   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>VARIABLE ANNUITY LIFE INSURANCE COMPANY</b> |                               |                                                                                                                   |
| <b>c</b> EIN-PN <b>74-1625348-000</b>                                                            | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>66784</b>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>VANGUARD LT INV-GRADE FUND</b>                 |                               |                                                                                                                   |
| <b>b</b> Name of sponsor of entity listed in (a): <b>VARIABLE ANNUITY LIFE INSURANCE COMPANY</b> |                               |                                                                                                                   |
| <b>c</b> EIN-PN <b>74-1625348-000</b>                                                            | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>17062</b>  |

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD WINDSOR II</u>                        |                               |                                                                                                                   |
| <b>b</b> Name of sponsor of entity listed in (a): <u>VARIABLE ANNUITY LIFE INSURANCE COMPANY</u> |                               |                                                                                                                   |
| <b>c</b> EIN-PN <u>74-1625348-000</u>                                                            | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>440854</u> |

  

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>CONSERVATIVE GROWTH LIFESTYLE</u>              |                               |                                                                                                                  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>VARIABLE ANNUITY LIFE INSURANCE COMPANY</u> |                               |                                                                                                                  |
| <b>c</b> EIN-PN <u>74-1625348-000</u>                                                            | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>34885</u> |

  

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>HEALTH SCIENCES FUND</u>                       |                               |                                                                                                                   |
| <b>b</b> Name of sponsor of entity listed in (a): <u>VARIABLE ANNUITY LIFE INSURANCE COMPANY</u> |                               |                                                                                                                   |
| <b>c</b> EIN-PN <u>74-1625348-000</u>                                                            | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>123757</u> |

  

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>MID CAP INDEX FUND</u>                         |                               |                                                                                                                   |
| <b>b</b> Name of sponsor of entity listed in (a): <u>VARIABLE ANNUITY LIFE INSURANCE COMPANY</u> |                               |                                                                                                                   |
| <b>c</b> EIN-PN <u>74-1625348-000</u>                                                            | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>161788</u> |

  

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>SMALL CAP SPECIAL VALUE FUND</u>               |                               |                                                                                                                  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>VARIABLE ANNUITY LIFE INSURANCE COMPANY</u> |                               |                                                                                                                  |
| <b>c</b> EIN-PN <u>74-1625348-000</u>                                                            | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>30697</u> |

  

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD WELLINGTON FUND, INC.</u>             |                               |                                                                                                                   |
| <b>b</b> Name of sponsor of entity listed in (a): <u>VARIABLE ANNUITY LIFE INSURANCE COMPANY</u> |                               |                                                                                                                   |
| <b>c</b> EIN-PN <u>74-1625348-000</u>                                                            | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>408597</u> |

  

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>LARGE CAP CORE</u>                             |                               |                                                                                                                 |
| <b>b</b> Name of sponsor of entity listed in (a): <u>VARIABLE ANNUITY LIFE INSURANCE COMPANY</u> |                               |                                                                                                                 |
| <b>c</b> EIN-PN <u>74-1625348-000</u>                                                            | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7629</u> |

  

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>GROWTH &amp; INCOME FUND</u>              |                               |                                                                                                                |
| <b>b</b> Name of sponsor of entity listed in (a): <u>VARIABLE ANNUITY INSURANCE COMPANY</u> |                               |                                                                                                                |
| <b>c</b> EIN-PN <u>74-1625348-000</u>                                                       | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>221</u> |

  

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

  

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                      |                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): |                      |                                                                                                     |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code | <b>e</b> 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  
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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

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| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Internal Revenue Service</small><br><small>Department of Labor</small><br><small>Employee Benefits Security Administration</small><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2016</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                                           |                                                                    |            |
|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>                  |                                                                    |            |
| <b>A</b> Name of plan<br><u>NORTHEAST OHIO NEIGHBORHOOD HEALTH SERVICES, INC. TAX SHELTERED ANNUITY PLAN</u>              | <b>B</b> Three-digit plan number (PN) ►                            | <u>002</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>NORTHEAST OHIO NEIGHBORHOOD HEALTH SERVICES, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>34-1014291</u> |            |

| <b>Part I</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Asset and Liability Statement</b> |                              |                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------------|------------------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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. |                                      |                              |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Assets</b>                        | <b>(a) Beginning of Year</b> | <b>(b) End of Year</b> |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>                            |                              |                        |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                      |                              |                        |
| <b>(1)</b> Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(1)</b>                         |                              |                        |
| <b>(2)</b> Participant contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1b(2)</b>                         |                              |                        |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>                         |                              |                        |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |                              |                        |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(1)</b>                         |                              |                        |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>                         |                              |                        |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                      |                              |                        |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b>                      |                              |                        |
| <b>(B)</b> All other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(3)(B)</b>                      |                              |                        |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |                              |                        |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b>                      |                              |                        |
| <b>(B)</b> Common.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(4)(B)</b>                      |                              |                        |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>                         |                              |                        |
| <b>(6)</b> Real estate (other than employer real property).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(6)</b>                         |                              |                        |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>                         |                              |                        |
| <b>(8)</b> Participant loans.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(8)</b>                         |                              |                        |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>                         |                              |                        |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>                        |                              |                        |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>                        |                              |                        |
| <b>(12)</b> Value of interest in 103-12 investment entities.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(12)</b>                        |                              |                        |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(13)</b>                        | 6392746                      | 6246469                |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>                        | 3809973                      | 4327788                |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(15)</b>                        |                              |                        |

|                    |                                                                  | (a) Beginning of Year | (b) End of Year   |
|--------------------|------------------------------------------------------------------|-----------------------|-------------------|
| <b>1d</b>          | Employer-related investments:                                    |                       |                   |
| (1)                | Employer securities .....                                        | <b>1d(1)</b>          |                   |
| (2)                | Employer real property .....                                     | <b>1d(2)</b>          |                   |
| <b>e</b>           | Buildings and other property used in plan operation .....        | <b>1e</b>             |                   |
| <b>f</b>           | Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>             | 10202719 10574257 |
| <b>Liabilities</b> |                                                                  |                       |                   |
| <b>g</b>           | Benefit claims payable .....                                     | <b>1g</b>             |                   |
| <b>h</b>           | Operating payables .....                                         | <b>1h</b>             |                   |
| <b>i</b>           | Acquisition indebtedness .....                                   | <b>1i</b>             |                   |
| <b>j</b>           | Other liabilities .....                                          | <b>1j</b>             |                   |
| <b>k</b>           | Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>             | 0 0               |
| <b>Net Assets</b>  |                                                                  |                       |                   |
| <b>l</b>           | Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>             | 10202719 10574257 |

**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.

|          |                                                                                                        | (a) Amount      | (b) Total |
|----------|--------------------------------------------------------------------------------------------------------|-----------------|-----------|
| <b>a</b> | <b>Contributions:</b>                                                                                  |                 |           |
| (1)      | Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> |           |
|          | <b>(B)</b> Participants .....                                                                          | <b>2a(1)(B)</b> | 608570    |
|          | <b>(C)</b> Others (including rollovers) .....                                                          | <b>2a(1)(C)</b> |           |
| (2)      | Noncash contributions .....                                                                            | <b>2a(2)</b>    |           |
| (3)      | Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    | 608570    |
| <b>b</b> | <b>Earnings on investments:</b>                                                                        |                 |           |
| (1)      | Interest:                                                                                              |                 |           |
|          | <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....   | <b>2b(1)(A)</b> |           |
|          | <b>(B)</b> U.S. Government securities .....                                                            | <b>2b(1)(B)</b> |           |
|          | <b>(C)</b> Corporate debt instruments .....                                                            | <b>2b(1)(C)</b> |           |
|          | <b>(D)</b> Loans (other than to participants) .....                                                    | <b>2b(1)(D)</b> |           |
|          | <b>(E)</b> Participant loans .....                                                                     | <b>2b(1)(E)</b> |           |
|          | <b>(F)</b> Other .....                                                                                 | <b>2b(1)(F)</b> | 110611    |
|          | <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                          | <b>2b(1)(G)</b> | 110611    |
| (2)      | Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |           |
|          | <b>(B)</b> Common stock .....                                                                          | <b>2b(2)(B)</b> |           |
|          | <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                              | <b>2b(2)(C)</b> |           |
|          | <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....              | <b>2b(2)(D)</b> | 0         |
| (3)      | Rents .....                                                                                            | <b>2b(3)</b>    |           |
| (4)      | Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |           |
|          | <b>(B)</b> Aggregate carrying amount (see instructions) .....                                          | <b>2b(4)(B)</b> |           |
|          | <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....              | <b>2b(4)(C)</b> | 0         |
| (5)      | Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |           |
|          | <b>(B)</b> Other .....                                                                                 | <b>2b(5)(B)</b> |           |
|          | <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....     | <b>2b(5)(C)</b> | 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)  |            | 515125    |
| (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 <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 1234306   |

**Expenses****e** Benefit payment and payments to provide benefits:

|                                                                                      |       |        |        |
|--------------------------------------------------------------------------------------|-------|--------|--------|
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1) | 862768 |        |
| (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) |        | 862768 |
| f Corrective distributions (see instructions) .....                                  | 2f    |        |        |
| g Certain deemed distributions of participant loans (see instructions) .....         | 2g    |        |        |
| h Interest expense.....                                                              | 2h    |        |        |
| i Administrative expenses: (1) Professional fees.....                                | 2i(1) |        |        |
| (2) Contract administrator fees.....                                                 | 2i(2) |        |        |
| (3) Investment advisory and management fees.....                                     | 2i(3) |        |        |
| (4) Other .....                                                                      | 2i(4) |        |        |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                  | 2i(5) |        | 0      |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j    |        | 862768 |

**Net Income and Reconciliation**

|                                                          |       |  |        |
|----------------------------------------------------------|-------|--|--------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 371538 |
| 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: PLANTE & MORAN, PLLC

(2) EIN: 38-1357951

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

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

**Part IV Compliance Questions**

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

During the plan year:

**a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

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

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     | X  |        |
| 4b |     | X  |        |

|                                                                                                                                                                                                                               |           | Yes | No | Amount  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|----|---------|
| <b>c</b> 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.) .....                                          | <b>4c</b> |     | X  |         |
| <b>d</b> 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.) .....                               | <b>4d</b> |     | X  |         |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | <b>4e</b> | X   |    | 1000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       | <b>4f</b> |     | X  |         |
| <b>g</b> 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? .....                                                    | <b>4g</b> |     | X  |         |
| <b>h</b> 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? .....                                          | <b>4h</b> |     | X  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                | <b>4i</b> | X   |    |         |
| <b>j</b> 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.) ..... | <b>4j</b> |     | X  |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           | <b>4k</b> |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                            | <b>4l</b> |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  | <b>4m</b> |     | X  |         |
| <b>n</b> 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. ....                                      | <b>4n</b> |     |    |         |
| <b>o</b> Defined Benefit Plan or Money Purchase Pension Plan Only:<br>Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service? .....                           | <b>4o</b> |     |    |         |

**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  
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year ..... (See instructions.)

## Part V Trust Information

|                                        |                                                     |
|----------------------------------------|-----------------------------------------------------|
| <b>6a</b> Name of trust                | <b>6b</b> Trust's EIN                               |
| <b>6c</b> Name of trustee or custodian | <b>6d</b> Trustee's or custodian's telephone number |

|                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>► File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2016</div> <div>This Form is Open to Public Inspection.</div> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

|                                                                                                                         |                                                                  |
|-------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| <div>A Name of plan<br/>NORTHEAST OHIO NEIGHBORHOOD HEALTH SERVICES, INC. TAX SHELTERED ANNUITY PLAN</div>              | <div>B Three-digit plan number (PN) ►<br/>002</div>              |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500<br/>NORTHEAST OHIO NEIGHBORHOOD HEALTH SERVICES, INC.</div> | <div>D Employer Identification Number (EIN)<br/>34-1014291</div> |

|        |               |
|--------|---------------|
| 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 | 0 |
| 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):<br><br>EIN(s): 74-1625348 |   |   |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3. |                                                                                                                                                                                                                                                    |   |   |
| 3                                                                | Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year                                                                                                                                  | 3 |   |

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

|                                                      |                                                                                                                                                                                                                                                                                                                                                    |                              |                             |                              |
|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|------------------------------|
| 4                                                    | Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?                                                                                                                                                                                                                                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> 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 _____<br>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?                                                                                                                                                                                                                                                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> 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?                                                                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> 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. | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|         |                                                                                                                                            |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------|
| Part IV | ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part. |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------|

|    |                                                                                                                                                                                 |                              |                             |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| 10 | Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?                                                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11 | a Does the ESOP hold any preferred stock?                                                                                                                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> 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.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12 | Does the ESOP hold any stock that is not readily tradable on an established securities market?                                                                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2016  
v. 160205

**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): \_\_\_\_\_

|           |                                                                                                                                                                                                                                                      |            |  |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>14</b> | Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:                                                                                                                    |            |  |
|           | <b>a</b> The current year .....                                                                                                                                                                                                                      | <b>14a</b> |  |
|           | <b>b</b> The plan year immediately preceding the current plan year .....                                                                                                                                                                             | <b>14b</b> |  |
|           | <b>c</b> The second preceding plan year .....                                                                                                                                                                                                        | <b>14c</b> |  |
| <b>15</b> | 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:                                                                         |            |  |
|           | <b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....                                                                                                                                                | <b>15a</b> |  |
|           | <b>b</b> The corresponding number for the second preceding plan year .....                                                                                                                                                                           | <b>15b</b> |  |
| <b>16</b> | Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                 |            |  |
|           | <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                                                                                                             | <b>16a</b> |  |
|           | <b>b</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 .....                                                                               | <b>16b</b> |  |
| <b>17</b> | 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. .... <input type="checkbox"/> |            |  |

|                |                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------|
| <b>Part VI</b> | <b>Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans</b> |
|----------------|---------------------------------------------------------------------------------------------------|

|           |                                                                                                                                                                                                                                                                                                                                                                                                      |                          |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| <b>18</b> | 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 .....                         | <input type="checkbox"/> |
| <b>19</b> | If the total number of participants is 1,000 or more, complete lines (a) through (c)                                                                                                                                                                                                                                                                                                                 |                          |
|           | <b>a</b> Enter the percentage of plan assets held as:<br>Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%                                                                                                                                                                                                                                       |                          |
|           | <b>b</b> Provide the average duration of the combined investment-grade and high-yield debt:<br><input type="checkbox"/> 0-3 years <input type="checkbox"/> 3-6 years <input type="checkbox"/> 6-9 years <input type="checkbox"/> 9-12 years <input type="checkbox"/> 12-15 years <input type="checkbox"/> 15-18 years <input type="checkbox"/> 18-21 years <input type="checkbox"/> 21 years or more |                          |
|           | <b>c</b> What duration measure was used to calculate line 19(b)?<br><input type="checkbox"/> Effective duration <input type="checkbox"/> Macaulay duration <input type="checkbox"/> Modified duration <input type="checkbox"/> Other (specify): _____                                                                                                                                                |                          |

|                 |                                 |
|-----------------|---------------------------------|
| <b>Part VII</b> | <b>IRS Compliance Questions</b> |
|-----------------|---------------------------------|

|                                                                                                                                                                                                                             |                                                                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>20a</b> Is the plan a 401(k) plan? If "No," skip b .....                                                                                                                                                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                          |
| <b>20b</b> How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply: .....                                                        | <input type="checkbox"/> Design-based safe harbor <input type="checkbox"/> "Prior year" ADP test<br><input type="checkbox"/> "Current year" ADP test <input type="checkbox"/> N/A |
| <b>21a</b> What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply: .....                                                                            | <input type="checkbox"/> Ratio percentage test <input type="checkbox"/> Average benefit test <input type="checkbox"/> N/A                                                         |
| <b>21b</b> Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules? ..... | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                          |
| <b>22a</b> If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter   /   /   and the serial number   .      |                                                                                                                                                                                   |
| <b>22b</b> If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter   /   /   .                                     |                                                                                                                                                                                   |

# **Northeast Ohio Neighborhood Health Services, Inc. Tax Shelter Annuity Plan**

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**Financial Report  
December 31, 2016**

# **Northeast Ohio Neighborhood Health Services, Inc.**

## **Tax Shelter Annuity Plan**

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## Independent Auditor's Report

To the Plan Administrator  
Northeast Ohio Neighborhood Health  
Services, Inc. Tax Shelter Annuity Plan

### Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Northeast Ohio Neighborhood Health Services, Inc. Tax Shelter Annuity Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2016 and 2015 and the related statement of changes in net assets available for benefits for the year ended December 31, 2016, and the related notes to the financial statements.

### *Management's Responsibility for the Financial Statements*

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

### *Auditor's Responsibility*

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

### *Basis for Disclaimer of Opinion*

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by The Variable Annuity Life Insurance Company (the "Custodian"), except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the Custodian holds the Plan's investment assets and executes related transactions. The plan administrator has obtained a certification from the Custodian as of December 31, 2016 and 2015 and for the year ended December 31, 2016 that the information provided to the plan administrator by the Custodian is complete and accurate.

To the Plan Administrator  
Northeast Ohio Neighborhood Health  
Services, Inc. Tax Shelter Annuity Plan

***Disclaimer of Opinion***

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

***Other Matter***

The supplemental schedule of assets held at end of year as of December 31, 2016 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on this supplemental schedule.

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

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

*Plante & Moreau, PLLC*

Cleveland, Ohio  
September 29, 2017

# **Northeast Ohio Neighborhood Health Services, Inc.**

## **Tax Shelter Annuity Plan**

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### **Statement of Net Assets Available for Benefits**

|                                                   | December 31,<br>2016        | December 31,<br>2015        |
|---------------------------------------------------|-----------------------------|-----------------------------|
| <b>Assets</b> - Participant-directed investments  |                             |                             |
| Variable separate accounts at fair value          | \$ 6,246,469                | \$ 6,392,746                |
| Unallocated insurance contracts at contract value | <u>4,327,788</u>            | <u>3,809,973</u>            |
| <b>Net Assets Available for Benefits</b>          | <b><u>\$ 10,574,257</u></b> | <b><u>\$ 10,202,719</u></b> |

# **Northeast Ohio Neighborhood Health Services, Inc.**

## **Tax Shelter Annuity Plan**

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### **Statement of Changes in Net Assets Available for Benefits**

#### **Year Ended December 31, 2016**

#### **Additions to Net Assets**

|                                                  |                |
|--------------------------------------------------|----------------|
| Contributions                                    | \$ 608,570     |
| Investment income:                               |                |
| Interest and dividends                           | 110,611        |
| Net realized and unrealized gains on investments | <u>515,125</u> |
| Total investment income                          | <u>625,736</u> |
| Total additions                                  | 1,234,306      |

**Deductions from Net Assets** - Benefits paid directly to participants or beneficiaries 862,768

**Net Increase** 371,538

#### **Net Assets Available for Benefits**

|                   |                             |
|-------------------|-----------------------------|
| Beginning of year | <u>10,202,719</u>           |
| End of year       | <u><u>\$ 10,574,257</u></u> |

# **Northeast Ohio Neighborhood Health Services, Inc.**

## **Tax Shelter Annuity Plan**

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### **Notes to Financial Statements**

#### **December 31, 2016 and 2015**

#### **Note 1 - Plan Description**

The following description of Northeast Ohio Neighborhood Health Services, Inc. Tax Shelter Annuity Plan (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

**General** - The Plan is a defined contribution plan covering all employees of Northeast Ohio Neighborhood Health Services, Inc. (the "Company"). Participants are automatically eligible to participate. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

**Contributions** - The Plan provides for employee contributions up to the limits set by the Internal Revenue Service (IRS). Participants may make contributions to the Plan in the form of a rollover of funds from another qualified plan. There are no employer contributions related to this Plan.

**Participant Accounts** - Each participant's account is credited with the participant's contribution and plan earnings and charged with an allocation of administrative expenses. Allocations are based on participants' compensation or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participants may direct the investments of their account balances into various investment options offered by the Plan.

**Vesting** - Participants are immediately 100 percent vested in employee salary and rollover contributions and any income or loss thereon.

**Payment of Benefits** - Distributions are payable upon retirement, death, disability, hardship, or termination of employment in the form of a lump-sum amount equal to the vested balance of a participant's account.

**Plan Loans** - Participants may borrow from The Variable Annuity Life Insurance Company (VALIC), the custodian of the Plan, using the vested portion of their VALIC Fixed Account Plus as collateral for the loan. Collateral is required in an amount equal to 100 percent of the outstanding loan balance. Participants may borrow a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50 percent of their account balances subject to annuity contract and plan provisions. Loan terms range from one to five years or within a reasonable time for the purchase of the participant's principal residence. Loans bear interest at market rates. Principal and interest are paid ratably by the participant to VALIC and each payment will reduce amounts collateralized by the participant's VALIC Fixed Account Plus investment. The amount of these outstanding loans was \$219,592 and \$223,991 at December 31, 2016 and 2015, respectively. Approximately \$53,000 and \$86,000 of the loans were in default at December 31, 2016 and 2015, respectively. These loans are not included as assets in the accompanying financial statements.

# **Northeast Ohio Neighborhood Health Services, Inc.**

## **Tax Shelter Annuity Plan**

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### **Notes to Financial Statements**

#### **December 31, 2016 and 2015**

#### **Note 1 - Plan Description (Continued)**

**Termination** - While it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event the Plan terminates, net assets would be distributed to participants according to each participant's account balance.

**Party-in-interest Transactions** - Certain plan assets are in investment funds managed by The Variable Annuity Life Insurance Company or its affiliates. The Variable Annuity Life Insurance Company is the custodian of the Plan; therefore, these transactions qualify as party-in-interest transactions as defined under ERISA guidelines.

#### **Note 2 - Summary of Significant Accounting Policies**

**Investment Valuation** - Investments held by the Plan are stated at fair value except as noted below. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for further discussion of fair value measurements.

The fully benefit-responsive unallocated contract is valued at contract value. Contract value represents investments at cost, plus accrued interest income, less amounts withdrawn to pay benefits (see Note 6). The fair value of the unallocated contracts is based on contract value adjusted for certain contractual provisions.

**Benefit Payments** - Benefits are recorded when paid.

**Administrative Expenses** - Various administrative costs are paid by the Company.

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

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

# **Northeast Ohio Neighborhood Health Services, Inc.**

## **Tax Shelter Annuity Plan**

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### **Notes to Financial Statements**

#### **December 31, 2016 and 2015**

#### **Note 2 - Summary of Significant Accounting Policies (Continued)**

**New Accounting Pronouncements** - During 2016, the Plan adopted Accounting Standards Update (ASU) Nos. 2015-07, *Disclosures for Investments in Certain Entities that Calculate Net Asset Value per Share (or its Equivalent)*, and 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), and Health and Welfare Benefit Plans (Topic 965) - I. Fully Benefit-Responsive Investment Contracts, II. Plan Investment Disclosures, and III. Measurement Date Practical Expedient*. ASU No. 2015-07 amended ASC 820, *Fair Value Measurements*, and removed the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using the net asset value per share as a practical expedient. Parts I and II of ASU No. 2015-12 were applicable to the Plan. Part I requires the fully benefit-responsive investment contract be recorded contract value without presentation of fair value or the difference between fair value and contract value and reduces the related disclosures. Part II modified the investment disclosures under ASC 820 and 962. These standards were adopted retrospectively and had no impact on the Plan's net assets or changes in net assets.

**Subsequent Events** - The financial statements and related disclosures include evaluation of events up through and including September 29, 2017, which is the date the financial statements were available to be issued.

#### **Note 3 - Unaudited Information**

The Variable Annuity Life Insurance Company (the "Custodian") holds the Plan's investments and executes all investment transactions. The investment balances and related investment income and losses included in the accompanying financial statements and supplemental schedule of assets held at end of year are based solely on information certified by the Custodian.

#### **Note 4 - Tax Status**

The Internal Revenue Service (IRS) is not currently accepting applications for individual 403(b) plan determination letters. The plan administrator has indicated the Plan will apply for a determination letter when the IRS allows such applications to be made. The plan administrator believes that the Plan is designed and is currently being operated in compliance with applicable requirements of the Internal Revenue Code section 403(b). Therefore, no provision for income taxes has been included in the Plan's financial statements.

# **Northeast Ohio Neighborhood Health Services, Inc.**

## **Tax Shelter Annuity Plan**

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### **Notes to Financial Statements**

#### **December 31, 2016 and 2015**

#### **Note 5 - Fair Value Measurements**

Accounting standards require certain assets and liabilities be reported at fair value in the financial statements and provide a framework for establishing that fair value. The framework for determining fair value is based on a hierarchy that prioritizes the inputs and valuation techniques used to measure fair value.

The following tables present information about the Plan's assets measured at fair value on a recurring basis at December 31, 2016 and 2015.

**Level 1** - Fair values determined by Level 1 inputs use quoted prices in active markets for identical assets that the Plan has the ability to access.

**Level 2** - Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets in active markets, quoted prices for identical or similar assets in markets that are not active, and inputs other than quoted prices that are observable for the asset.

**Level 3** - Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset. These Level 3 fair value measurements are based primarily on management's own estimates using pricing models, discounted cash flow methodologies, or similar techniques taking into account the characteristics of the asset.

In instances whereby inputs used to measure fair value fall into different levels in the above fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. The Plan's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset.

The following valuation methodologies have been used to value the Plan's investments:

**Pooled Separate Accounts** - The pooled separate accounts are valued at net asset value per share or its equivalent of the funds, which is based on the fair value of the funds' net underlying assets. There are no redemption restrictions or unfunded commitments on these investments.

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

# Northeast Ohio Neighborhood Health Services, Inc.

## Tax Shelter Annuity Plan

### Notes to Financial Statements December 31, 2016 and 2015

#### Note 5 - Fair Value Measurements (Continued)

##### Assets Measured at Fair Value on a Recurring Basis at December 31, 2016

|                                 | Investments<br>(at Fair Value) |
|---------------------------------|--------------------------------|
| Investments measured at NAV:    |                                |
| Equity investments (1)          | \$ 5,392,791                   |
| Fixed-income funds (2)          | 168,003                        |
| Short-term investments (3)      | 155,816                        |
| Special interest funds (4)      | 529,859                        |
| Total investments at fair value | <u>\$ 6,246,469</u>            |

##### Assets Measured at Fair Value on a Recurring Basis at December 31, 2015

|                                 | Investments<br>(at Fair Value) |
|---------------------------------|--------------------------------|
| Investments measured at NAV:    |                                |
| Equity investments (1)          | \$ 5,606,181                   |
| Fixed-income funds (2)          | 151,164                        |
| Short-term investments (3)      | 35,510                         |
| Special interest funds (4)      | 599,891                        |
| Total investments at fair value | <u>\$ 6,392,746</u>            |

- (1) This class represents investments in actively managed variable separate accounts that invest primarily in equity securities which may include common stocks, options, and futures. There are no unfunded commitments or redemption restrictions on these investments.
- (2) This class represents investments in actively managed variable separate accounts that invest in a variety of fixed-income investments, which may include corporate bonds, both U.S. and non-U.S. municipal securities, interest rate swaps, options, and futures.
- (3) This class represents investments in actively managed variable separate accounts that invest primarily in money market funds that seek high-current income consistent with maintaining liquidity and preserving capital.
- (4) This class represents investments in actively managed variable separate accounts that invest primarily in debt and equity securities representing special interest objectives such as health sciences and social responsibility.

#### Note 6 - Investment Contracts

The Plan has benefit-responsive investment contracts with VALIC. VALIC maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. There are no reserves against contract value for credit risk of the contract issuer or otherwise.

# **Northeast Ohio Neighborhood Health Services, Inc.**

## **Tax Shelter Annuity Plan**

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### **Notes to Financial Statements**

#### **December 31, 2016 and 2015**

#### **Note 6 - Investment Contracts (Continued)**

The crediting interest rate is based on a formula agreed upon with the issuer, but may not be less than 3 percent for accounts set up before December 1, 2003 or less than 2 percent for accounts set up after December 1, 2003. Such interest rates are reviewed on a monthly basis for resetting.

Certain events limit the ability of the Plan to transact at contract value with the insurance company. Such events include the following: (i) amendments to the plan documents (including complete or partial plan termination or merger with another plan); (ii) changes to the Plan's prohibition on competing investment options or deletion of equity wash provision; (iii) bankruptcy of the plan sponsor or other plan sponsor events (e.g., divestitures or spin-offs of a subsidiary) which cause a significant withdrawal from the plan; or (iv) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The plan administrator does not believe that the occurrence of any such value events, which would limit the Plan's ability to transact at contract value with participants, is probable

The unallocated investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date. If an event of default occurs and is not cured, the nondefaulting party may terminate the contract. The following may cause the Plan to be in default: a breach of material obligation under the contract; a material misrepresentation; or a material amendment to the plan agreement. The issuer may be in default if it breaches a material obligation under the investment contract; makes a material misrepresentation; has a decline in its long-term credit rating below a threshold set forth in the contract; or is acquired or reorganized and the successor issuer does not satisfy the investment or credit guidelines applicable to issuers.

As described in Note 2, because the investment contracts are fully benefit responsive, contract value is the relevant measurement attribute for that portion of the net assets attributable to the unallocated insurance contracts. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investments at contract value.

# Northeast Ohio Neighborhood Health Services, Inc.

## Tax Shelter Annuity Plan

### Schedule of Assets Held at End of Year

### Form 5500, Schedule H, Line 4i

### EIN 34-1014291, Plan No. 002

### December 31, 2016

| (a)(b)<br>Identity of Issuer                | (c)<br>Description of Investment | (d)<br>Cost | (e)<br>Current Value |
|---------------------------------------------|----------------------------------|-------------|----------------------|
| The Variable Annuity Life Insurance Company | Variable separate accounts:      |             |                      |
|                                             | Aggressive Growth Lifestyle      | *           | \$ 64,703            |
|                                             | AM Beac Holland Lg Cap           | *           | 3,901                |
|                                             | Ariel Appreciation Fund          | *           | 118,426              |
|                                             | Ariel Fund                       | *           | 168,101              |
|                                             | Asset Allocation Fund            | *           | 81                   |
|                                             | Blue Chip Growth Fund            | *           | 301,190              |
|                                             | Broad Cap Value Inc              | *           | 28,248               |
|                                             | Capital Appreciation Fund        | *           | 4,274                |
|                                             | Capital Conservation             | *           | 23,692               |
|                                             | Conservative Growth Lifestyle    | *           | 34,885               |
|                                             | Core Bond Fund                   | *           | 46,737               |
|                                             | Core Equity Fund                 | *           | 171,658              |
|                                             | Dividend Value                   | *           | 256,840              |
|                                             | Emerging Economies               | *           | 83,496               |
|                                             | Foreign Value                    | *           | 52,171               |
|                                             | Global Social Awareness Fund     | *           | 6,181                |
|                                             | Global Strategy                  | *           | 38,876               |
|                                             | Government Securities Fund       | *           | 14,436               |
|                                             | Growth and Income Fund           | -           | 222                  |
|                                             | Growth Fund                      | *           | 450,657              |
|                                             | Health Sciences Fund             | *           | 123,757              |
|                                             | High Yield Bond Fund             | *           | 3,701                |
|                                             | Inflation Protected Fund         | *           | 98,022               |
|                                             | International Equities           | *           | 28,678               |
|                                             | International Government Bond    | *           | 38,409               |
|                                             | International Growth Fund        | *           | 54,684               |
|                                             | Intl Opportunity                 | *           | 34,733               |
|                                             | Large Cap Core                   | *           | 7,629                |
|                                             | Large Cap Value Fund             | *           | 24,692               |
|                                             | Large Capital Growth             | *           | 341,700              |
|                                             | Mid Cap Growth Fund              | *           | 30,502               |
|                                             | Mid Cap Index Fund               | *           | 161,788              |
|                                             | Mid Cap Strategic Gwth           | *           | 278,926              |
|                                             | Mid Cap Value Fund               | *           | 59,115               |
|                                             | Moderate Growth Lifestyle        | *           | 407,061              |
|                                             | Money Market I Fund              | *           | 141,381              |
|                                             | Nasdaq-100(R) Index Fund         | *           | 68,898               |
|                                             | Science & Technology Fund        | *           | 292,335              |
|                                             | Sm Cap Aggressive Gwth           | *           | 20,964               |
|                                             | Small Cap Fund                   | *           | 51,480               |
|                                             | Small Cap Growth Fund            | *           | 11,740               |
|                                             | Small Cap Index Fund             | *           | 55,701               |
|                                             | Small Cap Special Value          | *           | 30,697               |
|                                             | Small Cap Value Fund             | *           | 6,878                |
|                                             | Small Mid Growth Fund            | *           | 23,751               |
|                                             | Socially Responsible Fund        | *           | 9,564                |
|                                             | Stock Index Fund                 | *           | 787,288              |
|                                             | Strategic Bond Fund              | *           | 79,156               |
|                                             | Value Fund                       | *           | 60,079               |
|                                             | Vanguard Lifestrategy Growth     | *           | 28,624               |
|                                             | Vanguard Lifestrategy Moderate   | *           | 82,465               |
|                                             | Vanguard Long-term Treasury      | *           | 66,784               |
|                                             | Vanguard LT Inv-Grade Fund       | *           | 17,062               |
|                                             | Vanguard Wellington Fund, Inc.   | *           | 408,597              |
|                                             | Vanguard Windsor II              | *           | 440,853              |

# **Northeast Ohio Neighborhood Health Services, Inc.**

## **Tax Shelter Annuity Plan**

### **Schedule of Assets Held at End of Year (Continued)**

#### **Form 5500, Schedule H, Line 4i**

#### **EIN 34-1014291, Plan No. 002**

#### **December 31, 2016**

| (a)(b)<br>Identity of Issuer                | (c)<br>Description of Investment                  | (d)<br>Cost | (e)<br>Current Value |
|---------------------------------------------|---------------------------------------------------|-------------|----------------------|
| The Variable Annuity Life Insurance Company | Unallocated insurance contracts - Contract value: |             |                      |
|                                             | Fixed Account Plus Fund                           | *           | \$ 3,771,120         |
|                                             | Short-term Fixed Account                          | *           | 556,668              |
|                                             | Total                                             |             | <u>\$ 10,574,257</u> |

\* Cost information not required