

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2016 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>			
A	This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____	
B	This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)	
C	If the plan is a collectively-bargained plan, check here. ☐		
D	Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)	

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>SOCIETY FOR HANDICAPPED CITIZENS OF MEDINA COUNTY, INC. 403(B) PLAN</u>	1b	Three-digit plan number (PN) ► <u>001</u>
		1c	Effective date of plan <u>01/01/2010</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>SOCIETY FOR HANDICAPPED CITIZENS OF MEDINA COUNTY, INC.</u> <u>4283 PARADISE RD</u> <u>SEVILLE, OH 44273</u>	2b	Employer Identification Number (EIN) <u>34-1011571</u>
		2c	Plan Sponsor's telephone number <u>330-722-1900</u>
		2d	Business code (see instructions) <u>624100</u>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/16/2017	MICHAEL BEH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN
	3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 269
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year.....	6a(1) 177
a(2) Total number of active participants at the end of the plan year	6a(2) 195
b Retired or separated participants receiving benefits.....	6b 14
c Other retired or separated participants entitled to future benefits	6c 117
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 326
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e	6f 326
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 300
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 32
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2K 2L 2T 3D	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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	
A Name of plan SOCIETY FOR HANDICAPPED CITIZENS OF MEDINA COUNTY, INC. 403(B) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 SOCIETY FOR HANDICAPPED CITIZENS OF MEDINA COUNTY, INC.	D Employer Identification Number (EIN) 34-1011571

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	RECORDKEEPER	1399	Yes ☒ No ☐	Yes ☒ No ☐	6842	Yes ☐ No ☒

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

FIRST OHIO PLANNING, LLC

26-0142879

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	BROKER	6056	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☐ No ☐

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

APS-PENTEGRA

13-3892096

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	TPA	3605	Yes ☒ No ☐	Yes ☒ No ☐	984	Yes ☐ No ☒

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

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

ROYAL ALLIANCE INSURANCE AGENCY

ONE WORD FINANCIAL CENTER
14 FLOOR
NEW YORK, NY 10281

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

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

ADVISOR GROUP

2300 WINDY RIDGE PARKWAY
SUITE 1100
ATLANTA, GA 30339

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection
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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>		
A Name of plan <u>SOCIETY FOR HANDICAPPED CITIZENS OF MEDINA COUNTY, INC. 403(B) PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SOCIETY FOR HANDICAPPED CITIZENS OF MEDINA COUNTY, INC.</u>	D Employer Identification Number (EIN) <u>34-1011571</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1	Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
	Assets			
a	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions.....	1b(1)	0	0
	(2) Participant contributions	1b(2)	0	0
	(3) Other.....	1b(3)	0	0
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
	(2) U.S. Government securities	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common.....	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property).....	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans.....	1c(8)	13488	34385
	(9) Value of interest in common/collective trusts	1c(9)		
	(10) Value of interest in pooled separate accounts	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities.....	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	1034230	1318349
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	1047718	1352734

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	1047718	1352734
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	91956	
(B) Participants	2a(1)(B)	169433	
(C) Others (including rollovers)	2a(1)(C)	16561	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		277950
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	904	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		904
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		81603
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		360457

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	55441	
(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)		55441
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 expense amounts in column (b) and enter total	2j		55441

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		305016
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: **DYER ROCHE & COMPANY**

(2) EIN: **20-1954047**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		425000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			
o Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under 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). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan <u>SOCIETY FOR HANDICAPPED CITIZENS OF MEDINA COUNTY, INC. 403(B) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SOCIETY FOR HANDICAPPED CITIZENS OF MEDINA COUNTY, INC.</u>	D Employer Identification Number (EIN) <u>34-1011571</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>31-4156830</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

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

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

For Paperwork Reduction Act Notice, 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): _____

14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:		
	a The current year	14a	
	b The plan year immediately preceding the current plan year	14b	
	c The second preceding plan year	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
	a The corresponding number for the plan year immediately preceding the current plan year	15a	
	b The corresponding number for the second preceding plan year	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
	a Enter the number of employers who withdrew during the preceding plan year	16a	
	b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐		

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment	☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c)	
	a Enter the percentage of plan assets held as: Stock: <u>0.0</u> % Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%	
	b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more	
	c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____	

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b 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?	☐ Yes ☐ No
22a 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 .	
22b 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 / / .	

SOCIETY FOR HANDICAPPED CITIZENS OF
MEDINA COUNTY, INC. 403(b) PLAN

FINANCIAL STATEMENTS

FOR THE YEARS ENDED
DECEMBER 31, 2016 AND 2015



DYER ROCHE & COMPANY, INC.

Certified Public Accountants and Consultants

SOCIETY FOR HANDICAPPED CITIZENS OF MEDINA COUNTY, INC. 403(b) PLAN

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DYER ROCHE & COMPANY, INC.

Certified Public Accountants and Consultants

Richard W. Dyer, CPA
Cathy G. Roche, CPA
Bert E. Humpal, CPA

J. Matthew Wickham, CPA, CMA, CFE
Andrea L. Hostetler, CPA

INDEPENDENT AUDITORS' REPORT

To The Administrative Committee of
Society for Handicapped Citizens of Medina County, Inc. 403(b) Plan
Medina, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Society For Handicapped Citizens of Medina County, Inc. 403(b) Plan, which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

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

Disclaimer of Opinion

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

Emphasis of Matter – Rejection of 2015 Form 5500 Filing

As discussed in Note 11 to the financial statements, the Department of Labor rejected the Plan's 2015 Form 5500 filing, the impact of which cannot be determined at this time. Our opinion is not modified with respect to this matter.

Other Matter

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of delinquent participant contributions and schedule of assets (held at end of year), which are the responsibility of plan management, are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedules referred to above.

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

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

Nye & Company, Inc.

Wooster, Ohio
October 13, 2017

SOCIETY FOR HANDICAPPED CITIZENS OF MEDINA COUNTY, INC 403(b) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2016 AND 2015

	<u>2016</u>	<u>2015</u>
Investments:		
Investments, at fair value	\$ <u>1,307,971</u>	\$ <u>1,023,887</u>
Total investments	<u>1,307,971</u>	<u>1,023,887</u>
Receivables:		
Notes receivable from participants	35,088	13,653
Participant contributions	6,289	6,635
Employer match and nondiscretionary	3,471	3,538
Employer corrective contributions	<u>6,318</u>	<u>17,663</u>
Total receivables	<u>51,166</u>	<u>41,489</u>
Total assets	<u>1,359,137</u>	<u>1,065,376</u>
Liabilities:		
Forfeiture payable	<u>3,824</u>	<u>14,477</u>
Total liabilities	<u>3,824</u>	<u>14,477</u>
Net assets available for benefits	<u>\$ 1,355,313</u>	<u>\$ 1,050,899</u>

See accompanying independent auditors' report and notes to the financial statements.

SOCIETY FOR HANDICAPPED CITIZENS OF MEDINA COUNTY, INC 403(b) PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEARS ENDED DECEMBER 31, 2016 AND 2015

	<u>2016</u>	<u>2015</u>
Additions to Net Assets Attributed To:		
Investment income	\$ 92,665	(15,355)
Interest income	801	337
Contributions:		
Participant	169,575	173,125
Rollover	1,419	-
Employer - discretionary and matching	88,116	92,584
Employer - corrective contribution	<u>6,371</u>	<u>-</u>
Total additions	<u>358,947</u>	<u>250,691</u>
Deductions From Net Assets Attributed To:		
Benefits paid to participants	43,472	56,291
Administrative expenses	<u>11,061</u>	<u>12,987</u>
Total deductions	<u>54,533</u>	<u>69,278</u>
Net increase (decrease) in assets	304,414	181,413
Net Assets Available For Plan Benefits:		
Beginning of year	<u>1,050,899</u>	<u>869,486</u>
End of year	<u>\$ 1,355,313</u>	<u>\$ 1,050,899</u>

See accompanying independent auditors' report and notes to the financial statements.

SOCIETY FOR HANDICAPPED CITIZENS OF
MEDINA COUNTY, INC. 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS

Note 1: Description of Plan

The following description of the Society for Handicapped Citizens of Medina County, Inc. 403(b) 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 sponsored by Society for Handicapped Citizens of Medina County, Inc. (hereinafter called the "Organization") covering employees meeting defined eligibility requirements with the Organization. Entry into the Plan occurs on the first day of the first month following the date eligibility requirements are met. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Each year, participants may contribute from 1% to 20% of pretax annual compensation, as defined in the Plan. Effective January 1, 2015, the Plan allows for automatic deferral of contributions at the rate of 2% when eligibility for the plan is reached. The Organization's discretionary non-elective contribution of 0.5% is allocated to all eligible participants in the Plan year. Effective January 1, 2017, this contribution rate was increased by the Organization to 1.0%. The Organization also has elected to make a matching contribution of 50% of the employees authorized deferral, to a maximum of 3% of the employees' eligible compensation.

Participant Accounts

Each participant's account is credited with the allocation of (a) participant contributions, (b) employer contributions and (c) plan earnings. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Organization's matching and discretionary contribution portion of their accounts plus actual earnings thereon is based on their years of service. A participant is 100% vested after three years of credited service.

Payment of Benefits

On termination of service, a participant may elect to receive the value of his or her account in a lump-sum amount or in the form of a rollover to another qualified plan.

Notes Receivable from Participants

Participants may borrow from their fund accounts a maximum of 50% of the member's vested amount. Loan transactions are treated as transfers to (from) the investment fund from (to) the loan. The loans are secured by the balance in the participant's account and bear an interest rate commensurate with local prevailing rates as determined by the plan administrator. Principal and interest are paid ratably through monthly payroll deductions.

SOCIETY FOR HANDICAPPED CITIZENS OF
MEDINA COUNTY, INC. 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS

Note 1: Description of Plan (Continued)

Notes Receivable from Participants (continued)

Interest received for the years ended December 31, 2016 and 2015 amounted to \$801 and \$341, respectively.

Forfeited Accounts

According to the plan document forfeitures of terminated participants' non-vested accounts are allocated to reduce employer non-elective or matching contributions or plan expenses. Forfeitures amounted to \$4,572 and \$9,032 for the years December 31, 2016 and 2015, respectively. During 2016 accumulated forfeitures were utilized to fund the majority of the Organization's corrective contribution related to the 2014 plan year (see Note 4).

Investment Options

Upon enrollment in the Plan, a participant may direct employee contributions among investment choices in increments of 1 percent. Participants may change their investment option on any normal business day.

Note 2: Summary of Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting in conformity with generally accepted accounting principles.

Payment of Benefits

Benefits are recorded when paid.

Use of Estimates

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

Administrative Expenses

Expenses paid by the Plan include fees for recordkeeping of plan assets and third party administration of participant accounts.

Investment Valuation and Income Recognition

The Plan's investments are stated at daily unit valuations intended to approximate fair market value in the investment accounts held by Nationwide Financial Services. Purchases are recorded on the date of contribution at the stated value. Interest is recorded on the accrual basis.

SOCIETY FOR HANDICAPPED CITIZENS OF
MEDINA COUNTY, INC. 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS

Note 2: Summary of Accounting Policies (Continued)

Subsequent Event

Management evaluates events occurring subsequent to the date of the financial statements in determining the accounting for and disclosure of transactions and events that affect the financial statements.

During 2016 the Organization's board of directors approved an increase in discretionary non-elective contribution rate from 0.5% to 1.0%, beginning in the plan year beginning January 1, 2017.

Subsequent events have been evaluated through October 13, 2017, which is the date the financial statements were available to be issued.

Notes Receivable

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2016 or 2015. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Reclassifications

Certain items reported in the prior year have been reclassified to conform with the current year presentation.

Note 3: Investments and Fair Value Measurements

Upon enrollment in the Plan, a participant may direct contributions in any of the 33 investment funds in 2016. The following information included in the accompanying financial statements was obtained from data that has been prepared and certified to as complete and accurate by the trustee. The following table presents the fair values of investments for the periods ending December 31, 2016 and 2015. The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits.

FASB ASC 820, Fair Value Measurements, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels:

SOCIETY FOR HANDICAPPED CITIZENS OF
MEDINA COUNTY, INC. 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS

Note 3: Investments and Fair Value Measurements (Continued)

Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities.

Level 2 inputs are inputs (other than quoted prices included within level 1) that are observable for the asset or liability, either directly or indirectly.

Level 3 are unobservable inputs for the asset or liability and may rely on the Trustee's own assumptions about the assumptions that market participants would use in pricing the asset or liability.

The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. The Plan determines the fair value of plan investments as follows:

Level 2 Fair Value Measurements

The fair value of investments in registered investment companies is based on daily unit valuations intended to approximate fair market value in the investment accounts held by the plan trustee at year-end.

Level 3 Fair Value Measurements

Guaranteed investment contracts are reported at contract value as reported by the insurance company. There is no deferred sales charge related to the insurance contract, however the balance is subject to market value adjustment.

Investments by level in the fair value hierarchy are as follows:

	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
<u>December 31, 2016</u>			
Registered investment companies	\$ 1,170,116	\$ -	\$ 1,170,116
Guaranteed investment contract	<u>-</u>	<u>137,855</u>	<u>137,855</u>
Total	\$ <u>1,107,116</u>	\$ <u>137,855</u>	\$ <u>1,307,971</u>
<u>December 31, 2015</u>			
Registered investment companies	\$ 912,234	\$ -	\$ 912,234
Guaranteed investment contract	<u>-</u>	<u>111,653</u>	<u>111,653</u>
Total	\$ <u>912,234</u>	\$ <u>111,653</u>	\$ <u>1,023,887</u>

SOCIETY FOR HANDICAPPED CITIZENS OF
MEDINA COUNTY, INC. 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS

Note 3: Investments and Fair Value Measurements (Continued)

A summary of changes in Level 3 investments for the periods ended is as follows:

	<u>2016</u>	<u>2015</u>
Balance at beginning of year	\$ 111,653	\$ 69,777
Payments on loans	1,319	28
Contributions	36,518	33,789
Exchanges		12,986
Distributions and withdrawals	(12,220)	(4,955)
Net unrealized gain (loss)	<u>585</u>	<u>28</u>
Balance at end of year	\$ <u>137,855</u>	\$ <u>111,653</u>

Note 4: Corrective Contribution Receivable

The corrective contribution receivable represents amounts due to the Plan as a result of errors made during current and prior plan years in the determination of eligible compensation for purposes of determining employee deferrals, company match and discretionary non-elective contributions. The plan sponsor funded the contributions (which included lost earnings) of \$3,185 related to the 2014 plan year, net of accumulated forfeitures (see Note 1), during 2016.

Further errors were noted in the determination of eligible compensation during 2015 and 2016 for which corrective contributions receivable are recorded as of December 31, 2016. The corrective contribution related to the 2015 plan year was made during 2017. The corrective contribution related to the 2016 plan year has not yet been funded. See Note 12 for further discussion.

As a result of this situation, the Organization may be assessed fines and/or penalties which have not been determined at this time.

Note 5: Related-Party and Party in Interest Transactions

Fees incurred by the plan for investment management services are included in administrative expenses and totaled \$7,456 and \$10,186 for the years ended December 31, 2016 and 2015. The Plan also made direct payments during 2016 and 2015 to the third party administrator of \$3,605 and \$2,801, respectively, which are also included in administrative expenses. The Plan Sponsor pays directly any other fees related to the plan's operations.

SOCIETY FOR HANDICAPPED CITIZENS OF
MEDINA COUNTY, INC. 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS

Note 6: Plan Termination

The Organization has the right under the Plan to discontinue participant contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

Note 7: Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated March 3, 2008 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the plan administrator and the Plan's counsel believe that the plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code, and therefore, believe the Plan is qualified and the related trust is tax-exempt.

Management has evaluated income tax positions taken or expected to be taken, if any, on income tax returns filed and the likelihood that, upon examination by the relevant jurisdictions, those income tax positions would be sustained. Based on the results of this examination management determined there are no positions that necessitated disclosure and/or adjustment.

The Plan's federal income tax returns are subject to examination by the IRS, generally for three years after they were filed.

Note 8: Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, credit and market 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 the participants' account balances and the amounts reported in the statements of net assets available for benefits.

Note 9: Prohibited Transactions

During the year ended December 31, 2016 the Organization inadvertently failed to make one deposit of participant contributions within the required timeframe as stated by the DOL.

During the year ended December 31, 2015 the Organization inadvertently failed to make three deposits of participant contributions within the required timeframe as stated by the DOL. The DOL considers late deposits to be nonexempt prohibited transactions. The Organization remitted lost earnings in January 2016 and is filing Form 5330 with applicable excise taxes. The excise tax payments were made from the Organization's assets and not from Plan assets.

SOCIETY FOR HANDICAPPED CITIZENS OF
MEDINA COUNTY, INC. 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS

Note 9: Prohibited Transactions (continued)

See also notes 4 and 11 for discussion of corrective contributions paid or due to the plan for the years ended December 31, 2014, 2015 and 2016.

Note 10: Reconciliation of Financial Statements to Form 5500

For the years ended December 31, 2016 and 2015 the following differences exist between the audited financial statements (prepared on the accrual basis) and the Form 5500 (prepared on the cash basis):

	<u>2016</u>	<u>2015</u>
Net Assets per the Form 5500	\$ 1,352,734	\$ 1,047,718
Adjustments for:		
Corrective contributions receivable	6,318	17,663
Forfeitures payable	(3,824)	(14,477)
Other	<u>85</u>	<u>(5)</u>
Net Assets per the Financial Statements	\$ <u>1,355,313</u>	\$ <u>1,050,899</u>

Note 11: Contingencies

During 2016 plan management discovered certain errors had been made during the 2015 plan year in the determination of eligible compensation as well as in processing certain participants' elections. Due to the timing of the discovery of the errors, plan management elected to file the 2015 Form 5500 without an audited financial statement until the necessary corrective contribution could be determined.

Management also noted adjustments were made to the certified investment data underlying the 2014 audited financial statements which required their restatement. To date an amended 2014 Form 5500 filing reflecting these changes has not been filed.

During May 2017 the Department of Labor (the DOL) notified plan management of their rejection of the 2015 Form 5500 filing due to its filing without an audited financial statement. The DOL indicated in the letter pursuant to Section 104(a)(5) and 502(c)(2) of ERISA, an annual report rejected under Section 104(a)(4) for failure to provide material information will be treated as a failure to file an annual report unless a revised report satisfactory to the DOL is filed within 45 days of the notice. The corrections deemed necessary are to (1) file an acceptable amended Form 5500 and (2) notify the Office of the Chief Accountant of the completed amended filing. The DOL has not indicated its acceptance of the amended 2015 Form 5500.

SOCIETY FOR HANDICAPPED CITIZENS OF
MEDINA COUNTY, INC. 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS

Note 11: Contingencies (continued)

The letter from the DOL indicated civil penalties may be assessed or other action may be taken once the amended Form 5500 has been filed. Any costs associated with fines or penalties assessed by the DOL will be borne by the plan sponsor.

The outcome of these matters is not determinable at this time.

Society for Handicapped Citizens of Medina County, Inc. 403 (b) Plan
 Supplemental Schedule - Schedule of Delinquent Participant Contributions
 Schedule H, Line 4a
 December 31, 2016

EIN: 34-1011157
 Plan Number: 001

Participant Contributions Transferred Late to Plan	Total That Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check Here if Late Participant Loan Repayments Are Included	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
√ - 6,804	0	6,804	0	0
8,321	0	8,321	0	0
1,731	0	1,731	0	0
2,401	2,401	0	0	0
53	53	0	0	0

See accompanying independent auditors' report and notes to the financial statements.

Society for Handicapped Citizens of Medina County, Inc. 403 (b) Plan
Supplemental Schedule - Schedule of Assets (Held At End of Year)
Schedule H, Line 4i
December 31, 2016

EIN: 34-1011157
Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investments including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	Nationwide Financial Services	- AmFds Cap World Growth Inc	1	\$ 25,815
	Nationwide Financial Services	- AmFds EuroPacfc Growth	1	28,755
	Nationwide Financial Services	- BOA Fixed	1	137,855
	Nationwide Financial Services	- BlkRk GNMA Inv A	1	1,124
	Nationwide Financial Services	- Eagle Series Mid Cap Gr A	1	12,512
	Nationwide Financial Services	- Invsco RealEst A	1	34,849
	Nationwide Financial Services	- JPM Gr Advantage A	1	62,903
	Nationwide Financial Services	- JPM Hi Yld A	1	46,645
	Nationwide Financial Services	- JPM SmCap Eq A	1	22,904
	Nationwide Financial Services	- JPM US Equity A	1	40,455
	Nationwide Financial Services	- Lazard Emrg Mkt Eq Open	1	20,479
	Nationwide Financial Services	- Nw Dest 2010	1	30,196
	Nationwide Financial Services	- Nw Dest 2015	1	175,113
	Nationwide Financial Services	- Nw Dest 2020	1	51,999
	Nationwide Financial Services	- Nw Dest 2025	1	156,778
	Nationwide Financial Services	- Nw Dest 2030	1	32,896
	Nationwide Financial Services	- Nw Dest 2035	1	48,136
	Nationwide Financial Services	- Nw Dest 2040	1	57,485
	Nationwide Financial Services	- Nw Dest 2045	1	65,471
	Nationwide Financial Services	- Nw Dest 2050	1	64,720
	Nationwide Financial Services	- Nw Dest 2055	1	26,080
	Nationwide Financial Services	- Nw Dest 2060	1	4,834
	Nationwide Financial Services	- NW MdCap Mkt Indx A	1	4,830
	Nationwide Financial Services	- NW Mny Mkt Prm	1	19,661
	Nationwide Financial Services	- NW SmCap Indx A	1	875
	Nationwide Financial Services	- Natixis Loomis Val A	1	21,431
	Nationwide Financial Services	- Vic Syc Estblshd Val A	1	31,197
	Nationwide Financial Services	- Vic Sm Co Oppr A	1	32,022
	Nationwide Financial Services	- NW HM ST Bd A	1	2,438
	Nationwide Financial Services	- Drey Intl Bd A	1	16,723
	Nationwide Financial Services	- NW Bd Indx A	1	199
	Nationwide Financial Services	- Opp Gbl A	1	4,803
	Nationwide Financial Services	- WF Cor Bd A	1	25,789
*	Participant loans	4.25%, various maturity dates		<u>35,088</u>
		Total Investment Value		<u>\$ 1,343,059</u>

Column (a) * - indicates Party in Interest

Column (d) 1 - indicates Participant directed investment

See accompanying independent auditors' report and notes to the financial statements.

Society for Handicapped Citizens of Medina County, Inc. 403 (b) Plan
Supplemental Schedule - Schedule of Assets (Held At End of Year)
Schedule H, Line 4i
December 31, 2016

EIN: 34-1011157
Plan Number: 001

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Column (a) * - indicates Party in Interest

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See accompanying independent auditors' report and notes to the financial statements.