

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 ☐ special extension (enter description)	☐ automatic extension ☐ the DFVC program

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>THE VILLAGE NETWORK 403B PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>001</u>
		1c	Effective date of plan <u>04/01/1995</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>THE VILLAGE NETWORK</u> <u>2000 NOBLE DRIVE</u> <u>WOOSTER, OH 44691</u>	2b	Employer Identification Number (EIN) <u>34-0768857</u>
		2c	Plan Sponsor's telephone number <u>330-264-3232</u>
		2d	Business code (see instructions) <u>623000</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	BEL KLOCKENGA
	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 <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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	5 454
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 316 6a(2) 327 6b 0 6c 102 6d 429 6e 0 6f 429 6g 381 6h 34
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2F 2G 2L 2T 3D 2E 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>3</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 A (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 <hr/> 2016 <hr/> 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 THE VILLAGE NETWORK 403B PLAN	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE VILLAGE NETWORK	D Employer Identification Number (EIN) 34-0768857	

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

(a) Name of insurance carrier

LINCOLN NATIONAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	CR27710	48	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
1790	0

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

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

LINCOLN FINANCIAL ADVISORS
1300 S. CLINTON ST. STE 150
FORT WAYNE, IN 46802

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1790			4

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 273831**5** Current value of plan's interest under this contract in separate accounts at year end..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount **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 ▶ GROUP VAR ANNUITY W/ GUAR FUND**b** Balance at the end of the previous year **7b** 269420**c** Additions: (1) Contributions deposited during the year **7c(1)**
(2) Dividends and credits..... **7c(2)**
(3) Interest credited during the year..... **7c(3)** 9725
(4) Transferred from separate account **7c(4)**
(5) Other (specify below) **7c(5)**(6) Total additions **7c(6)** 9725**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 279145**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 3624
(2) Administration charge made by carrier..... **7e(2)** 472
(3) Transferred to separate account..... **7e(3)**
(4) Other (specify below) **7e(4)** 1218

▶ LOANS ISSUED, FORFEITURES, FEES, CORRETIVES

(5) Total deductions **7e(5)** 5314**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 273831

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 <hr/> 2016 <hr/> 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 THE VILLAGE NETWORK 403B PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE VILLAGE NETWORK	D Employer Identification Number (EIN) 34-0768857	

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

(a) Name of insurance carrier
NATIONWIDE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	66869	GAP-B2-VN82	381	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 <div style="text-align: right;">112</div>	(b) Total amount of fees paid <div style="text-align: right;">0</div>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid NFP SECURITIES, INC.	1250 CAPITAL OF TEXAS, HWY S BUILDING 2, STE 125 AUSTIN, TX 78746-3300
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
112			1

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 47268**5** Current value of plan's interest under this contract in separate accounts at year end..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount **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** 45656**c** Additions: (1) Contributions deposited during the year **7c(1)** 51
(2) Dividends and credits..... **7c(2)** 0
(3) Interest credited during the year..... **7c(3)** 1624
(4) Transferred from separate account **7c(4)**
(5) Other (specify below) **7c(5)**(6) Total additions **7c(6)** 1675**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 47331**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**
(2) Administration charge made by carrier..... **7e(2)** 27
(3) Transferred to separate account..... **7e(3)**
(4) Other (specify below) **7e(4)** 36

▶ LOAN WITHDRAWAL

(5) Total deductions **7e(5)** 63**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 47268

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 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 THE VILLAGE NETWORK 403B PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 THE VILLAGE NETWORK	D Employer Identification Number (EIN) 34-0768857

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

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	EX27710	12	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 328	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
328			4

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 36066**5** Current value of plan's interest under this contract in separate accounts at year end..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount **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** 35803**c** Additions: (1) Contributions deposited during the year **7c(1)**
(2) Dividends and credits..... **7c(2)**
(3) Interest credited during the year..... **7c(3)** 1278
(4) Transferred from separate account **7c(4)**
(5) Other (specify below) **7c(5)**(6) Total additions **7c(6)** 1278**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 37081**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 900
(2) Administration charge made by carrier..... **7e(2)** 115
(3) Transferred to separate account **7e(3)**
(4) Other (specify below) **7e(4)**(5) Total deductions **7e(5)** 1015**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 36066

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

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 Internal Revenue Service</div> <div>Department of Labor 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>THE VILLAGE NETWORK 403B PLAN</div>	<div>B</div> <div>Three-digit plan number (PN)</div> <div>▶</div> <div>001</div>
<div>C</div> <div>Plan sponsor's name as shown on line 2a of Form 5500</div> <div>THE VILLAGE NETWORK</div>	<div>D</div> <div>Employer Identification Number (EIN)</div> <div>34-0768857</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

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

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

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

NATIONWIDE

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 19	SRVC PROVIDER	73197	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

NFP SECURITIES, INC.

1250 CAPTIAL OF TEXAS HIGHWAY S
BUILDING #2, STE 125
AUSTIN, TX 78746

(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?
19	SECURITIES	26350	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☐ No ☒

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

TRINITY PENSION CONSULTANTS, INC.

202 MONTROSE WEST AVE. #290
COPLEY, OH 44321

20-4548831

(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?
11 17	TPA	11521	Yes ☒ No ☐	Yes ☐ No ☒	5541	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)

LINCOLN NATIONAL CORP (CR27710)

35-1140070

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	SERVICE PROVIDER	1125	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

LINCOLN NATIONAL CORP (EX27710)

35-1140070

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	SERVICE PROVIDER	375	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
NFP ADVISOR SERVICES	15 19	26350
(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.	
NATIONWIDE ONE NATIONWIDE PLAZA COLUMBUS, OH 43215	INCENTIVE PAYMENTS AND COMPENSATION	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TRINITY PENSION CONSULTANTS, INC.	11 17	5541
(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.	
NATIONWIDE ONE NATIONWIDE PLAZA COLUMBUS, OH 43215	ADMINISTRATIVE SERVICES FEE/OV	
(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
(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
(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

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016		
A Name of plan THE VILLAGE NETWORK 403B PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE VILLAGE NETWORK	D Employer Identification Number (EIN) 34-0768857	

Part I	Asset and Liability Statement
---------------	--------------------------------------

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)	548281	563639
(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)	10929861	12526716
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	303791	309533
(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	11781933	13399888

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	11781933	13399888
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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)	980278	
(B) Participants	2a(1)(B)	710696	
(C) Others (including rollovers)	2a(1)(C)	7526	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1698500
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)	21633	
(F) Other	2b(1)(F)	10839	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		32472
(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)		780771
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2511743

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	827692	
(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)		827692
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		29353
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	36743	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		36743
j Total expenses. Add all expense amounts in column (b) and enter total	2j		893788

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1617955
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: LINC, MALACHIN & DENNIS, INC.

(2) EIN: 34-1167670

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		500000
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>THE VILLAGE NETWORK 403B 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>THE VILLAGE NETWORK</u>	D Employer Identification Number (EIN) <u>34-0768857</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>35-0472300</u> <u>31-1592130</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
-----------------	-------------------

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
--	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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 / / .	

THE VILLAGE NETWORK 403(B) PLAN

WOOSTER, OHIO

FINANCIAL STATEMENTS

FOR THE YEARS ENDED
DECEMBER 31, 2016 AND 2015

THE VILLAGE NETWORK 403(B) PLAN

INDEX

DECEMBER 31, 2016 AND 2015

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Linc • Malachin • Dennis, Inc.

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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of
THE VILLAGE NETWORK 403(B) PLAN

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The Village Network 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 E, which was certified by Lincoln National Life Insurance Company and Nationwide Life Insurance Company, the trustees of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustees hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from the trustees as of and for the years ended December 31, 2016 and 2015, that the information provided to the plan administrator by the trustees 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 our opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedule as listed in the accompanying table of contents as of and for the year ended December 31, 2016, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and 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 the supplemental schedule referred to above.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustees, 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.

Linc, Malachin, & Dennis Inc.

Linc, Malachin & Dennis, Inc.
Akron, Ohio

October 5, 2017

THE VILLAGE NETWORK 403(B) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2016 AND 2015

ASSETS

	<u>2016</u>	<u>2015</u>
Investments (at Fair Value)		
Various Mutual Fund Accounts	\$ 12,526,716	\$ 10,929,861
Funds Held in Insurance Co (Unallocated Contracts)	47,268	45,656
Investments (at Contract Value)		
Guaranteed Investment Contracts - Held by Insurance Company	262,265	258,135
Receivables		
Notes Recievable From Participants	563,639	548,281
Employer Contributions	<u>-</u>	<u>-</u>
Total Assets	13,399,888	11,781,933

LIABILITIES

None	-	-
Total Liabilities	<u>-</u>	<u>-</u>
Net Assets Available for Benefits	<u>\$ 13,399,888</u>	<u>\$ 11,781,933</u>

See accompanying notes.

THE VILLAGE NETWORK 403(B) PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2016 AND 2015

	<u>2016</u>	<u>2015</u>
ADDITIONS		
Additions to Net Assets Attributed to:		
Investment Income		
Net appreciation in fair value of investments	\$ 780,771	\$ (218,194)
Interest	10,839	11,819
Interest - Participatnt Loans	<u>21,633</u>	<u>15,779</u>
	813,243	(190,596)
Contributions		
Employer	980,278	976,023
Participants	710,696	629,054
Other (including Rollovers)	<u>7,526</u>	<u>74,902</u>
Total Additions	<u>2,511,743</u>	<u>1,489,383</u>
DEDUCTIONS		
Deductions From Net Assets Attributed to:		
Benefits Paid to Participants	\$ 827,692	\$ 966,624
Certain Deemed Distributions of Participants Loans	29,353	-
Administrative Expenses	<u>36,743</u>	<u>41,372</u>
Total Deductions	<u>893,788</u>	<u>1,007,996</u>
Net Increase	1,617,955	481,387
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of Year	<u>11,781,933</u>	<u>11,300,546</u>
End of Year	<u>\$ 13,399,888</u>	<u>\$ 11,781,933</u>

See accompanying notes.

THE VILLAGE NETWORK 403(B) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2016 AND 2015

NOTE A – DESCRIPTION OF THE PLAN

The following description of The Village Network 403(B) Plan (Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Village Network (the "Company") established the plan effective April 1, 1995 and has been amended on various dates. The Plan is a contributory tax deferred plan established under section 403(B) of the Internal Revenue code and covers all full-time and part-time employees of The Village Network who normally work 20 or more hours per week and have one year of service. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Each year The Village Network matches the contributions of each of its participating employees. The match is 50% of a qualified participant's elective deferral up to 7% of his/her compensation for non-union employees and up to 5% for union employees. Non-elective contributions are made by the Company as follows: a fixed amount of 5% of each participant's compensation, per plan year; an additional amount that the Employer in its sole discretion may determine. Participating employees make contributions to the Plan according to their written wage reduction agreement not to exceed the maximum amount allowed by the IRS. Contributions are subject to certain limitations. The Company withholds & remits to the trustee bi-weekly contributions in an amount in accordance with the participant's written wage reduction agreement.

Participant Accounts

Each participant's account is credited with the participant's contribution, the Company's matching contribution, and an allocation of Plan earnings. Allocations are based on participant 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.

Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the company contributions portion of their accounts plus earnings thereon is based on years of continuous service. A participant is 100% vested after three years of credited service.

Payment of Benefits

On termination of service due to death, disability, or retirement a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in either a lump-sum amount or in annual installments. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution

THE VILLAGE NETWORK 403(B) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2016 AND 2015

NOTE A – DESCRIPTION OF THE PLAN (CONTINUED)

Forfeitures

Forfeitures are all allocated first to plan expenses, then to fixed non-elective contributions and last to fixed matching contributions. During the years ended December 31, 2016 and 2015, terminated non-vested participants forfeited \$60,171 and \$29,652 respectively, in Company contributions. The Company used forfeitures of \$44,725 and \$10,509 in 2016, and \$11,749 and 0 of the forfeitures in 2015 to reduce Company contributions and plan expenses, respectively. The amount of remaining unapplied forfeitures was \$47,933 and \$43,074 as of December 31, 2016 and 2015, respectively.

Participant Loans

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. The loans are secured by the balance in the participant's account and bear interest at a rate of Prime plus 1%.

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Method of Accounting

The Plan's policy is to prepare its financial statements on the accrual basis of accounting. Specifically, benefits are recorded when incurred, and contributions are recorded when withheld from payroll or when declared for Company contributions.

Estimates

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

Investment Valuation and Income Recognition

The Plan's investments are held by contract with insurance companies and are valued at current market value (Note C). Marketable securities are stated at fair value. The change in the difference between fair value and the cost of the investments is reflected in the statements of changes in net assets available for benefits as net appreciation (depreciation) in fair value of investments.

Administrative Costs

Trustee fees and other costs of administering the Plan are paid by the Company. Certain administrative and clerical functions are performed by Company employees at no charge to the Plan.

THE VILLAGE NETWORK 403(B) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2016 AND 2015

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Risks and Uncertainties

The Plan provides for various investment options in any combination of mutual funds. Investment securities are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term could materially affect participant account balances and the amounts reported in the Statements of Net Assets Available for Benefits and the Statement of Changes in Net Assets Available for Benefits.

Reclassifications

Certain accounts in the prior-year financial statements have been reclassified for comparative purposes to conform with the presentation in the current-year financial statements.

NOTE C – INVESTMENT CONTRACT WITH INSURANCE COMPANY

The plan has entered into an investment contract with Nationwide Life Insurance Company. Nationwide Life Insurance Company maintain the contributions in pooled accounts. The accounts are credited with actual earnings on the underlying investments and charged for Plan withdrawals and administration expenses charged by Nationwide Life Insurance Company. The contracts are included in the financial statements at fair value, which approximates contract value, as reported to the Plan by Nationwide Life Insurance Company. Contract value represents contributions made under the contract, plus earnings, less Plan withdrawals and administration expenses.

NOTE D – FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT

The plan has entered into investment contracts with Lincoln National Life Insurance Company. This contract meets the fully-benefit responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under the contract, plus earnings, less participants withdrawals, and administrative expenses.

The traditional investment contract held by the Plan is a guaranteed investment contract. The contract issuer is contractually obligated to repay the principal and interest at a specified interest rate that is guaranteed to the Plan. The credit rating is based on a formula established by the contract issuer. The credit rate is reviewed on a quarterly basis for resetting.

Certain events may limit the ability of the plan to transact at contract value. Such events include termination of the contract, spin-offs, divestitures, layoffs, corporate relocation, partial or total plan termination, retirement incentive programs, and the liberalization of plan withdrawal or transfer

THE VILLAGE NETWORK 403(B) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2016 AND 2015

NOTE D – FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT (CONTINUED)

rules. Upon occurrence of any of these events, a market value adjustment or other withdrawal restrictions may apply. If the plan sponsor views the occurrence of any of these events as probable as of the measurement date, details about market value adjustments or other withdrawal restrictions can be obtained through the plan's account manager.

The issuer may terminate the contract with 30 days advance written notice to the contract owner for reasonable cause, which includes the contract owner's failure to abide by state or federal law, failure to render performance necessary to comply with the terms of the contract, failure to maintain assets of at least \$25,000, plan disqualification, and failure to adopt the plan in a reasonable period of time. Upon termination by the issuer, a market value adjustment or other withdrawal restrictions may apply. The plan sponsor may choose to pay the market value adjustment directly, if applicable, so that participants' contract values are not affected.

NOTE E – INVESTMENTS

The following presents investments that represent 5% or more of the Plan's net assets:

	<u>2016</u>	<u>2015</u>
Nationwide Trgt Rtrmt 2045	\$ 997,427	\$ 783,329
Nationwide Trgt Rtrmt 2040	1,196,291	1,032,600
Nationwide Trgt Rtrmt 2035	2,074,166	1,783,430
Nationwide Trgt Rtrmt 2030	1,435,348	1,179,054
Nationwide Trgt Rtrmt 2025	1,357,097	1,189,088
Nationwide Trgt Rtrmt 2020	1,951,996	1,677,634
Nationwide Trgt Rtrmt 2015	467,487	628,102

NOTE F – PLAN TERMINATION

Although it has not expressed any intent to do so, The Village Network, 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 of the Plan termination, participants will become 100% vested in their accounts.

NOTE G – RELATED PARTY TRANSACTIONS

Certain plan investments are shares of mutual funds managed by Lincoln National Life Insurance Company and Nationwide Life Insurance Company. Lincoln National Life Insurance Company and Nationwide Life Insurance Company are the trustees as defined by the Plan, therefore, these transactions qualify as party-in-interest transactions.

THE VILLAGE NETWORK 403(B) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2016 AND 2015

NOTE H – INFORMATION PREPARED AND CERTIFIED BY INSURANCE CARRIER

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by the trustees.

	<u>2016</u>	<u>2015</u>
Investments, at fair value	\$ 12,526,716	\$ 10,929,860
Investments, at contract	309,553	303,792
Loans to Participants	563,639	548,281
Interest and Other Income	32,472	27,598
Net appreciation in fair value of investments	780,771	(218,194)

NOTE I – FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits.

		Fair Value Measurements at Reporting Date Using:		
	<u>Fair Value</u>	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
<u>December 31, 2016</u>				
Mutual Funds	\$ 12,526,716	\$ 12,526,716	\$ -	\$ -
Investment contracts with Insurance companies	<u>47,268</u>	<u>-</u>	<u>-</u>	<u>47,268</u>
Total	<u>\$ 12,573,984</u>	<u>\$ 12,526,716</u>	<u>\$ -</u>	<u>\$ 47,268</u>
<u>December 31, 2015</u>				
Mutual Funds	\$ 10,929,861	\$ 10,929,861	\$ -	\$ -
Investment contracts with Insurance companies	<u>45,656</u>	<u>-</u>	<u>-</u>	<u>45,656</u>
Total	<u>\$ 10,957,517</u>	<u>\$ 10,929,861</u>	<u>\$ -</u>	<u>\$ 45,656</u>

FASB Accounting Standards Codification 820, *Fair Value Measurements and Disclosures*, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted

THE VILLAGE NETWORK 403(B) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2016 AND 2015

NOTE J – FAIR VALUE MEASUREMENTS (CONTINUED)

prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs have the lowest priority. The plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs were used only when Level 1 or Level 2 inputs were not available.

Level 1 Fair Value Measurements

The fair values of common stock, corporate bonds, and U.S. government securities available are based on quoted market prices, when available.

Level 3 Fair Value Measurement

The guaranteed investment contracts with insurance companies are not actively traded however significant other observable inputs are available. Thus, the fair value of the guaranteed investment contracts are derived from the contract provisions and contract value is held as fair value.

Fair Value Measurements Using Significant Unobservable Inputs (Level 3)

<u>December 31, 2016</u>	<u>Unallocated Contract</u>
Beginning Balance	\$ 45,656
Contributions	50
Interest Income	1,597
Distributions	<u>(36)</u>
Ending Balance	<u>\$ 47,267</u>

NOTE K – TAX STATUS

The Internal Revenue Service has determined by letter dated March 31, 2008 that the Plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code (“IRC”). The Plan administrator believes that the Plan is designed and is currently being operated in compliance with applicable provisions of the IRC.

The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2013.

NOTE L – SUBSEQUENT EVENTS

Management has evaluated subsequent events through October 5, 2017 the date on which the financial statements were available to be issued. No events occurred that would require adjustments to, or disclosures in the financial statements.

THE VILLAGE NETWORK 403(B) PLAN
EIN: 34-0768857
PLAN NO. 005

ATTACHMENT FOR SCHEDULE H LINE 4i
SUPPLEMENTAL SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AT END OF YEAR DECEMBER 31, 2016

(a) Party in Interest	(b) Identity of issue, borrower, lessor, or similar part	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost of Assets	(e) Current Value
*	Lincoln National Life- Multifund	AB VPS Global Thematic Growth	**	2,111
*	Lincoln National Life- Multifund	America Funds Global Growth	**	12,351
*	Lincoln National Life- Multifund	America Funds Growth	**	33,057
*	Lincoln National Life- Multifund	America Funds Growth - Income	**	2,505
*	Lincoln National Life- Multifund	Delaware VIP High Yield	**	449
*	Lincoln National Life- Multifund	Delaware VIP REIT	**	4,655
*	Lincoln National Life- Multifund	Delaware VIP Small Cap Value	**	52,137
*	Lincoln National Life- Multifund	Delaware VIP SMID Cap Core Series	**	38,468
*	Lincoln National Life- Multifund	Delaware VIP Value	**	4,213
*	Lincoln National Life- Multifund	Deutsche Altrtv Asset Allo VIP	**	2,103
*	Lincoln National Life- Multifund	FidelityVIP Contrafund	**	600
*	Lincoln National Life- Multifund	Fidelity VIP Growth	**	5,869
*	Lincoln National Life- Multifund	Fixed Account	**	262,265
*	Lincoln National Life- Multifund	LVIP Blackrock Div Val Mngdvltlty	**	7,440
*	Lincoln National Life- Multifund	LVIP Blackrock Infl Protected Bond	**	4,130
*	Lincoln National Life- Multifund	LVIP Blend LrgCap Grwth Mngd Vol	**	36,963
*	Lincoln National Life- Multifund	LVIP Delaware Bond	**	4,954
*	Lincoln National Life- Multifund	LVIP Delaware Social Awareness	**	61,551
*	Lincoln National Life- Multifund	LVIP Delaware Special Opportunities	**	17,494
*	Lincoln National Life- Multifund	LVIP Dimensional U.S. Core Equity 1	**	169,732
*	Lincoln National Life- Multifund	LVIP JPMorgan Rtrmnt Incm Fund	**	12,772
*	Lincoln National Life- Multifund	LVIP Mondrian International Value	**	4,660
*	Lincoln National Life- Multifund	LVIP SSGA Bond Index	**	4,982
*	Lincoln National Life- Multifund	LVIP SSGA Emerging Markets 100	**	2,191
*	Lincoln National Life- Multifund	LVIP SSGA S&P 500 Index	**	58,072
*	Lincoln National Life- Multifund	LVIP SSGA Small-Cap Index	**	5,246
*	Lincoln National Life- Multifund	LVIP TRP Struct Mid-Cap Growth	**	38,100
*	Lincoln National Life- Multifund	LVIP Vanguard Intern Equity ETF	**	5,541
*	Lincoln National Life- Multifund	MFS Utilities	**	2,794
*	Nationwide Trust Company	Arbrden Gbl Eq A	**	207
*	Nationwide Trust Company	AmCent Eq Inc I	**	99,246
*	Nationwide Trust Company	AmCent Eq Indx Inv	**	104
*	Nationwide Trust Company	AmFds AMCAP R6	**	29,571
*	Nationwide Trust Company	AmFds Am Mut R6	**	77,864
*	Nationwide Trust Company	AmFds EuroPacfc Gr R6	**	115,933
*	Nationwide Trust Company	BlkRk Hi Yld Bd Inv A	**	180
*	Nationwide Trust Company	BlkRk Strat Inc Oppr Inv A	**	7
*	Nationwide Trust Company	Col Del LgCap Gr R5	**	268
*	Nationwide Trust Company	BOA – Fixed	**	47,268

** Information is not applicable for these types of funds.

THE VILLAGE NETWORK 403(B) PLAN
EIN: 34-0768857
PLAN NO. 005

ATTACHMENT FOR SCHEDULE H LINE 4i (Continued)
SUPPLEMENTAL SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AT END OF YEAR DECEMBER 31, 2016

(a) Party in Interest	(b) Identity of issue, borrower, lessor, or similar part	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost of Assets	(e) Current Value
*	Nationwide Trust Company	DFA Emrg Mkt Cor Eq Inst	**	169
*	Nationwide Trust Company	DFA US Lg Cap Val Inst	**	363
*	Nationwide Trust Company	Fnkln SmMdCap Gr A	**	17,366
*	Nationwide Trust Company	FrnklnTmp Glbl Bd A	**	73
*	Nationwide Trust Company	Harbor Cap App Inv	**	94,640
*	Nationwide Trust Company	Harbor Intl Inst	**	274
*	Nationwide Trust Company	Ivsco Real Estate A	**	78,336
*	Nationwide Trust Company	JPM Eq Inc A	**	249
*	Nationwide Trust Company	JPM MdCap Val A	**	6,478
*	Nationwide Trust Company	JPM SmCap Val A	**	112
*	Nationwide Trust Company	Msty Intl Cor Eq I	**	145
*	Nationwide Trust Company	Natixis Loomis Gr A	**	170
*	Nationwide Trust Company	NW Gov Mny Mkt R6	**	64,871
*	Nationwide Trust Company	NW Inv Dest Mod Aggr Svc	**	21,530
*	Nationwide Trust Company	Opp Devl Mkt A	**	84,573
*	Nationwide Trust Company	Opp Intl Gr A	**	277
*	Nationwide Trust Company	Prncpl Hi Yld Inst	**	96,299
*	Nationwide Trust Company	Prudntl Glbl RealEst A	**	209
*	Nationwide Trust Company	Prudntl Ttl Rtn Bd A	**	106
*	Nationwide Trust Company	RydexSGI NASDAQ 100 H	**	97,508
*	Nationwide Trust Company	TCW Ttl Rtn Bd N	**	23,869
*	Nationwide Trust Company	TRowePr Hlth Scnc	**	88,538
*	Nationwide Trust Company	Tchstn Sands Cap Inst Gr	**	90,474
*	Nationwide Trust Company	Vngrd 500 Indx Fd AS	**	252,074
*	Nationwide Trust Company	Vngrd Expl Adnl	**	71
*	Nationwide Trust Company	Vngrd Sm Cap Indx Fd AS	**	76,358
*	Nationwide Trust Company	Vngrd Trgt Rtrmt 2010	**	318,876
*	Nationwide Trust Company	Vngrd Trgt Rtrmt 2015	**	467,487
*	Nationwide Trust Company	Vngrd Trgt Rtrmt 2020	**	1,951,996
*	Nationwide Trust Company	Vngrd Trgt Rtrmt 2025	**	1,357,097
*	Nationwide Trust Company	Vngrd Trgt Rtrmt 2030	**	1,435,348
*	Nationwide Trust Company	Vngrd Trgt Rtrmt 2035	**	2,074,166
*	Nationwide Trust Company	Vngrd Trgt Rtrmt 2040	**	1,196,291
*	Nationwide Trust Company	Vngrd Trgt Rtrmt 2045	**	997,427
*	Nationwide Trust Company	Vngrd Trgt Rtrmt 2050	**	398,524
*	Nationwide Trust Company	Vngrd Trgt Rtrmt 2055	**	277,418
*	Nationwide Trust Company	Vngrd Trgt Rtrmt 2060	**	38,077
*	Nationwide Trust Company	Vngrd Trgt Rtrmt Inc	**	357
*	Participant Loans	Prime plus 1% various repayment Terms	-0-	563,639

** Information is not applicable for these types of funds.

THE VILLAGE NETWORK 403(B) PLAN

WOOSTER, OHIO

FINANCIAL STATEMENTS

FOR THE YEARS ENDED
DECEMBER 31, 2016 AND 2015

THE VILLAGE NETWORK 403(B) PLAN

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DECEMBER 31, 2016 AND 2015

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Linc • Malachin • Dennis, Inc.

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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of
THE VILLAGE NETWORK 403(B) PLAN

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The Village Network 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 E, which was certified by Lincoln National Life Insurance Company and Nationwide Life Insurance Company, the trustees of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustees hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from the trustees as of and for the years ended December 31, 2016 and 2015, that the information provided to the plan administrator by the trustees 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 our opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedule as listed in the accompanying table of contents as of and for the year ended December 31, 2016, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and 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 the supplemental schedule referred to above.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustees, 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.

Linc, Malachin, & Dennis Inc.

Linc, Malachin & Dennis, Inc.
Akron, Ohio

October 5, 2017

THE VILLAGE NETWORK 403(B) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2016 AND 2015

ASSETS

	<u>2016</u>	<u>2015</u>
Investments (at Fair Value)		
Various Mutual Fund Accounts	\$ 12,526,716	\$ 10,929,861
Funds Held in Insurance Co (Unallocated Contracts)	47,268	45,656
Investments (at Contract Value)		
Guaranteed Investment Contracts - Held by Insurance Company	262,265	258,135
Receivables		
Notes Recievable From Participants	563,639	548,281
Employer Contributions	<u>-</u>	<u>-</u>
Total Assets	13,399,888	11,781,933

LIABILITIES

None	-	-
Total Liabilities	<u>-</u>	<u>-</u>
Net Assets Available for Benefits	<u>\$ 13,399,888</u>	<u>\$ 11,781,933</u>

See accompanying notes.

THE VILLAGE NETWORK 403(B) PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2016 AND 2015

	<u>2016</u>	<u>2015</u>
ADDITIONS		
Additions to Net Assets Attributed to:		
Investment Income		
Net appreciation in fair value of investments	\$ 780,771	\$ (218,194)
Interest	10,839	11,819
Interest - Participatnt Loans	<u>21,633</u>	<u>15,779</u>
	813,243	(190,596)
Contributions		
Employer	980,278	976,023
Participants	710,696	629,054
Other (including Rollovers)	<u>7,526</u>	<u>74,902</u>
Total Additions	<u>2,511,743</u>	<u>1,489,383</u>
DEDUCTIONS		
Deductions From Net Assets Attributed to:		
Benefits Paid to Participants	\$ 827,692	\$ 966,624
Certain Deemed Distributions of Participants Loans	29,353	-
Administrative Expenses	<u>36,743</u>	<u>41,372</u>
Total Deductions	<u>893,788</u>	<u>1,007,996</u>
Net Increase	1,617,955	481,387
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of Year	<u>11,781,933</u>	<u>11,300,546</u>
End of Year	<u>\$ 13,399,888</u>	<u>\$ 11,781,933</u>

See accompanying notes.

THE VILLAGE NETWORK 403(B) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2016 AND 2015

NOTE A – DESCRIPTION OF THE PLAN

The following description of The Village Network 403(B) Plan (Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Village Network (the "Company") established the plan effective April 1, 1995 and has been amended on various dates. The Plan is a contributory tax deferred plan established under section 403(B) of the Internal Revenue code and covers all full-time and part-time employees of The Village Network who normally work 20 or more hours per week and have one year of service. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Each year The Village Network matches the contributions of each of its participating employees. The match is 50% of a qualified participant's elective deferral up to 7% of his/her compensation for non-union employees and up to 5% for union employees. Non-elective contributions are made by the Company as follows: a fixed amount of 5% of each participant's compensation, per plan year; an additional amount that the Employer in its sole discretion may determine. Participating employees make contributions to the Plan according to their written wage reduction agreement not to exceed the maximum amount allowed by the IRS. Contributions are subject to certain limitations. The Company withholds & remits to the trustee bi-weekly contributions in an amount in accordance with the participant's written wage reduction agreement.

Participant Accounts

Each participant's account is credited with the participant's contribution, the Company's matching contribution, and an allocation of Plan earnings. Allocations are based on participant 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.

Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the company contributions portion of their accounts plus earnings thereon is based on years of continuous service. A participant is 100% vested after three years of credited service.

Payment of Benefits

On termination of service due to death, disability, or retirement a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in either a lump-sum amount or in annual installments. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution

THE VILLAGE NETWORK 403(B) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2016 AND 2015

NOTE A – DESCRIPTION OF THE PLAN (CONTINUED)

Forfeitures

Forfeitures are all allocated first to plan expenses, then to fixed non-elective contributions and last to fixed matching contributions. During the years ended December 31, 2016 and 2015, terminated non-vested participants forfeited \$60,171 and \$29,652 respectively, in Company contributions. The Company used forfeitures of \$44,725 and \$10,509 in 2016, and \$11,749 and 0 of the forfeitures in 2015 to reduce Company contributions and plan expenses, respectively. The amount of remaining unapplied forfeitures was \$47,933 and \$43,074 as of December 31, 2016 and 2015, respectively.

Participant Loans

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. The loans are secured by the balance in the participant's account and bear interest at a rate of Prime plus 1%.

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Method of Accounting

The Plan's policy is to prepare its financial statements on the accrual basis of accounting. Specifically, benefits are recorded when incurred, and contributions are recorded when withheld from payroll or when declared for Company contributions.

Estimates

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

Investment Valuation and Income Recognition

The Plan's investments are held by contract with insurance companies and are valued at current market value (Note C). Marketable securities are stated at fair value. The change in the difference between fair value and the cost of the investments is reflected in the statements of changes in net assets available for benefits as net appreciation (depreciation) in fair value of investments.

Administrative Costs

Trustee fees and other costs of administering the Plan are paid by the Company. Certain administrative and clerical functions are performed by Company employees at no charge to the Plan.

THE VILLAGE NETWORK 403(B) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2016 AND 2015

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Risks and Uncertainties

The Plan provides for various investment options in any combination of mutual funds. Investment securities are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term could materially affect participant account balances and the amounts reported in the Statements of Net Assets Available for Benefits and the Statement of Changes in Net Assets Available for Benefits.

Reclassifications

Certain accounts in the prior-year financial statements have been reclassified for comparative purposes to conform with the presentation in the current-year financial statements.

NOTE C – INVESTMENT CONTRACT WITH INSURANCE COMPANY

The plan has entered into an investment contract with Nationwide Life Insurance Company. Nationwide Life Insurance Company maintain the contributions in pooled accounts. The accounts are credited with actual earnings on the underlying investments and charged for Plan withdrawals and administration expenses charged by Nationwide Life Insurance Company. The contracts are included in the financial statements at fair value, which approximates contract value, as reported to the Plan by Nationwide Life Insurance Company. Contract value represents contributions made under the contract, plus earnings, less Plan withdrawals and administration expenses.

NOTE D – FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT

The plan has entered into investment contracts with Lincoln National Life Insurance Company. This contract meets the fully-benefit responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under the contract, plus earnings, less participants withdrawals, and administrative expenses.

The traditional investment contract held by the Plan is a guaranteed investment contract. The contract issuer is contractually obligated to repay the principal and interest at a specified interest rate that is guaranteed to the Plan. The credit rating is based on a formula established by the contract issuer. The credit rate is reviewed on a quarterly basis for resetting.

Certain events may limit the ability of the plan to transact at contract value. Such events include termination of the contract, spin-offs, divestitures, layoffs, corporate relocation, partial or total plan termination, retirement incentive programs, and the liberalization of plan withdrawal or transfer

THE VILLAGE NETWORK 403(B) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2016 AND 2015

NOTE D – FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT (CONTINUED)

rules. Upon occurrence of any of these events, a market value adjustment or other withdrawal restrictions may apply. If the plan sponsor views the occurrence of any of these events as probable as of the measurement date, details about market value adjustments or other withdrawal restrictions can be obtained through the plan's account manager.

The issuer may terminate the contract with 30 days advance written notice to the contract owner for reasonable cause, which includes the contract owner's failure to abide by state or federal law, failure to render performance necessary to comply with the terms of the contract, failure to maintain assets of at least \$25,000, plan disqualification, and failure to adopt the plan in a reasonable period of time. Upon termination by the issuer, a market value adjustment or other withdrawal restrictions may apply. The plan sponsor may choose to pay the market value adjustment directly, if applicable, so that participants' contract values are not affected.

NOTE E – INVESTMENTS

The following presents investments that represent 5% or more of the Plan's net assets:

	<u>2016</u>	<u>2015</u>
Nationwide Trgt Rtrmt 2045	\$ 997,427	\$ 783,329
Nationwide Trgt Rtrmt 2040	1,196,291	1,032,600
Nationwide Trgt Rtrmt 2035	2,074,166	1,783,430
Nationwide Trgt Rtrmt 2030	1,435,348	1,179,054
Nationwide Trgt Rtrmt 2025	1,357,097	1,189,088
Nationwide Trgt Rtrmt 2020	1,951,996	1,677,634
Nationwide Trgt Rtrmt 2015	467,487	628,102

NOTE F – PLAN TERMINATION

Although it has not expressed any intent to do so, The Village Network, 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 of the Plan termination, participants will become 100% vested in their accounts.

NOTE G – RELATED PARTY TRANSACTIONS

Certain plan investments are shares of mutual funds managed by Lincoln National Life Insurance Company and Nationwide Life Insurance Company. Lincoln National Life Insurance Company and Nationwide Life Insurance Company are the trustees as defined by the Plan, therefore, these transactions qualify as party-in-interest transactions.

THE VILLAGE NETWORK 403(B) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2016 AND 2015

NOTE H – INFORMATION PREPARED AND CERTIFIED BY INSURANCE CARRIER

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by the trustees.

	<u>2016</u>	<u>2015</u>
Investments, at fair value	\$ 12,526,716	\$ 10,929,860
Investments, at contract	309,553	303,792
Loans to Participants	563,639	548,281
Interest and Other Income	32,472	27,598
Net appreciation in fair value of investments	780,771	(218,194)

NOTE I – FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits.

		Fair Value Measurements at Reporting Date Using:		
	<u>Fair Value</u>	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
<u>December 31, 2016</u>				
Mutual Funds	\$ 12,526,716	\$ 12,526,716	\$ -	\$ -
Investment contracts with Insurance companies	<u>47,268</u>	<u>-</u>	<u>-</u>	<u>47,268</u>
Total	<u>\$ 12,573,984</u>	<u>\$ 12,526,716</u>	<u>\$ -</u>	<u>\$ 47,268</u>
<u>December 31, 2015</u>				
Mutual Funds	\$ 10,929,861	\$ 10,929,861	\$ -	\$ -
Investment contracts with Insurance companies	<u>45,656</u>	<u>-</u>	<u>-</u>	<u>45,656</u>
Total	<u>\$ 10,957,517</u>	<u>\$ 10,929,861</u>	<u>\$ -</u>	<u>\$ 45,656</u>

FASB Accounting Standards Codification 820, *Fair Value Measurements and Disclosures*, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted

THE VILLAGE NETWORK 403(B) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2016 AND 2015

NOTE J – FAIR VALUE MEASUREMENTS (CONTINUED)

prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs have the lowest priority. The plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs were used only when Level 1 or Level 2 inputs were not available.

Level 1 Fair Value Measurements

The fair values of common stock, corporate bonds, and U.S. government securities available are based on quoted market prices, when available.

Level 3 Fair Value Measurement

The guaranteed investment contracts with insurance companies are not actively traded however significant other observable inputs are available. Thus, the fair value of the guaranteed investment contracts are derived from the contract provisions and contract value is held as fair value.

Fair Value Measurements Using Significant Unobservable Inputs (Level 3)

<u>December 31, 2016</u>	<u>Unallocated Contract</u>
Beginning Balance	\$ 45,656
Contributions	50
Interest Income	1,597
Distributions	<u>(36)</u>
Ending Balance	<u>\$ 47,267</u>

NOTE K – TAX STATUS

The Internal Revenue Service has determined by letter dated March 31, 2008 that the Plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code (“IRC”). The Plan administrator believes that the Plan is designed and is currently being operated in compliance with applicable provisions of the IRC.

The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2013.

NOTE L – SUBSEQUENT EVENTS

Management has evaluated subsequent events through October 5, 2017 the date on which the financial statements were available to be issued. No events occurred that would require adjustments to, or disclosures in the financial statements.

THE VILLAGE NETWORK 403(B) PLAN
EIN: 34-0768857
PLAN NO. 005

ATTACHMENT FOR SCHEDULE H LINE 4i
SUPPLEMENTAL SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AT END OF YEAR DECEMBER 31, 2016

(a) Party in Interest	(b) Identity of issue, borrower, lessor, or similar part	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost of Assets	(e) Current Value
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*	Lincoln National Life- Multifund	LVIP Vanguard Intern Equity ETF	**	5,541
*	Lincoln National Life- Multifund	MFS Utilities	**	2,794
*	Nationwide Trust Company	Arbrden Gbl Eq A	**	207
*	Nationwide Trust Company	AmCent Eq Inc I	**	99,246
*	Nationwide Trust Company	AmCent Eq Indx Inv	**	104
*	Nationwide Trust Company	AmFds AMCAP R6	**	29,571
*	Nationwide Trust Company	AmFds Am Mut R6	**	77,864
*	Nationwide Trust Company	AmFds EuroPacfc Gr R6	**	115,933
*	Nationwide Trust Company	BlkRk Hi Yld Bd Inv A	**	180
*	Nationwide Trust Company	BlkRk Strat Inc Oppr Inv A	**	7
*	Nationwide Trust Company	Col Del LgCap Gr R5	**	268
*	Nationwide Trust Company	BOA – Fixed	**	47,268

** Information is not applicable for these types of funds.

THE VILLAGE NETWORK 403(B) PLAN
EIN: 34-0768857
PLAN NO. 005

ATTACHMENT FOR SCHEDULE H LINE 4i (Continued)
SUPPLEMENTAL SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AT END OF YEAR DECEMBER 31, 2016

(a) Party in Interest	(b) Identity of issue, borrower, lessor, or similar part	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost of Assets	(e) Current Value
*	Nationwide Trust Company	DFA Emrg Mkt Cor Eq Inst	**	169
*	Nationwide Trust Company	DFA US Lg Cap Val Inst	**	363
*	Nationwide Trust Company	Fnkln SmMdCap Gr A	**	17,366
*	Nationwide Trust Company	FrnklnTmp Gbl Bd A	**	73
*	Nationwide Trust Company	Harbor Cap App Inv	**	94,640
*	Nationwide Trust Company	Harbor Intl Inst	**	274
*	Nationwide Trust Company	Ivsco Real Estate A	**	78,336
*	Nationwide Trust Company	JPM Eq Inc A	**	249
*	Nationwide Trust Company	JPM MdCap Val A	**	6,478
*	Nationwide Trust Company	JPM SmCap Val A	**	112
*	Nationwide Trust Company	Msty Intl Cor Eq I	**	145
*	Nationwide Trust Company	Natixis Loomis Gr A	**	170
*	Nationwide Trust Company	NW Gov Mny Mkt R6	**	64,871
*	Nationwide Trust Company	NW Inv Dest Mod Aggr Svc	**	21,530
*	Nationwide Trust Company	Opp Devl Mkt A	**	84,573
*	Nationwide Trust Company	Opp Intl Gr A	**	277
*	Nationwide Trust Company	Prncpl Hi Yld Inst	**	96,299
*	Nationwide Trust Company	Prudntl Gbl RealEst A	**	209
*	Nationwide Trust Company	Prudntl Ttl Rtn Bd A	**	106
*	Nationwide Trust Company	RydexSGI NASDAQ 100 H	**	97,508
*	Nationwide Trust Company	TCW Ttl Rtn Bd N	**	23,869
*	Nationwide Trust Company	TRowePr Hlth Scnc	**	88,538
*	Nationwide Trust Company	Tchstn Sands Cap Inst Gr	**	90,474
*	Nationwide Trust Company	Vngrd 500 Indx Fd AS	**	252,074
*	Nationwide Trust Company	Vngrd Expl Adnl	**	71
*	Nationwide Trust Company	Vngrd Sm Cap Indx Fd AS	**	76,358
*	Nationwide Trust Company	Vngrd Trgt Rtrmt 2010	**	318,876
*	Nationwide Trust Company	Vngrd Trgt Rtrmt 2015	**	467,487
*	Nationwide Trust Company	Vngrd Trgt Rtrmt 2020	**	1,951,996
*	Nationwide Trust Company	Vngrd Trgt Rtrmt 2025	**	1,357,097
*	Nationwide Trust Company	Vngrd Trgt Rtrmt 2030	**	1,435,348
*	Nationwide Trust Company	Vngrd Trgt Rtrmt 2035	**	2,074,166
*	Nationwide Trust Company	Vngrd Trgt Rtrmt 2040	**	1,196,291
*	Nationwide Trust Company	Vngrd Trgt Rtrmt 2045	**	997,427
*	Nationwide Trust Company	Vngrd Trgt Rtrmt 2050	**	398,524
*	Nationwide Trust Company	Vngrd Trgt Rtrmt 2055	**	277,418
*	Nationwide Trust Company	Vngrd Trgt Rtrmt 2060	**	38,077
*	Nationwide Trust Company	Vngrd Trgt Rtrmt Inc	**	357
*	Participant Loans	Prime plus 1% various repayment Terms	-0-	563,639

** Information is not applicable for these types of funds.