

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>08/01/2016</u> and ending <u>07/31/2017</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 ☐ an amended return/report	☐ the final 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>LORAIN COUNTY COMMUNITY ACTION AGENCY, INC</u>	1b Three-digit plan number (PN) ▶	<u>001</u>
		1c Effective date of plan	<u>08/01/1994</u>
2a Plan sponsor's name (employer, if for a single-employer plan)			
Mailing address (include room, apt., suite no. and street, or P.O. Box)			
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)			
<u>LOARIN COUNTY COMMUNITY ACTION AGENCY</u>			
<u>CHRIS HANEY</u>			
<u>506 BROADWAY</u>	<u>506 BROADWAY</u>		
<u>LORAIN, OH 44052-1732</u>	<u>LORAIN, OH 44052-1732</u>		
		2b Employer Identification Number (EIN)	<u>34-0968029</u>
		2c Plan Sponsor's telephone number	<u>440-245-2009</u>
		2d Business code (see instructions)	<u>624100</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	<u>05/09/2018</u>	<u>JUSTIN PAIGE</u>
	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) <u>JONATHON R. PAPP</u> <u>CHARLES E. HARRIS & ASSOCIATES, CPA</u> <u>614 SUPERIOR AVENUE</u> <u>CLEVELAND, OH 44113</u>			Preparer's telephone number <u>440-842-0988</u>

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

Form 5500 (2016)
v. 160205

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN
	3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 327
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year.....	6a(1) 327
a(2) Total number of active participants at the end of the plan year	6a(2) 301
b Retired or separated participants receiving benefits.....	6b
c Other retired or separated participants entitled to future benefits	6c 19
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 320
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 2
f Total. Add lines 6d and 6e	6f 322
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 322
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 11
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2L 2G 2F 2T	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) ☒ Insurance	(1) ☒ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☐ Trust	(3) ☐ Trust
(4) ☐ General assets of the sponsor	(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	b General Schedules
(1) ☒ R (Retirement Plan Information)	(1) ☒ H (Financial Information)
(2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) ☐ I (Financial Information – Small Plan)
(3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) ☒ <u>2</u> A (Insurance Information)
	(4) ☒ C (Service Provider Information)
	(5) ☒ D (DFE/Participating Plan Information)
	(6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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) 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 **08/01/2016** and ending **07/31/2017**

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

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

(a) Name of insurance carrier

VOYA RETIRMENT INSURANCE AND ANNUITY CO

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	VF 1299	148	08/01/2016	07/31/2017

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
707	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

FCS AGENCY, INC
 230 WINDY RIDGE PARKWAY SE
 STE 1100
 ATLANTA, GA 30339

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
707			

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

LINCOLN FINANCIAL ADVISORS CORORAT
 1300 S CLINTON ST, STE 150
 FT WAYNE, IN 46802

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
707	14		3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 0**5** Current value of plan's interest under this contract in separate accounts at year end..... **5** 0**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount**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 ▶ **UNALLOCATED ANNUITY CONTRACT****b** Balance at the end of the previous year **7b** 259857**c** Additions: (1) Contributions deposited during the year**7c(1)**

(2) Dividends and credits.....

7c(2)

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

7c(3) 9842

(4) Transferred from separate account

7c(4) 68717

(5) Other (specify below)

7c(5) 6546▶ **LOAN REPAYMENTS, POSITIVE VALUE ADJUSTMENT,
COLLATERAL INTEREST EARNED, TRANSFERES, PAYMENTS,
SETTLEMENTS**(6) Total additions **7c(6)** 85105**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 344962**e** Deductions:

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

7e(1) 86651

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

7e(2) 1795

(3) Transferred to separate account

7e(3) 5902

(4) Other (specify below)

7e(4) 1402▶ **LOAN DISBURSEMENTS, NEGATIVE VALUE ADJUSTMENT,
TRANSFERS, FEES PAID**(5) Total deductions **7e(5)** 95750**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 249212

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. 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 08/01/2016 and ending 07/31/2017

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

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

(a) Name of insurance carrier

MUTUAL OF AMERICA LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1614399	88668	014997D	177	08/01/2016	07/31/2017

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 0	(b) Total amount of fees paid 600
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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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	600	PORTION OF INCENTIVE COMP PROGRAM	3

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

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

(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	650853
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	858865

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 ▶ N/A

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** 620209

c Additions: (1) Contributions deposited during the year	7c(1)	68963
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	6395
(4) Transferred from separate account	7c(4)	24325
(5) Other (specify below)	7c(5)	40

▶ FIN ADJ ROLLOVER

(6) Total additions **7c(6)** 99723**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 719932**e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	67699
(2) Administration charge made by carrier.....	7e(2)	1380
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)	7e(4)	

▶

(5) Total deductions **7e(5)** 69079**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 650853

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. 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 C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning **08/01/2016** and ending **07/31/2017**

A Name of plan LORAIN COUNTY COMMUNITY ACTION AGENCY, INC	<table style="width: 100%;"> <tr> <td style="width: 70%;">B Three-digit plan number (PN) ►</td> <td style="width: 30%; text-align: center;">001</td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> </table>	B Three-digit plan number (PN) ►	001		
B Three-digit plan number (PN) ►	001				
C Plan sponsor's name as shown on line 2a of Form 5500 LOARIN COUNTY COMMUNITY ACTION AGENCY	D Employer Identification Number (EIN) 34-0968029				

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
FIDELITY MANAGMENT & RESEARCH CO.	82 DEVONSHIRE STREET BOSTON, MA 02109

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
THE VANGUARD GROUP	PO BOX 2600 VALLEY FORGE, PA 19482

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
DUETSCHKE INVENSTMENT MNGMNT AMERICA	222 SOUTH RIVERSIDE PLAZA CHICAGO, IL 60606

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
OPPENHEIMER FUNDS, INC.	PO BOX 5270 DENVER, CO 80217

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

AMERICAN CENTURY INVESTMENT MANAGEM

PO BOX 419786
KANSAS CITY, MO 64141

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

CALVERT INVESTMENT MANAGMENT, INC.

4550 MONTGOMERY AVENUE
SUITE 1000N
BETHESDA, MD 20814

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

CAPITAL RESEARCH AND MANAGMENT CO.

333 SOUTH HOPE STREET
LOS ANGELES, CA 90071

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

PIMCO

840 NEWPORT CENTER DRIVE
NEWPORT BEACH, CA 92660

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

T. ROWE PRICE

100 EAST PRATT STREET
BALTIMORE, MD 21202

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

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

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

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

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

VOYA RETIREMENT INSURANCE & ANNUITY

PO BOX 990067
HARTFORD, CT 06199

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
60 64 65 66	SERVICE PROVIDER	0	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

MUTUAL OF AMERICA LIFE INSURANCE CO

320 PARK AVENUE
NEW YORK, NY 10022

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 15 37	INSURANCE CARRIER	2237	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 ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning 08/01/2016 and ending 07/31/2017		
A Name of plan LORAIN COUNTY COMMUNITY ACTION AGENCY, INC	B Three-digit plan number (PN) ►	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 LOARIN COUNTY COMMUNITY ACTION AGENCY	D Employer Identification Number (EIN) 34-0968029	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)		
(Complete as many entries as needed to report all interests in DFEs)			
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA RETIRMENT INSURANCE AND ANNUIT			
b Name of sponsor of entity listed in (a): SEPERATE ACCOUNT 1			
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0	
a Name of MTIA, CCT, PSA, or 103-12 IE: MUTUAL OF AMERICA LIFE INSURANCE CO			
b Name of sponsor of entity listed in (a): SEPERATE ACCOUNT NUMBER SA2			
c EIN-PN 13-1614399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1381931	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

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

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

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

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

SCHEDULE H (Form 5500) Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning <u>08/01/2016</u> and ending <u>07/31/2017</u>		
A Name of plan <u>LORAIN COUNTY COMMUNITY ACTION AGENCY, INC</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>LOARIN COUNTY COMMUNITY ACTION AGENCY</u>	D Employer Identification Number (EIN) <u>34-0968029</u>	

Part I	Asset and Liability Statement
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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)	3637	4214
(2) Participant contributions	1b(2)	2969	3289
(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)	40121	48359
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	1555139	1544675
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	620209	650853
(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	2222075	2251390

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	2222075	2251390
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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)	93315	
(B) Participants	2a(1)(B)	105941	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		199256
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)	4859	
(F) Other	2b(1)(F)	6395	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		11254
(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)		144453
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		354963

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	323923	
(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)		323923
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	1725	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		1725
j Total expenses. Add all expense amounts in column (b) and enter total	2j		325648

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		29315
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: CHARLES E. HARRIS & ASSOCIATES, CPA

(2) EIN: 34-1612521

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

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

Part IV Compliance Questions

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

During the plan year:

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		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	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		X	
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		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If "Yes," enter the amount of any plan assets that reverted to the employer this year. ☐ Yes ☒ No **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
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 08/01/2016 and ending 07/31/2017

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>71-0294708</u> <u>13-3590259</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	<u>10</u>

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

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

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

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

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

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

Part VII	IRS Compliance Questions
-----------------	---------------------------------

20a Is the plan a 401(k) plan? 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 / / .	

INDEPENDENT AUDITOR'S REPORT

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

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Lorain County Community Action Agency, Inc. 403(b) Thrift Plan (the Plan), which comprise the statements of net assets available for plan benefits as of July 31, 2017 and 2016, and the related statement of changes in net assets available for plan benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the 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 (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Mutual of America, ING Life Insurance and Annuity Company and VOYA Retirement Insurance and Annuity Company (the Custodians 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 custodian's hold the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodians as of and for the year ended July 31, 2017, that the information provided to the plan administrator by the custodians is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the 2017 or 2016 financial statements. Accordingly, we do not express an opinion on the 2017 or 2016 financial statements referred to in the first paragraph.

LORAIN COUNTY COMMUNITY ACTION AGENCY, INC.
403(b) THRIFT PLAN
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
FORM 5500, SCHEDULE H, PART IV, LINE 4i
July 31, 2017

EIN 34-0968029, PLAN 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	© Description of Investment Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value	(d) Cost	(e) Current Vaule
	Mutual of America	Interest Accumulation		650,853
	Mutual of America	Money Market Fund		3,354
	Mutual of America	Bond Fund		840
	Mutual of America	Mid-Term Bond Fund		741
	Mutual of America	Conservative Allocation		43,712
	Mutual of America	Moderate Allocation		64,747
	Mutual of America	Aggressive Allocation		125,743
	Mutual of America	All America Fund		242
	Mutual of America	Mid Cap Value Fund		5,965
	Mutual of America	Small Cap Growth Fund		10,694
	Mutual of America	Small Cap Value Fund		5,815
	Mutual of America	Equity Index Fund		2,255
	Mutual of America	Mid-Cap Equity Index		6,744
	Mutual of America	Retirement Income Fund		342
	Mutual of America	2015 Retirement Fund		7,889
	Mutual of America	2020 Retirement Fund		111,494
	Mutual of America	2025 Retirement Fund		95,435
	Mutual of America	2030 Retirement Fund		20,488
	Mutual of America	2035 Retirement Fund		115,194
	Mutual of America	2040 Retirement Fund		53,380
	Mutual of America	2045 Retirement Fund		34,671
	Mutual of America	2050 Retirement Fund		20,787
	Mutual of America	2055 Retirement Fund		546
	DWS	Capital Growth		12,785
	American Century	VP Capital Appreciation		14,141
	Fidelity Investments	VIP Asset Manager		60,690
	Fidelity Investments	VIP Contrafund		4,130
	Fidelity Investments	VIP Mid Cap		14,351
	Fidelity Investments	VIP Equity-Income		3,542
	Vanguard	VIF International		1,096
	Vanguard	VIF Diversified Value Portfolio		2,989
	Vanguard	REIT Index Portfolio		623
	T. Rowe Price	Blue Chip Growth Fund		6,435
	Voya	Growth and Income Port - I		45,917
	Voya	Fixed Account		147,102
	Voya	Money Market Portfolio - I		3,498
	Voya	Intermediate Bond Port - I		25,427
	ING	Short Term GAA		7,698
	Voya	Balance Portfolio I		44,608
	ING	Fixed Plus Account		94,412
	Voya	Strategic Alloc Growth Port I		738
	Voya	Strategic Alloc Mod Port I		19,963
	Voya	Strategic Alloc Conserv Port I		178
	Voya	Index Plus Large Cap Portfolio I		12,313
		SUBTOTAL		1,904,567

LORAIN COUNTY COMMUNITY ACTION AGENCY, INC.
403(b) THRIFT PLAN
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
FORM 5500, SCHEDULE H, PART IV, LINE 4i
July 31, 2017

EIN 34-0968029, PLAN 001

<i>(a)</i>	<i>(b)</i> <i>Identity of Issue, Borrower, Lessor or Similar Party</i>	<i>(c)</i> <i>Description of Investment Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value</i>	<i>(d)</i> <i>Cost</i>	<i>(e)</i> <i>Current Vaule</i>
		<i>SUBTOTAL (previous page)</i>		1,904,567
	Voya	Small Company Portfolio I		2
	Voya	Index Plus SmallCap Portfolio I		3,989
	Voya	Index Plus MidCap Portfolio I		2,576
	Franklin	Sm Cap Value VIP Fd-2		1
	Lord Abbett	Mid-Cap Value Port-VC		3,480
	Invesco V.I.	Core Equity Fd - Series I		5,825
	Voya	MidCap Opportunities Port-I		29,017
	Calvert	VP SRI Balanced Portfolio		12,198
	Fidelity	VIP Overseas Portfolio - I		2,565
	Fidelity	VIP Equity-Income Port - I		505
	Fidelity	VIP Growth Portfolio - I		32,320
	VY	T. Rowe Price Growth Eq Port		13,161
	Fidelity	VIP Contrafund Port - Init		3,987
	Oppenheimer	Developing Mkts Fund - A		1,157
	Oppenheimer	Main Street VA		6,769
	Pax World	Balanced Fd Indiv Inv		8,004
	Voya	Loan Collateral Fund		26,006
	Voya	Global Bond Port - I		6,335
	PIMCO	VIT Real Return Portfolio		236
	VY	Oppenheimer Global Port I		10,439
	VY	JPMorgan Mid Cap Val Port Svc		6,514
	VY	Baron Growth Port Svc		1,623
	VY	T. Rowe Price Divr MidCap Gr Pt- I		34,269
	VY	Invesco Equity & Inc Port - I		16,471
	American Funds	EuroPacific R4		1,072
	VY	T. Rowe Price Equity Income Pt Svc		1,321
	Voya	Large Cap Growth Portfolio Inst		15,943
	Voya	Solution 2025 Portfolio - Svc		1,108
	Voya	Solution 2035 Portfolio - Svc		763
	Voya	Solution 2045 Portfolio - Svc		2,888
	VY	JPMorgan Emerg Mkts Eq Port - Svc		1,149
	VY	T. Rowe Price Capital Apprec Pt Svc		1
	Wanger	Select		3,651
	Voya	Large Cap Value Port Inst		6,930
	VY	Templeton Global Growth Port Svc		255
	Voya	International Index Port - I		1
	VY	Templeton Foreign Eq Port I		23,271
	VY	Clarion Global Real Est Prt Init		1
		SUBTOTAL		285,803
				2,190,370

LORAIN COUNTY COMMUNITY ACTION AGENCY, INC.
 403(b) THRIFT PLAN
 SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
 FORM 5500, SCHEDULE H, PART IV, LINE 4i
 July 31, 2017

EIN 34-0968029, PLAN 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	© Description of Investment Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value	(d) Cost	(e) Current Vaule
		<i>SUBTOTAL (Previous Page)</i>		2,190,370
	Voya	Russell Mid Cap Gr Index Port S		1,535
	Invesco	Invesco VI American Franchise Fd I		<u>3,623</u>
		SUBTOTAL		<u>5,158</u>
		TOTAL INVESTMENTS IN CONTRACTS WITH INSURANCE COMPANIES		2,195,528
		NOTES RECEIVABLE FROM PARTICIPANTS		
		Participant loans Various maturity dates; prevailing interest rates		<u>48,359</u>
		TOTAL ASSETS HELD FOR INVESTMENT		<u><u>2,243,887</u></u>

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

**FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULES**



For the Years Ended July 31, 2017 and 2016



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LORAIN COUNTY COMMUNITY ACTION AGENCY, INC.
403(b) THRIFT PLAN
FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES
For the Years Ending July 31, 2017 and 2016

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Form 5500, Schedule H, Part IV, Line 4i	
Schedule of Assets Held for Investment Purposes.....	12

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

Rockefeller Building
614 W Superior Ave Ste 1242
Cleveland OH 44113-1306
Office phone - (216) 575-1630
Fax - (216) 436-2411

INDEPENDENT AUDITOR'S REPORT

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

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Lorain County Community Action Agency, Inc. 403(b) Thrift Plan (the Plan), which comprise the statements of net assets available for plan benefits as of July 31, 2017 and 2016, and the related statement of changes in net assets available for plan benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the 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 (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security of Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Mutual of America, ING Life Insurance and Annuity Company and VOYA Retirement Insurance and Annuity Company (the Custodians 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 custodian's hold the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodians as of and for the year ended July 31, 2017, that the information provided to the plan administrator by the custodians is complete and accurate.

Disclaimer of Opinion

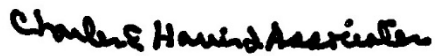
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the 2017 or 2016 financial statements. Accordingly, we do not express an opinion on the 2017 or 2016 financial statements referred to in the first paragraph.

Other Matter – Supplemental Schedule

The supplemental schedule of Schedule of Assets (Held at End of Year) – Form 5500 Schedule H, Part IV, Line 4i for the year ended July 31, 2017 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement and 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 2017

The form and content of the information included in the 2017 and 2016 financial statements and supplemental schedule for 2017, other than that derived from the information certified by the custodians, 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 compliances with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement and Income Security Act of 1974.

A handwritten signature in black ink, appearing to read "Charles E. Harris".

Charles E. Harris & Associates, Inc.
April 20, 2018

LORAIN COUNTY COMMUNITY ACTION AGENCY, INC.
403 (b) THRIFT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
JULY 31, 2017 AND 2016

	<u>2017</u>	<u>2016</u>
ASSETS		
INVESTMENTS*		
Investment contracts with insurance companies:		
General accounts	\$ 650,853	\$ 620,209
Pooled separate accounts	<u>1,544,675</u>	<u>1,555,139</u>
	2,195,528	2,175,348
NOTES RECEIVABLE FROM PARTICIPANTS	<u>48,359</u>	<u>40,121</u>
	2,243,887	2,215,469
RECEIVABLES		
Employer contributions	4,214	3,637
Participant contributions	<u>3,289</u>	<u>2,969</u>
	<u>7,503</u>	<u>6,606</u>
	2,251,390	2,222,075
TOTAL ASSETS	<u>\$ 2,251,390</u>	<u>\$ 2,222,075</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 2,251,390</u>	<u>\$ 2,222,075</u>

LORAIN COUNTY COMMUNITY ACTION AGENCY, INC.
403 (b) THRIFT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years Ended July 31, 2017 and 2016

	<u>2017</u>	<u>2016</u>
ADDITIONS		
Employer cash contributions	\$ 93,315	\$ 89,764
Employee cash contributions	105,941	85,885
Interest and dividend income		
Insurance companies - general account	6,395	5,857
Participant loans	4,859	5,361
Net realized and unrealized gains related to investments in contracts with insurance companies - Pooled separate accounts	<u>144,453</u>	<u>22,242</u>
	354,963	209,109
DEDUCTIONS		
Benefits paid to participants	323,923	145,987
Administrative fees	<u>1,725</u>	<u>1,605</u>
	<u>325,648</u>	<u>147,592</u>
NET INCREASE	29,315	61,517
NET ASSETS AVAILABLE FOR BENEFITS AT BEGINNING OF YEAR	<u>2,222,075</u>	<u>2,160,558</u>
	<u><u>\$ 2,251,390</u></u>	<u><u>\$ 2,222,075</u></u>

LORAIN COUNTY COMMUNITY ACTION AGENCY, INC.
403(b) THRIFT PLAN
NOTES TO FINANCIAL STATEMENTS
July 31, 2017 and 2016

NOTE 1 – ORGANIZATION AND DESCRIPTION OF THE PLAN

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

Contributions

Eligible employees may contribute to the Plan through payroll deductions. In accordance with the Internal Revenue Code, the Agency limits the amount of an individual’s annual contribution, not to exceed the lesser of \$18,000, or 100% of their gross salary (as defined). In addition to this, catch-up contributions of up to \$5,500 may be deferred for those participants who are at least 50 years old. Amounts contributed by employees are deferred for Federal and State income tax purposes until benefits are paid.

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

Participant Accounts

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

Vesting and Forfeitures

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

Loans

Participants may borrow from their accrued benefit balance in accordance with Plan provisions and Internal Revenue Code (IRC) Regulations. The maximum amount a participant may borrow is equal to the lesser of 50% of their account balance or \$50,000. Such loans are secured by the balance in each participant’s account and bear interest at rates commensurate with local prevailing rates at the time the loan was received. These loans have been reflected as “Notes Receivable from Participants” in the accompanying Statements of Net Assets. The plan administrator believes all notes are fully collectible and, accordingly, no allowance for doubtful accounts is required. Designated Roth contributions, and their earnings, are not available for loan purposes. Loans of less than \$1,000 are not permitted under this Plan.

LORAIN COUNTY COMMUNITY ACTION AGENCY, INC.
403(b) THRIFT PLAN
NOTES TO FINANCIAL STATEMENTS
July 31, 2017 and 2016

Payment of Benefits

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

Administrative Costs

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

NOTE 2 – SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting

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

Investment Valuation and Income Recognition

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

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

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis and dividends are recorded on the ex-dividend date. The Plan held no fully benefit responsive investment contracts as of July 31, 2017 and 2016.

LORAIN COUNTY COMMUNITY ACTION AGENCY, INC.
403(b) THRIFT PLAN
NOTES TO FINANCIAL STATEMENTS
July 31, 2017 and 2016

Fair Value of Financial Instruments

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

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

Payment of Benefits

Benefits are recorded when paid.

Date of Management's Review

Subsequent events were evaluated through April 20, 2018, which is the date the financial statements were available to be issued.

Estimates

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

NOTE 3 – INFORMATION PREPARED AND CERTIFIED BY CUSTODIANS

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

	<u>2017</u>	<u>2016</u>
Investments, at Fair Value:		
Investments in contracts with insurance companies:		
General accounts	\$650,853	\$620,209
Pooled separate accounts	1,544,675	1,555,139
Interest income on general accounts	6,395	5,857
Investment income on pooled separate accounts	144,453	22,242

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, and disclosed in the Independent Auditor's Report on page 1, this information has not been audited.

LORAIN COUNTY COMMUNITY ACTION AGENCY, INC.
403(b) THRIFT PLAN
NOTES TO FINANCIAL STATEMENTS
July 31, 2017 and 2016

NOTE 4 – FAIR VALUE MEASUREMENTS

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

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

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

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

The Plan's investments consisted of the following investment categories and related levels of inputs as of July 31, 2017 and 2016:

<u>July 31, 2017</u>	<u>Fair Value</u>	<u>Fair Value Measurement Using:</u>		
		<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Investments:				
Interest accumulation funds	\$ 650,853	\$ -	\$ -	\$ 650,853
Equity funds	376,892	376,892	-	-
Retirement funds	466,793	466,793	-	-
Asset Allocation funds	259,840	259,840	-	-
Balanced funds	151,507	151,507	-	-
Fixed income funds	<u>289,643</u>	<u>289,643</u>	-	-
	2,195,528	1,544,675		650,853
Notes receivable from participants:	<u>48,359</u>	-	-	<u>48,359</u>
	<u>\$2,243,887</u>	<u>\$ 1,544,675</u>	<u>\$ -</u>	<u>\$ 699,212</u>

LORAIN COUNTY COMMUNITY ACTION AGENCY, INC.
403(b) THRIFT PLAN
NOTES TO FINANCIAL STATEMENTS
July 31, 2017 and 2016

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

Listed below is a description of the various classes of investments, investment strategies and methods and significant assumptions to estimate fair values, as of July 31, 2017 and 2016:

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

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

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

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

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

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

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

LORAIN COUNTY COMMUNITY ACTION AGENCY, INC.
403(b) THRIFT PLAN
NOTES TO FINANCIAL STATEMENTS
July 31, 2017 and 2016

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

The following tables provide a reconciliation of Level 3 investments for the years end July 31, 2017 and 2016:

	Balance	Contributions, Transfers and Loan	Distributions	Fees	Investment Earnings	Balance
	<u>7/31/16</u>	<u>Payments</u>				<u>7/31/17</u>
Interest Accumulation Funds	\$620,209	\$93,329	\$(69,080)	\$0	\$6,395	\$650,853
Notes Receivable from Participants	40,121	(32,753)	40,991	0	0	48,359

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

NOTE 5 – INCOME TAX STATUS

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

NOTE 6 – INVESTMENTS

Investments that represent 5% or more of the Plan's net assets consist of the following as of July 31, 2017 and 2016:

	<u>2017</u>	
<u>Description</u>	<u>Units</u>	<u>Amount</u>
Mutual of America Interest Accumulation Fund	N/A	\$650,853
Mutual of America Aggressive Allocation	N/A	125,743
Mutual of America 2020 Retirement Fund	N/A	111,494
Mutual of America 2035 Retirement Fund	N/A	115,194
ING Fixed Account	N/A	147,102

LORAIN COUNTY COMMUNITY ACTION AGENCY, INC.
 403(b) THRIFT PLAN
 NOTES TO FINANCIAL STATEMENTS
 July 31, 2017 and 2016

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

NOTE 7 – REPORTABLE TRANSACTIONS

The Plan had no reportable transactions as defined in Department of Labor Regulation 2520.103-6, during the years ended July 31, 2017 and 2016.

NOTE 8 – PARTY-IN-INTEREST TRANSACTIONS

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

NOTE 9 – PLAN TERMINATION

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

NOTE 10 – RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of investment securities will occur in the near term, and that such changes could materially affect participants' account balances and the amounts reported in the Statement of Net Assets Available for Benefits.

LORAIN COUNTY COMMUNITY ACTION AGENCY, INC.
403(b) THRIFT PLAN
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
FORM 5500, SCHEDULE H, PART IV, LINE 4i
July 31, 2017

EIN 34-0968029, PLAN 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	© Description of Investment Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value	(d) Cost	(e) Current Vaule
	Mutual of America	Interest Accumulation		650,853
	Mutual of America	Money Market Fund		3,354
	Mutual of America	Bond Fund		840
	Mutual of America	Mid-Term Bond Fund		741
	Mutual of America	Conservative Allocation		43,712
	Mutual of America	Moderate Allocation		64,747
	Mutual of America	Aggressive Allocation		125,743
	Mutual of America	All America Fund		242
	Mutual of America	Mid Cap Value Fund		5,965
	Mutual of America	Small Cap Growth Fund		10,694
	Mutual of America	Small Cap Value Fund		5,815
	Mutual of America	Equity Index Fund		2,255
	Mutual of America	Mid-Cap Equity Index		6,744
	Mutual of America	Retirement Income Fund		342
	Mutual of America	2015 Retirement Fund		7,889
	Mutual of America	2020 Retirement Fund		111,494
	Mutual of America	2025 Retirement Fund		95,435
	Mutual of America	2030 Retirement Fund		20,488
	Mutual of America	2035 Retirement Fund		115,194
	Mutual of America	2040 Retirement Fund		53,380
	Mutual of America	2045 Retirement Fund		34,671
	Mutual of America	2050 Retirement Fund		20,787
	Mutual of America	2055 Retirement Fund		546
	DWS	Capital Growth		12,785
	American Century	VP Capital Appreciation		14,141
	Fidelity Investments	VIP Asset Manager		60,690
	Fidelity Investments	VIP Contrafund		4,130
	Fidelity Investments	VIP Mid Cap		14,351
	Fidelity Investments	VIP Equity-Income		3,542
	Vanguard	VIF International		1,096
	Vanguard	VIF Diversified Value Portfolio		2,989
	Vanguard	REIT Index Portfolio		623
	T. Rowe Price	Blue Chip Growth Fund		6,435
	Voya	Growth and Income Port - I		45,917
	Voya	Fixed Account		147,102
	Voya	Money Market Portfolio - I		3,498
	Voya	Intermediate Bond Port - I		25,427
	ING	Short Term GAA		7,698
	Voya	Balance Portfolio I		44,608
	ING	Fixed Plus Account		94,412
	Voya	Strategic Alloc Growth Port I		738
	Voya	Strategic Alloc Mod Port I		19,963
	Voya	Strategic Alloc Conserv Port I		178
	Voya	Index Plus Large Cap Portfolio I		12,313
		SUBTOTAL		1,904,567

LORAIN COUNTY COMMUNITY ACTION AGENCY, INC.
403(b) THRIFT PLAN
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
FORM 5500, SCHEDULE H, PART IV, LINE 4i
July 31, 2017

EIN 34-0968029, PLAN 001

<i>(a)</i>	<i>(b)</i> <i>Identity of Issue, Borrower, Lessor or Similar Party</i>	<i>(c)</i> <i>Description of Investment Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value</i>	<i>(d)</i> <i>Cost</i>	<i>(e)</i> <i>Current Vaule</i>
		<i>SUBTOTAL (previous page)</i>		1,904,567
	Voya	Small Company Portfolio I		2
	Voya	Index Plus SmallCap Portfolio I		3,989
	Voya	Index Plus MidCap Portfolio I		2,576
	Franklin	Sm Cap Value VIP Fd-2		1
	Lord Abbett	Mid-Cap Value Port-VC		3,480
	Invesco V.I.	Core Equity Fd - Series I		5,825
	Voya	MidCap Opportunities Port-I		29,017
	Calvert	VP SRI Balanced Portfolio		12,198
	Fidelity	VIP Overseas Portfolio - I		2,565
	Fidelity	VIP Equity-Income Port - I		505
	Fidelity	VIP Growth Portfolio - I		32,320
	VY	T. Rowe Price Growth Eq Port		13,161
	Fidelity	VIP Contrafund Port - Init		3,987
	Oppenheimer	Developing Mkts Fund - A		1,157
	Oppenheimer	Main Street VA		6,769
	Pax World	Balanced Fd Indiv Inv		8,004
	Voya	Loan Collateral Fund		26,006
	Voya	Global Bond Port - I		6,335
	PIMCO	VIT Real Return Portfolio		236
	VY	Oppenheimer Global Port I		10,439
	VY	JPMorgan Mid Cap Val Port Svc		6,514
	VY	Baron Growth Port Svc		1,623
	VY	T. Rowe Price Divr MidCap Gr Pt- I		34,269
	VY	Invesco Equity & Inc Port - I		16,471
	American Funds	EuroPacific R4		1,072
	VY	T. Rowe Price Equity Income Pt Svc		1,321
	Voya	Large Cap Growth Portfolio Inst		15,943
	Voya	Solution 2025 Portfolio - Svc		1,108
	Voya	Solution 2035 Portfolio - Svc		763
	Voya	Solution 2045 Portfolio - Svc		2,888
	VY	JPMorgan Emerg Mkts Eq Port - Svc		1,149
	VY	T. Rowe Price Capital Apprec Pt Svc		1
	Wanger	Select		3,651
	Voya	Large Cap Value Port Inst		6,930
	VY	Templeton Global Growth Port Svc		255
	Voya	International Index Port - I		1
	VY	Templeton Foreign Eq Port I		23,271
	VY	Clarion Global Real Est Prt Init		1
		SUBTOTAL		285,803
				2,190,370

LORAIN COUNTY COMMUNITY ACTION AGENCY, INC.
 403(b) THRIFT PLAN
 SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
 FORM 5500, SCHEDULE H, PART IV, LINE 4i
 July 31, 2017

EIN 34-0968029, PLAN 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	© Description of Investment Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value	(d) Cost	(e) Current Vaule
		<i>SUBTOTAL (Previous Page)</i>		2,190,370
	Voya	Russell Mid Cap Gr Index Port S		1,535
	Invesco	Invesco VI American Franchise Fd I		<u>3,623</u>
		SUBTOTAL		<u>5,158</u>
		TOTAL INVESTMENTS IN CONTRACTS WITH INSURANCE COMPANIES		2,195,528
		NOTES RECEIVABLE FROM PARTICIPANTS		
		Participant loans Various maturity dates; prevailing interest rates		<u>48,359</u>
		TOTAL ASSETS HELD FOR INVESTMENT		<u><u>2,243,887</u></u>



Department of the Treasury
Internal Revenue Service
OGDEN, UT 84201-0073



Notice	CP216F
Notice date	February 5, 2018
Employer ID Number	34-0968029
Tax period	July 31, 2017
Form	5500/8955-SSA
Plan number	001
To contact us	Phone 1-877-829-5500

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LORAIN COUNTY COMMUNITY ACTION
%CHRIS HANEY
506 BROADWAY
LORAIN OH 44052-1732



001390

We approved your request for an extension of time to file your return

File your return by MAY. 15, 2018

We approved your Form 5558, Application For Extension of Time To File Certain Employee Plan Returns, for a Form 5500 series return and/or Form 8955-SSA for plan number 001. Your return is now due MAY. 15, 2018.

What you need to do

- You must file your return by MAY. 15, 2018.
- Keep a copy of this notice for your records.
- If you already filed your return for plan number 001 for the tax period ending July 31, 2017, you can disregard this notice.
- If a tax practitioner or someone else will prepare your return, you should give him or her a copy of this notice.
- Do not attach a copy of this notice to your return.

Additional information

- Visit www.irs.gov/cp216f.
- You can find more information about this notice on our website at www.irs.gov, search term "retirement plan extension of time."
- For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).
- Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.