

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2014 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>THE CAREWORKS FAMILY OF COMPANIES 401(K) PLAN AND TRUST</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>02/01/1997</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>02/01/1997</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>02/01/1997</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>CAREWORKS OF OHIO LTD</u> <u>P.O. BOX 182726</u> <u>COLUMBUS, OH 43218-2726</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>31-1470304</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>614-792-1085</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>541990</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>31-1470304</u>	2c Plan Sponsor's telephone number <u>614-792-1085</u>	2d Business code (see instructions) <u>541990</u>	
2b Employer Identification Number (EIN) <u>31-1470304</u>					
2c Plan Sponsor's telephone number <u>614-792-1085</u>					
2d Business code (see instructions) <u>541990</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>10/03/2015</u>	<u>FRANCES WATKINS</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) (optional)			Preparer's telephone number (optional)

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:		4b EIN	
a Sponsor's name		4c PN	
5 Total number of participants at the beginning of the plan year		5	1023
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)	955
a(2) Total number of active participants at the end of the plan year		6a(2)	982
b Retired or separated participants receiving benefits		6b	0
c Other retired or separated participants entitled to future benefits.....		6c	89
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	1071
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	1
f Total. Add lines 6d and 6e		6f	1072
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	984
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h	23
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2R 3D 3H			
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) ☐ A (Insurance Information)	
		(4) ☒ C (Service Provider Information)	
(3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		(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 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2014
		This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
A Name of plan THE CAREWORKS FAMILY OF CAMPANIES 401(K) PLAN AND TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CAREWORKS OF OHIO LTD	D Employer Identification Number (EIN) 31-1470304	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 18 19 37 49 59 60 63 64 99	NONE	87948	Yes ☒ No ☐	Yes ☐ No ☒	63744	Yes ☐ No ☒

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

CLARK SCHAEFER HACKETT

31-0800053

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 17	NONE	12160	Yes ☒ No ☐	Yes ☐ No ☒	20024	Yes ☐ No ☒

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

THE JOSEPH GROUP CAPITAL MANAGEMENT

36-4729550

(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?
49 64	NONE	81039	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)

TD AMERITRADE

4211 S. 102ND ST
OMAHA, NE 68127

(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?
55	NONE	60	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
NATIONWIDE	15 49 59 60 63	57
(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.
ABERDEEN FUNDS	1735 MARKET STREET PHILADELPHIA, PA 19103	MUTUAL FUND PAYMENTS
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
NATIONWIDE	15 49 59 60 63	123
(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.
ALLIANCE BERNSTEIN FUNDS	1345 AVENUE OF AMERICAS NEW YORK, NY 10105	MUTUAL FUND PAYMENTS
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
NATIONWIDE	15 49 59 60 63	2893
(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.
ALLIANZ GLOBAL INVESTORS	1633 BROADWAY NEW YORK, NY 10019	MUTUAL FUND PAYMENTS

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
NATIONWIDE	15 49 59 60 63	66
(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.
AMERICAN CENTURY INVESTORS INC. 4500 MAIN ST. KANSAS CITY, MO 64111	MUTUAL FUND PAYMENTS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONWIDE	15 49 59 60 63	270
(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.
THE AMERICAN FUNDS GROUP 333 SOUTH HOPE STREET LOS ANGELES, CA 90071	MUTUAL FUND PAYMENTS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONWIDE	15 49 59 60 63	60
(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.
ASTON FUNDS 161 NORTH CLARK STREET CHICAGO, IL 60601-2468	MUTUAL FUND PAYMENTS	

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
NATIONWIDE	15 49 59 60 63	13
(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.
DREYFUS CORPORATION	200 PARK AVENUE NEW YORK, NY 10166	MUTUAL FUND PAYMENTS
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
NATIONWIDE	15 49 59 60 63	27
(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.
EATON VANCE FUNDS	THE EATON VANCE BUILDING 255 STATE STREET BOSTON, MA 02109	MUTUAL FUND PAYMENTS
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
NATIONWIDE	15 49 59 60 63	117
(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.
FEDERATED INVESTORS	1001 LIBERTY AVENUE PITTSBURG, PA 15222	MUTUAL FUND PAYMENTS

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
NATIONWIDE	15 49 59 60 63	101
(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.
BARON FUNDS	767 FIFTH AVENUE, 49 FLOOR NEW YORK, NY 10153	MUTUAL FUND PAYMENTS
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
NATIONWIDE	15 49 59 60 63	5518
(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.
BLARKROCK FUNDS	40 EAST 52ND STREET NEW YORK, NY 10022	MUTUAL FUND PAYMENTS
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
NATIONWIDE	15 49 59 60 63	2677
(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.
BUFFALO FUNDS	5420 W 61ST PLACE SHAWNEE MISSION, KS 66205	MUTUAL FUND PAYMENTS

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
NATIONWIDE	15 49 59 60 63	10747
(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.
COLUMBIA FUNDS MANAGEMENT COMPANY	225 FRANKLIN STREET BOSTON, MA 02110	MUTUAL FUND PAYMENTS
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
NATIONWIDE	15 49 59 60 63	292
(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.
DAVIS FUNDS	30 DAN ROAD CANTON, MA 02021-2809	MUTUAL FUND PAYMENTS
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
NATIONWIDE	15 49 59 60 63	18
(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.
DODGE & COX(R)	555 CALIFORNIA STREET, 40TH FLOOR SAN FRANCISCO, CA 94104	MUTUAL FUND PAYMENTS

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
NATIONWIDE	15 49 59 60 63	6514
(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.	
FIDELITY INVESTMENTS 82 DEVONSHIRE ST. LPC BOSTON, MA 02109	MUTUAL FUND PAYMENTS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONWIDE	15 49 59 60 63	2224
(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.	
FRANKLIN TEMPLETON DISTRIBUTORS, INC ONE FRANKLIN PARKWAY SAN MAATEO, CA 94403	MUTUAL FUND PAYMENTS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONWIDE	15 49 59 60 63	725
(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.	
HARBOR FUNDS ONE SEAGATE 14TH FLOOR TOLEDO, OH 43604	MUTUAL FUND PAYMENTS	

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
NATIONWIDE	15 49 59 60 63	642
(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.
HEARTLAND ADVISORS, INC. 789 N. WATER STREET MILWAUKEE, WI 53202	MUTUAL FUND PAYMENTS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONWIDE	15 49 59 60 63	7
(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.
INVESCO INVESTMENTS ONE MIDTOWN PLAZA 1360 PEACHTREE ST, NE ATLANTA, GA 30309	MUTUAL FUND PAYMENTS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONWIDE	15 49 59 60 63	156
(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.
JANUS FUNDS 151 DETROIT STREET DENVER, CO 80206	MUTUAL FUND PAYMENTS	

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
NATIONWIDE	15 49 59 60 63	2009
(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.
LAZARD FUNDS 30 ROCKEFELLER PLAZA NEW YORK, NY 10112	MUTUAL FUND PAYMENTS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONWIDE	15 49 59 60 63	10
(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.
LEGG MASON 100 INTERNATIONAL DRIVE BALTIMORE, MD 21202	MUTUAL FUND PAYMENTS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONWIDE	15 49 59 60 63	1853
(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.
LOOMIS, SAYLES & COMPANY, L.P. ONE FINANCIAL CENTER, 33RD FLOOR BOSTON, MA 02111	MUTUAL FUND PAYMENTS	

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
NATIONWIDE	15 49 59 60 63	357
(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.
MANNING & NAPIER FUND, INC. 290 WOODCLIFF DRIVE FAIRPORT, NY 14450		MUTUAL FUND PAYMENTS
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONWIDE	15 49 59 60 63	67
(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.
MASSACHUSETTS FINANCIAL SERVICES CO 500 BOYLSTON STREET BOSTON, MA 02116		MUTUAL FUND PAYMENTS
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONWIDE	15 49 59 60 63	10509
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
NATIONWIDE FUNDS GROUP ONE NATIONWIDE PLAZA COLUMBUS, OH 43215		MUTUAL FUND PAYMENTS

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
NATIONWIDE	15 49 59 60 63	39
(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.
OAKMARK FAMILY OF FUNDS P.O. BOX 219558 KANSAS CITY, MO 64121	MUTUAL FUND PAYMENTS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONWIDE	15 49 59 60 63	1068
(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.
OPPENHEIMER FUNDS 498 SEVENTH AVENUE, 10TH FLOOR NEW YORK, NY 10018	MUTUAL FUND PAYMENTS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONWIDE	15 49 59 60 63	3820
(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.
PIMCO FUNDS 840 NEWPORT CENTER DRIVE, SUITE 300 NEWPORT BEACH, CA 92660	MUTUAL FUND PAYMENTS	

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
NATIONWIDE	15 49 59 60 63	564
(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.
PRINCIPAL INVESTORS	1100 INVESTMENT BLVD., SUITE 200 EL DORADO HILLS, CA 95762	MUTUAL FUND PAYMENTS
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONWIDE	15 49 59 60 63	2846
(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.
PRUDENTIAL	100 MULBERRY STREET GATEWAY CENTER THREE NEWARK, NJ 07102	MUTUAL FUND PAYMENTS
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONWIDE	15 49 59 60 63	257
(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.
RIDGEWORTH INVESTMENTS	50 HURT PLAZA, SUITE 1400 ATLANTA, GA 30303	MUTUAL FUND PAYMENTS

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
NATIONWIDE	15 49 59 60 63	1836
(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.
RS INVESTMENT TRUST 388 MARKET STREET SAN FRANCISCO, CA 94111	MUTUAL FUND PAYMENTS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONWIDE	15 49 59 60 63	7
(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.
SCOUT FUNDS P.O. BOX 1241 MILWAUKEE, WI 53201	MUTUAL FUND PAYMENTS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONWIDE	15 49 59 60 63	534
(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.
T. ROWE PRICE 100 EAST PRATT STREET BALTIMORE, MD 21201	MUTUAL FUND PAYMENTS	

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
NATIONWIDE	15 49 59 60 63	13
(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.
VAN ECK ASSOCIATES CORPORATION 99 PARK AVENUE NEW YORK, NY 10016		MUTUAL FUND PAYMENTS
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONWIDE	15 49 59 60 63	128
(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.
VIRTUS MUTUAL FUNDS 100 PEARL STREET, 9TH FLOOR HARTFORD, CT 06103		MUTUAL FUND PAYMENTS
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONWIDE	15 49 59 60 63	4299
(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.
WADDELL & REED, INC. 6300 LAMAR AVENUE SHAWNEE MISSION, KS 66202		MUTUAL FUND PAYMENTS

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
NATIONWIDE	15 49 59 60 63	111
(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.
WELLS FARGO FUNDS	525 MARKET ST SAN FRANCISCO, CA 94105	MUTUAL FUND PAYMENTS
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
NATIONWIDE	15 49 59 60 63	29
(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.
TD AMERITRADE	200 SOUTH 208TH AVE OMAHA, NE 68154	AMERITRADE COMPENSATION
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
CLARK SCHAEFER HACKETT	17 37	20024
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
NATIONWIDE	ONE NATIONWIDE PLAZA COLUMBUS, OH 43215	ADMINISTRATIVE SERVICE FEE

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
NATIONWIDE	15 49 59 60 63	28
(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.
MANGERS FUND ONE NATIONWIDE PLAZA COLUMBUS, OH 43215	MUTUAL FUND PAYMENTS NATIONWIDE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONWIDE	15 49 59 60 63	55
(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.
AMG FUNDS 777 SOUTH FLAGLER WEST PALM BEACH, FL 33401	NATIONWIDE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONWIDE	15 49 59 60 63	57
(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.
GUGGENHEIM INVESTMENTS P.O. BOX 758567 TOPEKA, KS 66675	NATIONWIDE	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>		
A Name of plan <u>THE CAREWORKS FAMILY OF COMPANIES 401(K) PLAN AND TRUST</u>		B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CAREWORKS OF OHIO LTD</u>		D Employer Identification Number (EIN) <u>31-1470304</u>

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	561585	982004
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)	793568	698502
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	38194263	40800094
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	81417	82323

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	39630833	42562923

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	39630833	42562923
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	982004	
(B) Participants	2a(1)(B)	3049211	
(C) Others (including rollovers)	2a(1)(C)	234386	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		4265601

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)	29915	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		29915

(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)	2351762	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2351762

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-222221
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		6425057

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	3311430	
(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)		3311430
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)	181537	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		181537
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		3492967

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		2932090
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: CLARK SCHAEFER HACKETT

(2) EIN: 31-0800053

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		2691
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.)		X	
4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
4d			
e Was this plan covered by a fidelity bond?	X		500000
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k			
l Has the plan failed to provide any benefit when due under the plan?.....		X	
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m			
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			

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection.
For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
A Name of plan THE CAREWORKS FAMILY OF COMPANIES 401(K) PLAN AND TRUST		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 CAREWORKS OF OHIO LTD		D Employer Identification Number (EIN) 31-1470304

Part I

Distributions

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

1

Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

1

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): 31-1592130

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3

Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....

3

Part II

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

4

Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....

☐ Yes ☐ No ☐ N/A

If the plan is a defined benefit plan, go to line 8.

5

If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6

a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....

6a

b Enter the amount contributed by the employer to the plan for this plan year.....

6b

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)

6c

If you completed line 6c, skip lines 8 and 9.

7

Will the minimum funding amount reported on line 6c be met by the funding deadline?.....

☐ Yes ☐ No ☐ N/A

8

If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....

☐ Yes ☐ No ☐ N/A

Part III

Amendments

9

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

☐ Increase ☐ Decrease ☐ Both ☐ No

Part IV

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

10

Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?

☐ Yes ☐ No

11

a Does the ESOP hold any preferred stock?

☐ Yes ☐ No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....

☐ Yes ☐ No

12

Does the ESOP hold any stock that is not readily tradable on an established securities market?.....

☐ Yes ☐ No

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

Schedule R (Form 5500) 2014 v. 140124

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): _____

INDEPENDENT AUDITORS' REPORT

To the Trustees of
The CareWorks Family of Companies 401(k) Plan and Trust
Dublin, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The CareWorks Family of Companies 401(k) Plan and Trust (the Plan), which comprise the statements of net assets available for benefits as December 31, 2014 and 2013, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Nationwide Trust Company, FSB, the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2014 and 2013, that the information provided to the plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

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

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f. 614.885.8159

Other Matter

The supplemental Schedule H, Line 4a – Schedule of Delinquent Participant Contributions and Schedule H, line 4i - Schedule of Assets (Held at End of Year) are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are 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 these supplemental schedules.

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

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

Clark, Schaefer, Hackett & Co.

Columbus, Ohio
September 16, 2015

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with
the instructions to the Form 5500.**OMB Nos. 1210-0110
1210-0089**2014****This Form is Open to Public
Inspection****Part I Annual Report Identification Information**For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

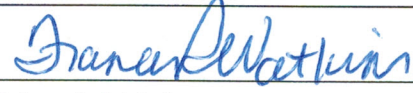
- A** This return/report is for: ☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
- C** If the plan is a collectively-bargained plan, check here. ☐
- D** Check box if filing under: ☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan The CareWorks Family of Companies 401(k) Plan and Trust	1b Three-digit plan number (PN) ▶ <u>001</u>
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) CareWorks of Ohio LTD P.O. Box 182726 Columbus OH 43218-2726	1c Effective date of plan <u>02/01/1997</u>
	2b Employer Identification Number (EIN) <u>31-1470304</u>
	2c Plan Sponsor's telephone number <u>(614) 792-1085</u>
	2d Business code (see instructions) <u>541990</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		<u>Oct 2 2015</u>	<u>Frances Watkins</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) (optional)			Preparer's telephone number (optional)

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

**Form 5500 (2014)
v. 140124**

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 1,023
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2), 6b, and 6c. e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits..... f Total. Add lines 6d and 6e. g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 955 6a(2) 982 6b 0 6c 89 6d 1,071 6e 1 6f 1,072 6g 984 6h 23
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2R 3D 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information - Small Plan) (3) ☐ 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 2014 Form M-1 annual report. If the plan was not required to file the 2014 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 _____

The CareWorks Family of Companies 401(k) Plan and Trust

Financial Statements and Supplemental Schedules

December 31, 2014 and 2013

(with Independent Auditors' Report)

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INDEPENDENT AUDITORS' REPORT

To the Trustees of
The CareWorks Family of Companies 401(k) Plan and Trust
Dublin, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The CareWorks Family of Companies 401(k) Plan and Trust (the Plan), which comprise the statements of net assets available for benefits as December 31, 2014 and 2013, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Nationwide Trust Company, FSB, the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2014 and 2013, that the information provided to the plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

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

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Other Matter

The supplemental Schedule H, Line 4a – Schedule of Delinquent Participant Contributions and Schedule H, line 4i - Schedule of Assets (Held at End of Year) are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are 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 these supplemental schedules.

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

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

Clark, Schaefer, Hackett & Co.

Columbus, Ohio
September 16, 2015

The CareWorks Family of Companies 401(k) Plan and Trust
Statements of Net Assets Available for Benefits
December 31, 2014 and 2013

	<u>2014</u>	<u>2013</u>
Assets:		
Investments:		
Mutual funds	\$ 40,800,094	\$ 38,194,263
Self-directed brokerage account	<u>82,323</u>	<u>81,417</u>
	<u>40,882,417</u>	<u>38,275,680</u>
Receivables:		
Participant notes receivable	698,502	793,568
Employer contributions	<u>982,004</u>	<u>561,585</u>
	<u>1,680,506</u>	<u>1,355,153</u>
Net assets available for benefits	\$ <u>42,562,923</u>	\$ <u>39,630,833</u>

See accompanying notes to the financial statements.

The CareWorks Family of Companies 401(k) Plan and Trust
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2014 and 2013

	<u>2014</u>	<u>2013</u>
Additions:		
Investment activity:		
Net (depreciation) appreciation in fair value of investments	\$ (222,221)	\$ 4,324,987
Interest and dividend income	<u>2,351,762</u>	<u>1,711,267</u>
	<u>2,129,541</u>	<u>6,036,254</u>
Interest income on participant notes receivable	<u>29,915</u>	<u>36,305</u>
Contributions:		
Rollover	234,386	192,242
Participant	3,049,211	2,957,966
Employer	<u>982,004</u>	<u>561,585</u>
	<u>4,265,601</u>	<u>3,711,793</u>
Deductions:		
Benefits paid to participants	3,311,430	4,050,630
Administrative expenses	<u>181,537</u>	<u>162,683</u>
	<u>3,492,967</u>	<u>4,213,313</u>
	2,932,090	5,571,039
Net assets available for benefits:		
Beginning of year	<u>39,630,833</u>	<u>34,059,794</u>
End of year	\$ <u>42,562,923</u>	\$ <u>39,630,833</u>

See accompanying notes to the financial statements.

1. DESCRIPTION OF PLAN:

The following description of The CareWorks Family of Companies 401(k) Plan and Trust (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all employees of CareWorks of Ohio Ltd. and affiliated adopting companies (collectively, the Employer) who have attained age 18. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Eligible participants may elect to have a minimum of 3% up to a maximum of 75% of eligible compensation, as defined by the Plan, withheld from their pay as a contribution to the Plan each pay period throughout the year, subject to annual contribution limitations set by law. The participants' elective deferrals are not taxed as compensation in the year of deferral. Participants will be automatically enrolled at 3% if the Plan administrator does not receive a signed enrollment form electing a different percentage or a signed form where the participant declines participation. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants who reach age 50 may elect to make catch-up contributions.

The Employer may elect to make discretionary matching and profit sharing contributions. During 2014 and 2013, the Employer matched a rate of 50% and 30%, respectively, of the employee's annual contribution, subject to a maximum employee annual contribution amount for match calculation purposes of 6% of employee eligible compensation. There was no discretionary profit sharing contribution for 2014 or 2013.

Participant accounts

Each participant's account is credited with the participant's contributions, an allocation of the Employer's contribution and Plan earnings or losses thereon. Each participant's account is charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance. The Plan's investments are participant-directed.

Vesting

Participants are immediately vested in their elective contributions. After one year of service, participants are fully vested in discretionary matching and profit sharing contributions.

Payment of benefits

Upon termination of service, death, disability, or retirement, a participant (or beneficiary, if applicable) may receive a lump-sum amount equal to the vested value of his or her account. A participant may also receive the vested value of his or her account upon attainment of age 59 ½ or in the event of hardship, as defined by the Plan.

Administrative expenses

Certain expenses incurred in the administration of the Plan are paid by the Employer and are excluded from these financial statements. Fees related to the administration of participant notes receivable, distributions, or other transactions are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

Participant notes receivable

Participants may borrow a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of the vested portion of their account balance. Note terms range from one year to five years (or longer for the purchase of a primary residence) and a participant may only have one outstanding note at a time. The notes are secured by the balance in the participant's account and bear interest at a reasonable rate as determined by the Plan administrator at the time of granting the participant note. Principal and interest are paid ratably through payroll deductions.

Forfeited accounts

Forfeited nonvested accounts may be used to pay Plan administrative expenses to reduce future Employer contributions.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

The following accounting principles and practices of the Plan are set forth to facilitate the understanding of data presented in the financial statements:

Basis of accounting

The financial statements are prepared on the accrual basis of accounting.

Use of estimates

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

Investment valuation and income recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements. Interest income is recognized when earned. Dividends are recorded on the ex-dividend date. Purchases and sales of securities are recorded on a trade date basis.

Risks and uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' accounts and the amounts reported in the statement of net assets available for benefits.

Payment of benefits

Benefits are recognized when paid.

Participant notes receivable

Participant notes receivable are measured at the unpaid principal balance plus any accrued but unpaid interest. Delinquent participant notes are reclassified as distributions based upon the terms of the Plan document.

Subsequent events

The Plan evaluates events and transactions occurring subsequent to the date of the financial statements for matters requiring recognition or disclosure in the financial statements. The Plan has evaluated subsequent events through September 16, 2015, the date the financial statements were available to be issued.

3. INFORMATION PREPARED AND CERTIFIED BY CUSTODIAN:

The following information included in the accompanying financial statements and supplemental schedules as of and for the years ended December 31, 2014 and 2013 were obtained from data that has been prepared and certified to as complete and accurate by Nationwide Trust Company, FSB, the custodian of the Plan.

Investments
Net (depreciation) appreciation in fair value of investments
Interest and dividend income
Assets held at the end of year

4. FAIR VALUE MEASUREMENTS:

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy are described below:

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 Inputs to the valuation methodology include:
 - Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the asset or liability; and
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.
- Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in methodologies used at December 31, 2014 and 2013.

- *Mutual funds*: Valued at the net asset value (NAV) of shares held by the Plan at year end which is based on observable market quotations for identical assets and are priced on a daily basis at the close of business

- *Self-directed brokerage account:* Valued at observable market quotations for identical assets and are priced on a daily basis. The account primarily holds common stocks, mutual funds and a money market.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2014 and 2013:

Assets at Fair Value as of December 31, 2014

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds:				
Specialty	\$ 1,510,896	\$ -	\$ -	\$ 1,510,896
International	5,201,641	-	-	5,201,641
Small-cap	1,111,985	-	-	1,111,985
Mid-cap	2,864,600	-	-	2,864,600
Large-cap	7,040,669	-	-	7,040,669
Balanced	16,987,977	-	-	16,987,977
Bonds	2,020,347	-	-	2,020,347
Money market	2,336,116	-	-	2,336,116
Natural resources	300,961	-	-	300,961
Real estate	319,167	-	-	319,167
Equity energy	10,396	-	-	10,396
Healthcare	1,081,674	-	-	1,081,674
Moderate allocation	13,665	-	-	13,665
	<u>40,800,094</u>	<u>-</u>	<u>-</u>	<u>40,800,094</u>
Self-directed brokerage account:				
Common stock:				
Industrial goods	2,212	-	-	2,212
Consumer goods	705	-	-	705
Basic materials	364	-	-	364
Services	283	-	-	283
Healthcare	592	-	-	592
Mutual funds	7,033	-	-	7,033
Money market	71,134	-	-	71,134
	<u>82,323</u>	<u>-</u>	<u>-</u>	<u>82,323</u>
	\$ <u>40,882,417</u>	\$ <u>-</u>	\$ <u>-</u>	\$ <u>40,882,417</u>

Assets at Fair Value as of December 31, 2013

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds:				
Specialty	\$ 1,367,081	\$ -	\$ -	\$ 1,367,081
International	5,073,151	-	-	5,073,151
Small-cap	1,147,856	-	-	1,147,856
Mid-cap	2,703,516	-	-	2,703,516
Large-cap	6,347,479	-	-	6,347,479
Balanced	15,249,373	-	-	15,249,373
Bonds	2,233,742	-	-	2,233,742
Money market	2,563,586	-	-	2,563,586
Natural resources	360,537	-	-	360,537
Real estate	293,665	-	-	293,665
Equity energy	18,708	-	-	18,708
Healthcare	782,309	-	-	782,309
Moderate allocation	<u>53,260</u>	<u>-</u>	<u>-</u>	<u>53,260</u>
	<u>38,194,263</u>	<u>-</u>	<u>-</u>	<u>38,194,263</u>
Self-directed brokerage account:				
Common stock:				
Technology	112	-	-	112
Industrial goods	2,283	-	-	2,283
Consumer goods	130	-	-	130
Basic materials	222	-	-	222
Services	229	-	-	229
Healthcare	582	-	-	582
Mutual funds	6,410	-	-	6,410
Money market	<u>71,449</u>	<u>-</u>	<u>-</u>	<u>71,449</u>
	<u>81,417</u>	<u>-</u>	<u>-</u>	<u>81,417</u>
	<u>\$ 38,275,680</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 38,275,680</u>

The following investments at fair value represent 5% or more of net assets available for benefits at December 31, 2014 and 2013:

	<u>2014</u>	<u>2013</u>
Growth Fund of America R6	\$ 2,788,069	\$ 2,465,784
Nationwide Investor Destinations Aggressive Inst	2,147,356	2,120,516
Nationwide Investor Destinations Moderate Aggressive Inst	4,030,409	3,766,394
Nationwide Investor Destinations Moderate Inst	8,490,460	7,113,905
Vanguard 500 Index Signal	3,511,364	3,134,355
Nationwide Money Market Inst	2,336,116	2,563,586

During the years ended December 31, 2014 and 2013, the Plan's investments in mutual funds (including gains and losses of investments bought, sold, and held during the year) (depreciated) appreciated in value by \$(222,221) and \$4,324,987, respectively.

6. FORFEITED ACCOUNTS:

Forfeited nonvested accounts were \$5,799 and \$3,330 at December 31, 2014 and 2013, respectively. During 2014 and 2013, forfeited nonvested accounts of \$3,002 and \$13,076, respectively, were used to reduce Employer discretionary matching contributions. During 2014, forfeited nonvested accounts of \$328 were used to pay Plan expenses.

7. TAX STATUS:

The Employer adopted a prototype plan which obtained its latest opinion letter on March 31, 2008. In that opinion letter, the Internal Revenue Service (IRS) stated that the Plan and related trust, as then designed, were in compliance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the opinion letter, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with applicable requirements of the IRC and, therefore, believes that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded, as of December 31, 2014, that there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2011.

8. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS:

Certain Plan investments are managed by Nationwide Trust Company, FSB, the custodian of the Plan. Therefore, transactions involving these investment contracts qualify as party-in-interest transactions.

9. PLAN TERMINATION:

Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

10. NONEXEMPT TRANSACTIONS:

During 2014 and 2013, certain participant deferrals totaling \$1,530 and \$1,161, respectively, were not remitted to the Plan within Department of Labor guidelines. These transactions constitute nonexempt prohibited transactions. The Employer has taken necessary corrective actions for the affected participants.

Schedule H, Line 4a – Schedule of Delinquent Participant Contributions

Total That Constitutes Nonexempt Prohibited Transactions					
Participant Contributions Transferred Late to the Plan	Check Here if Late Participant Loan Repayments are Included	Contributions Not Corrected	Contributions	Contributions	Total Fully
			Corrected Outside Voluntary Fiduciary Correction Program	Pending Correction in Voluntary Fiduciary Correction Program	Corrected Under Voluntary Fiduciary Correction Program and PTE 2002-51
Period withheld	Amount				
2014	\$ 1,530	\$ -	\$ 1,530	\$ -	\$ -
2013	\$ 1,161	\$ -	\$ 1,161	\$ -	\$ -

The CareWorks Family of Companies 401(k) Plan and Trust
 EIN 31-1470304
 PN 001
 Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
 December 31, 2014

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value	(d) Cost	(e) Current Value
	AMCAP Fund Class R5	Mutual Fund	** \$	5,095
	American Mutual Fund Class R5	Mutual Fund	**	56,797
	Capital Income Blder Class R5	Mutual Fund	**	51,528
	Capital World Growth & Income R5	Mutual Fund	**	55,927
	Europacific Growth Fund R5	Mutual Fund	**	194
	Europacific Growth Fund R6	Mutual Fund	**	603,783
	Fundamental Investor Class R5	Mutual Fund	**	1,314
	Growth Fund of America R5	Mutual Fund	**	7,666
	Growth Fund of America R6	Mutual Fund	**	2,788,069
	American Century Infl-Adj Bd Instl	Mutual Fund	**	115,839
	Intermediate Bond Fund of America R5	Mutual Fund	**	1,757
	America Funds New Perspective Class R5	Mutual Fund	**	1,024
	America Funds New Perspective Class R6	Mutual Fund	**	698
	New World Fund Class R5	Mutual Fund	**	5,791
	Smallcap World Fund Class R5	Mutual Fund	**	4,631
	The Bond Fund of America R5	Mutual Fund	**	894
	US Government Securities Fund Class R5	Mutual Fund	**	35,526
	Washington Mutual Investors R5	Mutual Fund	**	54,557
	Aberdeen Small Cap A	Mutual Fund	**	14,784
	AllianceBern High Income A	Mutual Fund	**	23,536
	Allianz RCM Technology A	Mutual Fund	**	775,440
	Astn Tamro Small Cap N	Mutual Fund	**	14,957
	Baron Small Cap	Mutual Fund	**	23,553
	Baron Partners Instl	Mutual Fund	**	1,418
	BlackRock Energy & Resources Inv A	Mutual Fund	**	8,733
	BlackRock Long-Horizon Equity Inv A	Mutual Fund	**	650
	BlackRock Natural Resources Trust A	Mutual Fund	**	11,350
	BlackRock Health Sciences Ops Inv A	Mutual Fund	**	1,053,002
	Buffalo Small Cap Fund	Mutual Fund	**	550,753
	Davis Financial Fund A	Mutual Fund	**	73,501
	Dodge & Cox International Stock Fund	Mutual Fund	**	17,230
	Prudential Global Real Estate A	Mutual Fund	**	284,634
	Guggenheim Managed Futures Strategy A	Mutual Fund	**	18,726
	Eaton Vance Dividend Builder A	Mutual Fund	**	2,154
	Eaton Vance Small-Cap A	Mutual Fund	**	3,222
	Federated MDT Stock Trust Svc	Mutual Fund	**	18,690
	Franklin Mutual Becn A	Mutual Fund	**	66,289
	Franklin Mutual Gbl Disc A	Mutual Fund	**	514,100
	Fidelity Advisor Equity Growth Fund A	Mutual Fund	**	6,174
	Fidelity Advisor Free 2005 A	Mutual Fund	**	91,319
	Fidelity Advisor Free 2010 A	Mutual Fund	**	647

(continued)

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral	(d) Cost	(e) Current Value
		Par or Maturity Value		
	Fidelity Advisor Free 2015 A	Mutual Fund	**	\$ 65,906
	Fidelity Advisor Free 2020 A	Mutual Fund	**	308,773
	Fidelity Advisor Free 2025 A	Mutual Fund	**	360,163
	Fidelity Advisor Free 2030 A	Mutual Fund	**	154,722
	Fidelity Advisor Free 2035 A	Mutual Fund	**	48,566
	Fidelity Advisor Free 2040 A	Mutual Fund	**	256,348
	Fidelity Advisor Free 2045 A	Mutual Fund	**	52,362
	Fidelity Advisor Free 2050 A	Mutual Fund	**	38,177
	Fidelity Advisor Free Income A	Mutual Fund	**	20,464
	Harbor International Investor Fund	Mutual Fund	**	36,647
	Harbor International Inst Fund	Mutual Fund	**	527,558
	Heartland Select Value Fund	Mutual Fund	**	34,662
	Heartland Value Plus Investor Fund	Mutual Fund	**	107,478
	Ivy Asset Strategy Y	Mutual Fund	**	10,799
	Ivy Global Natural Resources Fund Y	Mutual Fund	**	1,205
	Ivy International Core Equity Y	Mutual Fund	**	16,000
	Ivy Mid-Cap Growth Y	Mutual Fund	**	1,031,413
	Janus Forty S	Mutual Fund	**	32,243
	Jennison National Resources A	Mutual Fund	**	12,842
	Jennison Utility Fund A	Mutual Fund	**	358,136
	Lazard Emerging Markets Equity Open	Mutual Fund	**	445,627
	Legg Mason WA Core Plus Bond I	Mutual Fund	**	10,087
	Loomis Sayles Bond Fund Admin	Mutual Fund	**	253,089
	Loomis Sayles Bond Funs Institutional	Mutual Fund	**	52,099
	Manning and Napier Equity Ser	Mutual Fund	**	55,661
	Manning and Napier Extend Term	Mutual Fund	**	4,787
	Manning and Napier Maximum Term	Mutual Fund	**	7,600
	Metropolitan West High Yield Bond I	Mutual Fund	**	52,649
	MFS International Value A	Mutual Fund	**	10,679
	MFS Research International R4	Mutual Fund	**	1,671
	MFS Value A	Mutual Fund	**	10,748
*	Nationwide Destination 2045 Instl	Mutual Fund	**	3,092
*	Nationwide Investor Destinations Aggressive Inst	Mutual Fund	**	2,147,356
*	Nationwide Investor Destinations Conservative Inst	Mutual Fund	**	812,168
*	Nationwide Investor Destinations Moderate Aggressive Inst	Mutual Fund	**	4,030,409
*	Nationwide Investor Destinations Moderate Conservative Inst	Mutual Fund	**	774,368
*	Nationwide Investor Destinations Moderate Inst	Mutual Fund	**	8,490,460
*	Nationwide Mid Cap Market Index A	Mutual Fund	**	9,075
*	Nationwide Mid Cap Market Index A Inst	Mutual Fund	**	588,139
*	Nationwide Money Market Inst	Mutual Fund	**	2,336,116
*	Nationwide S&P 500 Index Svc	Mutual Fund	**	8,226
				(continued)

(continued)

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value	(d) Cost	(e) Current Value
	Oakmark Equity & Income Fund II	Mutual Fund	**	7,484
	Oppenheimer Developing Market A	Mutual Fund	**	13,041
	Oppenheimer International Bond Fund A	Mutual Fund	**	199,070
	Oppenheimer Small & Mid Cap Value A	Mutual Fund	**	963
	PIMCO All Asset Fund A	Mutual Fund	**	730,124
	PIMCO CommoditiesPLUS Strategy Institutional	Mutual Fund	**	85,042
	PIMCO Investment Grade Corporate Bond A	Mutual Fund	**	53,233
	PIMCO Long-Term U.S. Government Inst	Mutual Fund	**	140
	PIMCO Total Return Inst	Mutual Fund	**	511,935
	Principal Inv High Yield Institutional	Mutual Fund	**	444,181
	Principal Inv High Yield A	Mutual Fund	**	5,993
	RS Global Natural Resources A	Mutual Fund	**	275,564
	RS Value A	Mutual Fund	**	11,340
	Invsco Energy Inv	Mutual Fund	**	1,663
	Ridgeworth Total Return Bond I	Mutual Fund	**	170,784
	T Rowe Price Cap App	Mutual Fund	**	25,023
	T Rowe Price Equity Income R	Mutual Fund	**	76,204
	T Rowe Price Health Sciences	Mutual Fund	**	167
	T Rowe Price New Horizons	Mutual Fund	**	1,944
	T Rowe Price Small Cap Value	Mutual Fund	**	15,732
	Vanguard Dividend Growth Inv	Mutual Fund	**	13,445
	Vanguard Health Care Inv	Mutual Fund	**	28,505
	Vanguard Intmd Trm Invnt Grd Inv	Mutual Fund	**	97,816
	Vanguard Growth & Income Inv	Mutual Fund	**	13,382
	Vanguard Growth Index Inv	Mutual Fund	**	17,237
	Vanguard Inflation-Protected Secs Instl	Mutual Fund	**	6,160
	Vanguard Mid-Cap Growth Index Inv	Mutual Fund	**	13,413
	Vanguard REIT Index Inv	Mutual Fund	**	8,506
	Vanguard Selected Value Inv	Mutual Fund	**	1,153,669
	Vanguard Small Cap Value Index Inv	Mutual Fund	**	6,317
	Vanguard Short-Term US Treasury Inv	Mutual Fund	**	162,433
	Vanguard Small Cap Growth Index Inv	Mutual Fund	**	11,604
	Vanguard Total International Stock Index Inv	Mutual Fund	**	102,998
	Vanguard Total Stock Mkt Inx Signal	Mutual Fund	**	278,573
	Vanguard Value Index Inv	Mutual Fund	**	36,745
	Vanguard Wellesley Income Inv	Mutual Fund	**	1,014
	Vanguard Wellington Inv	Mutual Fund	**	1,394
	AllianceBern Global Bond Adv	Mutual Fund	**	858
	American Funds SMALLCAP World R6	Mutual Fund	**	1,016
	Columbia Dividend Opportunity A	Mutual Fund	**	1,129,625
	DFA Intermediate Govt Fixed-Income I	Mutual Fund	**	841

(continued)

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value	(d) Cost	(e) Current Value
	DFA Global Real Estate Securities I	Mutual Fund	**	\$ 1,656
	Dreyfus Worldwide Growth A	Mutual Fund	**	671
	Goldman Sachs Income Builder Instl	Mutual Fund	**	654
	JPMorgan Market Expansion Select	Mutual Fund	**	1,690
	Scout International	Mutual Fund	**	2,068
	Touchstone Sands Capital Inst Gr	Mutual Fund	**	186,743
	Vanguard 500 Index Signal	Mutual Fund	**	3,511,364
	Vanguard Small Cap Index Signal	Mutual Fund	**	361,641
	Wells Fargo Advantage Asia Pacific Inv	Mutual Fund	**	4,603
	DFA US Large Company I	Mutual Fund	**	2,462
	Wells Fargo Advantage Spec Mid-Cap Value Inv.	Mutual Fund	**	18,818
	Mgrs Yacktman Focused Svc	Mutual Fund	**	23,653
	Virtus Real Estate Securities A	Mutual Fund	**	24,371
	Self-Directed Brokerage Account	Brokerage account	**	82,323
*	Participant Notes Receivable	Interest ranging from 4.25% - 7.50%	-	<u>698,502</u>
				\$ <u>41,580,919</u>

* Indicates party-in-interest to the Plan

** Cost omitted for participant directed investments

The CareWorks Family of Companies 401(k) Plan and Trust
 EIN 31-1470304
 PN 001
 Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
 December 31, 2014

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value	(d) Cost	(e) Current Value
	AMCAP Fund Class R5	Mutual Fund	** \$	5,095
	American Mutual Fund Class R5	Mutual Fund	**	56,797
	Capital Income Blder Class R5	Mutual Fund	**	51,528
	Capital World Growth & Income R5	Mutual Fund	**	55,927
	Europacific Growth Fund R5	Mutual Fund	**	194
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	Fundamental Investor Class R5	Mutual Fund	**	1,314
	Growth Fund of America R5	Mutual Fund	**	7,666
	Growth Fund of America R6	Mutual Fund	**	2,788,069
	American Century Infl-Adj Bd Instl	Mutual Fund	**	115,839
	Intermediate Bond Fund of America R5	Mutual Fund	**	1,757
	America Funds New Perspective Class R5	Mutual Fund	**	1,024
	America Funds New Perspective Class R6	Mutual Fund	**	698
	New World Fund Class R5	Mutual Fund	**	5,791
	Smallcap World Fund Class R5	Mutual Fund	**	4,631
	The Bond Fund of America R5	Mutual Fund	**	894
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	Washington Mutual Investors R5	Mutual Fund	**	54,557
	Aberdeen Small Cap A	Mutual Fund	**	14,784
	AllianceBern High Income A	Mutual Fund	**	23,536
	Allianz RCM Technology A	Mutual Fund	**	775,440
	Astn Tamro Small Cap N	Mutual Fund	**	14,957
	Baron Small Cap	Mutual Fund	**	23,553
	Baron Partners Instl	Mutual Fund	**	1,418
	BlackRock Energy & Resources Inv A	Mutual Fund	**	8,733
	BlackRock Long-Horizon Equity Inv A	Mutual Fund	**	650
	BlackRock Natural Resources Trust A	Mutual Fund	**	11,350
	BlackRock Health Sciences Ops Inv A	Mutual Fund	**	1,053,002
	Buffalo Small Cap Fund	Mutual Fund	**	550,753
	Davis Financial Fund A	Mutual Fund	**	73,501
	Dodge & Cox International Stock Fund	Mutual Fund	**	17,230
	Prudential Global Real Estate A	Mutual Fund	**	284,634
	Guggenheim Managed Futures Strategy A	Mutual Fund	**	18,726
	Eaton Vance Dividend Builder A	Mutual Fund	**	2,154
	Eaton Vance Small-Cap A	Mutual Fund	**	3,222
	Federated MDT Stock Trust Svc	Mutual Fund	**	18,690
	Franklin Mutual Becn A	Mutual Fund	**	66,289
	Franklin Mutual Gbl Disc A	Mutual Fund	**	514,100
	Fidelity Advisor Equity Growth Fund A	Mutual Fund	**	6,174
	Fidelity Advisor Free 2005 A	Mutual Fund	**	91,319
	Fidelity Advisor Free 2010 A	Mutual Fund	**	647

(continued)

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral	(d) Cost	(e) Current Value
		Par or Maturity Value		
	Fidelity Advisor Free 2015 A	Mutual Fund	**	\$ 65,906
	Fidelity Advisor Free 2020 A	Mutual Fund	**	308,773
	Fidelity Advisor Free 2025 A	Mutual Fund	**	360,163
	Fidelity Advisor Free 2030 A	Mutual Fund	**	154,722
	Fidelity Advisor Free 2035 A	Mutual Fund	**	48,566
	Fidelity Advisor Free 2040 A	Mutual Fund	**	256,348
	Fidelity Advisor Free 2045 A	Mutual Fund	**	52,362
	Fidelity Advisor Free 2050 A	Mutual Fund	**	38,177
	Fidelity Advisor Free Income A	Mutual Fund	**	20,464
	Harbor International Investor Fund	Mutual Fund	**	36,647
	Harbor International Inst Fund	Mutual Fund	**	527,558
	Heartland Select Value Fund	Mutual Fund	**	34,662
	Heartland Value Plus Investor Fund	Mutual Fund	**	107,478
	Ivy Asset Strategy Y	Mutual Fund	**	10,799
	Ivy Global Natural Resources Fund Y	Mutual Fund	**	1,205
	Ivy International Core Equity Y	Mutual Fund	**	16,000
	Ivy Mid-Cap Growth Y	Mutual Fund	**	1,031,413
	Janus Forty S	Mutual Fund	**	32,243
	Jennison National Resources A	Mutual Fund	**	12,842
	Jennison Utility Fund A	Mutual Fund	**	358,136
	Lazard Emerging Markets Equity Open	Mutual Fund	**	445,627
	Legg Mason WA Core Plus Bond I	Mutual Fund	**	10,087
	Loomis Sayles Bond Fund Admin	Mutual Fund	**	253,089
	Loomis Sayles Bond Funs Institutional	Mutual Fund	**	52,099
	Manning and Napier Equity Ser	Mutual Fund	**	55,661
	Manning and Napier Extend Term	Mutual Fund	**	4,787
	Manning and Napier Maximum Term	Mutual Fund	**	7,600
	Metropolitan West High Yield Bond I	Mutual Fund	**	52,649
	MFS International Value A	Mutual Fund	**	10,679
	MFS Research International R4	Mutual Fund	**	1,671
	MFS Value A	Mutual Fund	**	10,748
*	Nationwide Destination 2045 Instl	Mutual Fund	**	3,092
*	Nationwide Investor Destinations Aggressive Inst	Mutual Fund	**	2,147,356
*	Nationwide Investor Destinations Conservative Inst	Mutual Fund	**	812,168
*	Nationwide Investor Destinations Moderate Aggressive Inst	Mutual Fund	**	4,030,409
*	Nationwide Investor Destinations Moderate Conservative Inst	Mutual Fund	**	774,368
*	Nationwide Investor Destinations Moderate Inst	Mutual Fund	**	8,490,460
*	Nationwide Mid Cap Market Index A	Mutual Fund	**	9,075
*	Nationwide Mid Cap Market Index A Inst	Mutual Fund	**	588,139
*	Nationwide Money Market Inst	Mutual Fund	**	2,336,116
*	Nationwide S&P 500 Index Svc	Mutual Fund	**	8,226
				(continued)

(continued)

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral	(d) Cost	(e) Current Value
		Par or Maturity Value		
	Oakmark Equity & Income Fund II	Mutual Fund	**	7,484
	Oppenheimer Developing Market A	Mutual Fund	**	13,041
	Oppenheimer International Bond Fund A	Mutual Fund	**	199,070
	Oppenheimer Small & Mid Cap Value A	Mutual Fund	**	963
	PIMCO All Asset Fund A	Mutual Fund	**	730,124
	PIMCO CommoditiesPLUS Strategy Institutional	Mutual Fund	**	85,042
	PIMCO Investment Grade Corporate Bond A	Mutual Fund	**	53,233
	PIMCO Long-Term U.S. Government Inst	Mutual Fund	**	140
	PIMCO Total Return Inst	Mutual Fund	**	511,935
	Principal Inv High Yield Institutional	Mutual Fund	**	444,181
	Principal Inv High Yield A	Mutual Fund	**	5,993
	RS Global Natural Resources A	Mutual Fund	**	275,564
	RS Value A	Mutual Fund	**	11,340
	Invsco Energy Inv	Mutual Fund	**	1,663
	Ridgeworth Total Return Bond I	Mutual Fund	**	170,784
	T Rowe Price Cap App	Mutual Fund	**	25,023
	T Rowe Price Equity Income R	Mutual Fund	**	76,204
	T Rowe Price Health Sciences	Mutual Fund	**	167
	T Rowe Price New Horizons	Mutual Fund	**	1,944
	T Rowe Price Small Cap Value	Mutual Fund	**	15,732
	Vanguard Dividend Growth Inv	Mutual Fund	**	13,445
	Vanguard Health Care Inv	Mutual Fund	**	28,505
	Vanguard Intmd Trm Invnt Grd Inv	Mutual Fund	**	97,816
	Vanguard Growth & Income Inv	Mutual Fund	**	13,382
	Vanguard Growth Index Inv	Mutual Fund	**	17,237
	Vanguard Inflation-Protected Secs Instl	Mutual Fund	**	6,160
	Vanguard Mid-Cap Growth Index Inv	Mutual Fund	**	13,413
	Vanguard REIT Index Inv	Mutual Fund	**	8,506
	Vanguard Selected Value Inv	Mutual Fund	**	1,153,669
	Vanguard Small Cap Value Index Inv	Mutual Fund	**	6,317
	Vanguard Short-Term US Treasury Inv	Mutual Fund	**	162,433
	Vanguard Small Cap Growth Index Inv	Mutual Fund	**	11,604
	Vanguard Total International Stock Index Inv	Mutual Fund	**	102,998
	Vanguard Total Stock Mkt Inx Signal	Mutual Fund	**	278,573
	Vanguard Value Index Inv	Mutual Fund	**	36,745
	Vanguard Wellesley Income Inv	Mutual Fund	**	1,014
	Vanguard Wellington Inv	Mutual Fund	**	1,394
	AllianceBern Global Bond Adv	Mutual Fund	**	858
	American Funds SMALLCAP World R6	Mutual Fund	**	1,016
	Columbia Dividend Opportunity A	Mutual Fund	**	1,129,625
	DFA Intermediate Govt Fixed-Income I	Mutual Fund	**	841

(continued)

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value	(d) Cost	(e) Current Value
	DFA Global Real Estate Securities I	Mutual Fund	**	\$ 1,656
	Dreyfus Worldwide Growth A	Mutual Fund	**	671
	Goldman Sachs Income Builder Instl	Mutual Fund	**	654
	JPMorgan Market Expansion Select	Mutual Fund	**	1,690
	Scout International	Mutual Fund	**	2,068
	Touchstone Sands Capital Inst Gr	Mutual Fund	**	186,743
	Vanguard 500 Index Signal	Mutual Fund	**	3,511,364
	Vanguard Small Cap Index Signal	Mutual Fund	**	361,641
	Wells Fargo Advantage Asia Pacific Inv	Mutual Fund	**	4,603
	DFA US Large Company I	Mutual Fund	**	2,462
	Wells Fargo Advantage Spec Mid-Cap Value Inv.	Mutual Fund	**	18,818
	Mgrs Yacktman Focused Svc	Mutual Fund	**	23,653
	Virtus Real Estate Securities A	Mutual Fund	**	24,371
	Self-Directed Brokerage Account	Brokerage account	**	82,323
		Interest ranging from		
*	Participant Notes Receivable	4.25% - 7.50%	-	<u>698,502</u>
				\$ <u>41,580,919</u>

* Indicates party-in-interest to the Plan

** Cost omitted for participant directed investments

Attachment to 2014 Form 5500
Schedule H, line 4a - Schedule of Delinquent Participant Contributions

Plan Name The CareWorks Family of Companies 401(k) Plan and Trust
Plan Sponsor's Name CareWorks of Ohio LTD

EIN: 31-1470304
PN: 001

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Check here if Late Participant Loan Repayments are included: ☐	0	2,691	0	0