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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.5em; font-weight: bold;">2014</div><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                                                                                                                                                                                                                                                                 |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                                 |
| For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u> |                                                                                                                                                                                                                                                                                                                                                 |
| A This return/report is for:                                                                             | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or<br><input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) _____ |
| B This return/report is:                                                                                 | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).                                                                                                       |
| C If the plan is a collectively-bargained plan, check here. ....                                         | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                        |
| D Check box if filing under:                                                                             | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                                                                                                                       |

|                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                   |                                                              |                                                           |                                                      |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                          | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                                                    |                                                              |                                                           |                                                      |  |
| <b>1a</b> Name of plan<br>INNOVACARE SERVICES COMPANY, LLC SAVINGS AND PROFIT                                                                                                                           | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;">001</td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/>01/01/1989</td> </tr> </table>                                                                 | <b>1b</b> Three-digit plan number (PN) ▶                     | 001                                                       | <b>1c</b> Effective date of plan<br>01/01/1989       |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                | 001                                                                                                                                                                                                                                                                                                                                                               |                                                              |                                                           |                                                      |  |
| <b>1c</b> Effective date of plan<br>01/01/1989                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                   |                                                              |                                                           |                                                      |  |
| <b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)<br>INNOVACARE SERVICES COMPANY, L<br><br>173 BRIDGE PLAZA NORTH<br>FORT LEE, NJ 07024 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/>46-1417639</td> </tr> <tr> <td><b>2c</b> Plan Sponsor's telephone number<br/>201-969-2309</td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/>621111</td> </tr> <tr> <td style="height: 40px;"></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br>46-1417639 | <b>2c</b> Plan Sponsor's telephone number<br>201-969-2309 | <b>2d</b> Business code (see instructions)<br>621111 |  |
| <b>2b</b> Employer Identification Number (EIN)<br>46-1417639                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                   |                                                              |                                                           |                                                      |  |
| <b>2c</b> Plan Sponsor's telephone number<br>201-969-2309                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                   |                                                              |                                                           |                                                      |  |
| <b>2d</b> Business code (see instructions)<br>621111                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                   |                                                              |                                                           |                                                      |  |
|                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                   |                                                              |                                                           |                                                      |  |

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

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

|                                                                                                            |                                                   |            |                                                              |
|------------------------------------------------------------------------------------------------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                           | Filed with authorized/valid electronic signature. | 10/12/2015 | DOUGLAS MALTON                                               |
|                                                                                                            | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b>                                                                                           | Filed with authorized/valid electronic signature. | 10/12/2015 | DOUGLAS MALTON                                               |
|                                                                                                            | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b>                                                                                           |                                                   |            |                                                              |
|                                                                                                            | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |
| Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional) |                                                   |            | Preparer's telephone number (optional)                       |

|                                                                                                                                                                                                  |                                     |                                                           |                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------------|-------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                         |                                     | <b>3b</b> Administrator's EIN                             |                                     |
|                                                                                                                                                                                                  |                                     | <b>3c</b> Administrator's telephone number                |                                     |
|                                                                                                                                                                                                  |                                     |                                                           |                                     |
| <b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:           |                                     | <b>4b</b> EIN                                             |                                     |
| <b>a</b> Sponsor's name                                                                                                                                                                          |                                     | <b>4c</b> PN                                              |                                     |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                          |                                     | <b>5</b>                                                  | 866                                 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). |                                     |                                                           |                                     |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year .....                                                                                                          |                                     | <b>6a(1)</b>                                              | 412                                 |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                |                                     | <b>6a(2)</b>                                              | 184                                 |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                              |                                     | <b>6b</b>                                                 | 26                                  |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                |                                     | <b>6c</b>                                                 | 502                                 |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . .....                                                                                                                    |                                     | <b>6d</b>                                                 | 712                                 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                       |                                     | <b>6e</b>                                                 | 0                                   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . .....                                                                                                                                        |                                     | <b>6f</b>                                                 | 712                                 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                  |                                     | <b>6g</b>                                                 | 578                                 |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....                                                       |                                     | <b>6h</b>                                                 | 0                                   |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                              |                                     | <b>7</b>                                                  |                                     |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E 2J 2F 2G 2K 3B 3D 3H 2T       |                                     |                                                           |                                     |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                      |                                     |                                                           |                                     |
| <b>9a</b> Plan funding arrangement (check all that apply)                                                                                                                                        |                                     | <b>9b</b> Plan benefit arrangement (check all that apply) |                                     |
| (1)                                                                                                                                                                                              | <input checked="" type="checkbox"/> | (1)                                                       | <input checked="" type="checkbox"/> |
| Insurance                                                                                                                                                                                        |                                     | Insurance                                                 |                                     |
| (2)                                                                                                                                                                                              | <input type="checkbox"/>            | (2)                                                       | <input type="checkbox"/>            |
| Code section 412(e)(3) insurance contracts                                                                                                                                                       |                                     | Code section 412(e)(3) insurance contracts                |                                     |
| (3)                                                                                                                                                                                              | <input checked="" type="checkbox"/> | (3)                                                       | <input checked="" type="checkbox"/> |
| Trust                                                                                                                                                                                            |                                     | Trust                                                     |                                     |
| (4)                                                                                                                                                                                              | <input type="checkbox"/>            | (4)                                                       | <input type="checkbox"/>            |
| General assets of the sponsor                                                                                                                                                                    |                                     | General assets of the sponsor                             |                                     |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                |                                     |                                                           |                                     |
| <b>a Pension Schedules</b>                                                                                                                                                                       |                                     | <b>b General Schedules</b>                                |                                     |
| (1)                                                                                                                                                                                              | <input checked="" type="checkbox"/> | (1)                                                       | <input checked="" type="checkbox"/> |
| <b>R</b> (Retirement Plan Information)                                                                                                                                                           |                                     | <b>H</b> (Financial Information)                          |                                     |
| (2)                                                                                                                                                                                              | <input type="checkbox"/>            | (2)                                                       | <input type="checkbox"/>            |
| <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary                                                                |                                     | <b>I</b> (Financial Information – Small Plan)             |                                     |
| (3)                                                                                                                                                                                              | <input type="checkbox"/>            | (3)                                                       | <input checked="" type="checkbox"/> |
| <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary                                                                                              |                                     | <b>A</b> (Insurance Information)                          |                                     |
|                                                                                                                                                                                                  |                                     | (4)                                                       | <input checked="" type="checkbox"/> |
|                                                                                                                                                                                                  |                                     | <b>C</b> (Service Provider Information)                   |                                     |
|                                                                                                                                                                                                  |                                     | (5)                                                       | <input type="checkbox"/>            |
|                                                                                                                                                                                                  |                                     | <b>D</b> (DFE/Participating Plan Information)             |                                     |
|                                                                                                                                                                                                  |                                     | (6)                                                       | <input type="checkbox"/>            |
|                                                                                                                                                                                                  |                                     | <b>G</b> (Financial Transaction Schedules)                |                                     |

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 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 \_\_\_\_\_

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                           |                                                                                           |
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| <b>SCHEDULE A</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Insurance Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b><br><br>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110<br><br><b>2014</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                 |                                         |     |
|-------------------------------------------------------------------------------------------------|-----------------------------------------|-----|
| For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014      |                                         |     |
| <b>A</b> Name of plan<br>INNOVACARE SERVICES COMPANY, LLC SAVINGS AND PROFIT                    | <b>B</b> Three-digit plan number (PN) ▶ | 001 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>INNOVACARE SERVICES COMPANY, L |                                         |     |
| <b>D</b> Employer Identification Number (EIN)<br>46-1417639                                     |                                         |     |

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

**1** Coverage Information:

**(a)** Name of insurance carrier  
MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 04-1590850 | 65935         | MR 60657                              | 712                                                                         | 01/01/2014              | 12/31/2014 |

**2** Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

|                                             |                                      |
|---------------------------------------------|--------------------------------------|
| <b>(a)</b> Total amount of commissions paid | <b>(b)</b> Total amount of fees paid |
| 0                                           | 0                                    |

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

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

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

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

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

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

---

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

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

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

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

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

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

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

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

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

**Part II Investment and Annuity Contract Information**

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

|          |                                                                                                                                                                                                                                                                          |              |                |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------|
| <b>4</b> | Current value of plan's interest under this contract in the general account at year end .....                                                                                                                                                                            | <b>4</b>     |                |
| <b>5</b> | Current value of plan's interest under this contract in separate accounts at year end .....                                                                                                                                                                              | <b>5</b>     | <b>0</b>       |
| <b>6</b> | Contracts With Allocated Funds:                                                                                                                                                                                                                                          |              |                |
| <b>a</b> | State the basis of premium rates ▶                                                                                                                                                                                                                                       |              |                |
| <b>b</b> | Premiums paid to carrier .....                                                                                                                                                                                                                                           | <b>6b</b>    |                |
| <b>c</b> | Premiums due but unpaid at the end of the year .....                                                                                                                                                                                                                     | <b>6c</b>    |                |
| <b>d</b> | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....<br>Specify nature of costs ▶                                                                    | <b>6d</b>    |                |
| <b>e</b> | Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity<br>(3) <input type="checkbox"/> other (specify) ▶                                                                                                 |              |                |
| <b>f</b> | If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here <input type="checkbox"/>                                                                                                                                          |              |                |
| <b>7</b> | Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)                                                                                                                                                            |              |                |
| <b>a</b> | Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee<br>(3) <input type="checkbox"/> guaranteed investment (4) <input checked="" type="checkbox"/> other ▶ <b>GROUP ANNUITY CONTRACT</b> |              |                |
| <b>b</b> | Balance at the end of the previous year .....                                                                                                                                                                                                                            | <b>7b</b>    | <b>6032025</b> |
| <b>c</b> | Additions: (1) Contributions deposited during the year .....                                                                                                                                                                                                             | <b>7c(1)</b> | <b>60372</b>   |
|          | (2) Dividends and credits .....                                                                                                                                                                                                                                          | <b>7c(2)</b> | <b>0</b>       |
|          | (3) Interest credited during the year .....                                                                                                                                                                                                                              | <b>7c(3)</b> | <b>218950</b>  |
|          | (4) Transferred from separate account .....                                                                                                                                                                                                                              | <b>7c(4)</b> | <b>949480</b>  |
|          | (5) Other (specify below) .....                                                                                                                                                                                                                                          | <b>7c(5)</b> | <b>16532</b>   |
|          | ▶ <b>LN INT, LN PRIN, LOAN DEFAULT, MKT</b>                                                                                                                                                                                                                              |              |                |
|          | (6) Total additions .....                                                                                                                                                                                                                                                | <b>7c(6)</b> | <b>1245334</b> |
| <b>d</b> | Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                                                                                                                                                                                             | <b>7d</b>    | <b>7277359</b> |
| <b>e</b> | Deductions:                                                                                                                                                                                                                                                              |              |                |
|          | (1) Disbursed from fund to pay benefits or purchase annuities during year .....                                                                                                                                                                                          | <b>7e(1)</b> | <b>318098</b>  |
|          | (2) Administration charge made by carrier .....                                                                                                                                                                                                                          | <b>7e(2)</b> | <b>99853</b>   |
|          | (3) Transferred to separate account .....                                                                                                                                                                                                                                | <b>7e(3)</b> | <b>0</b>       |
|          | (4) Other (specify below) .....                                                                                                                                                                                                                                          | <b>7e(4)</b> | <b>23378</b>   |
|          | ▶ <b>LN DISTRIB, LOAN DEFAULT, MKT VALUE</b>                                                                                                                                                                                                                             |              |                |
|          | (5) Total deductions .....                                                                                                                                                                                                                                               | <b>7e(5)</b> | <b>441329</b>  |
| <b>f</b> | Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) .....                                                                                                                                                                           | <b>7f</b>    | <b>6836030</b> |

**Part III Welfare Benefit Contract Information**

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

Specify nature of costs ▶

**Part IV Provision of Information**

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

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

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

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

|                                                                                                        |                                                                    |
|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>INNOVACARE SERVICES COMPANY, LLC SAVINGS AND PROFIT</u>                    | <b>B</b> Three-digit plan number (PN) ▶ <u>001</u>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>INNOVACARE SERVICES COMPANY, L</u> | <b>D</b> Employer Identification Number (EIN)<br><u>46-1417639</u> |

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation  
MASSACHUSETTS MUTUAL LIFE INS. CO.

04-1590850

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

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

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

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

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

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

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

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

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

KPMG LLP

13-5565207

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 50                            | AUDITORS                                                                                                 | 50000                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

MORGAN STANLEY SMITH BARNEY

26-4310632

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 27                            | INVESTMENT ADVISOR                                                                                       | 39820                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

MASSACHUSETTS MUTUAL LIFE INS. CO.

04-1590850

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 52 60 63 64 72                | CONTRACT ADMINISTRATOR                                                                                   | 12944                                                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                   | 0                                                                                                                                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                 |

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

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

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

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

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

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

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

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| MASSACHUSETTS MUTUAL LIFE INS. CO.                                  | 72                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| SELECT METWEST TOTAL RETURN BOND<br>FD<br><br>04-2483041            | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| MASSACHUSETTS MUTUAL LIFE INS. CO.                                  | 72                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| PREMIER MONEY MARKET FD BABSON<br><br>04-3212059                    | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| MASSACHUSETTS MUTUAL LIFE INS. CO.                                  | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| IVY INTERNATIONAL CORE EQUITY<br><br>04-6006759                     | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| MASSACHUSETTS MUTUAL LIFE INS. CO.                                  | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| ROYCE OPPORTUNITY FUND<br><br>13-3139046                            | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| MASSACHUSETTS MUTUAL LIFE INS. CO.                                  | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| GOLDMAN SACHS MID CAP VALUE FUND<br><br>13-5108880                  | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| MASSACHUSETTS MUTUAL LIFE INS. CO.                                  | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| BLACKROCK EQUITY DIVIDEND FUND<br><br>22-6437098                    | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2                                                                                                                                                     | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| MASSACHUSETTS MUTUAL LIFE INS. CO.                                                                                                                                                                          | 60                                      | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation<br><br>INVESCO GLOBAL REAL ESTATE FUND<br><br>36-4494062                                                                         |                                         |                                           |
| <b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br><br>BASIS POINTS * PLAN ASSETS |                                         |                                           |
| <b>(a)</b> Enter service provider name as it appears on line 2<br><br>MASSACHUSETTS MUTUAL LIFE INS. CO.                                                                                                    |                                         |                                           |
| <b>(b)</b> Service Codes<br>(see instructions)<br><br>60                                                                                                                                                    |                                         |                                           |
| <b>(c)</b> Enter amount of indirect compensation<br><br>0                                                                                                                                                   |                                         |                                           |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation<br><br>ARTISAN MID CAP FUND<br><br>39-1811840                                                                                    |                                         |                                           |
| <b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br><br>BASIS POINTS * PLAN ASSETS |                                         |                                           |
| <b>(a)</b> Enter service provider name as it appears on line 2<br><br>MASSACHUSETTS MUTUAL LIFE INS. CO.                                                                                                    |                                         |                                           |
| <b>(b)</b> Service Codes<br>(see instructions)<br><br>60                                                                                                                                                    |                                         |                                           |
| <b>(c)</b> Enter amount of indirect compensation<br><br>0                                                                                                                                                   |                                         |                                           |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation<br><br>T. ROWE PRICE NEW HORIZONS FUND<br><br>52-0791372                                                                         |                                         |                                           |
| <b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br><br>BASIS POINTS * PLAN ASSETS |                                         |                                           |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| MASSACHUSETTS MUTUAL LIFE INS. CO.                                  | 60                                                                                                                                                                 | 0                                         |
| (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 HEALTH SCIENCES FUND<br><br>52-1952906                | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| MASSACHUSETTS MUTUAL LIFE INS. CO.                                  | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| MAINSTAY LARGE CAP GROWTH FUND<br><br>52-2206685                    | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| MASSACHUSETTS MUTUAL LIFE INS. CO.                                  | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| NORTHERN INTL EQUITY INDEX FUND<br><br>56-2496727                   | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| MASSACHUSETTS MUTUAL LIFE INS. CO.                                  | 60                                                                                                                                                                 | 0                                         |
| (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 INTERNATIONAL BOND FUND<br><br>84-1308320               | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| MASSACHUSETTS MUTUAL LIFE INS. CO.                                  | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| THORNBURG INTERNATIONAL VALUE FUND<br><br>85-0451747                | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| MASSACHUSETTS MUTUAL LIFE INS. CO.                                  | 60                                                                                                                                                                 | 0                                         |
| (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 DEVELOPING MARKETS FUND<br><br>93-6305075               | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect<br>compensation |
|---------------------------------------------------------|-----------------------------------------|----------------------------------------------|
| MASSACHUSETTS MUTUAL LIFE INS. CO.                      | 60                                      | 0                                            |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any<br>formula used to determine the service provider's eligibility<br>for or the amount of the indirect compensation. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| INVESCO COMSTOCK FUND<br><br>95-2513084                             | BASIS POINTS * PLAN ASSETS                                                                                                                                               |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect<br>compensation |
|---------------------------------------------------------|-----------------------------------------|----------------------------------------------|
| MASSACHUSETTS MUTUAL LIFE INS. CO.                      | 60                                      | 0                                            |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any<br>formula used to determine the service provider's eligibility<br>for or the amount of the indirect compensation. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PIMCO REAL RETURN FUND<br><br>95-2632339                            | BASIS POINTS * PLAN ASSETS                                                                                                                                               |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect<br>compensation |
|---------------------------------------------------------|-----------------------------------------|----------------------------------------------|
|                                                         |                                         |                                              |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any<br>formula used to determine the service provider's eligibility<br>for or the amount of the indirect compensation. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                     |                                                                                                                                                                          |

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2014</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                                          |
| <b>A</b> Name of plan<br><u>INNOVACARE SERVICES COMPANY, LLC SAVINGS AND PROFIT</u>                                                                                                                                                                                      |                                                                                                                                                                                                                                                                              | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span> <u>001</u>                    |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>INNOVACARE SERVICES COMPANY, L</u>                                                                                                                                                                   |                                                                                                                                                                                                                                                                              | <b>D</b> Employer Identification Number (EIN)<br><u>46-1417639</u>                                       |

| Part I Asset and Liability Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. |                 |                       |                 |
| Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 | (a) Beginning of Year | (b) End of Year |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                       |                 |
| <b>(1)</b> Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(1)</b>    |                       |                 |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(8)</b>    | 122526                | 15104           |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>    | 0                     | 0               |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>   | 0                     | 0               |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(13)</b>   | 33810426              | 32286874        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>   | 6032026               | 6836030         |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(15)</b>   | 0                     | 0               |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> | 0                     | 0               |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 39964978              | 39138008        |

**Liabilities**

|                                                                           |           |        |        |
|---------------------------------------------------------------------------|-----------|--------|--------|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> | 334156 | 334156 |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |        |        |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |        |        |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |        |        |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 334156 | 334156 |

**Net Assets**

|                                                           |           |          |          |
|-----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 39630822 | 38803852 |
|-----------------------------------------------------------|-----------|----------|----------|

**Part II Income and Expense Statement**

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

**Income**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 204932     |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 406243     |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 71779      |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 682954    |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> | 1315       |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> | 218950     |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 220265    |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> | 0          |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 2407483    |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 2407483   |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | 0         |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                              | 2b(6)  |            | 0         |
| (7) Net investment gain (loss) from pooled separate accounts.....                              | 2b(7)  |            | 0         |
| (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) |            | -493983   |
| c Other income.....                                                                            | 2c     |            | 1070      |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 2817789   |

**Expenses**

|                                                                                     |       |         |         |
|-------------------------------------------------------------------------------------|-------|---------|---------|
| e Benefit payment and payments to provide benefits:                                 |       |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers.....      | 2e(1) | 3539055 |         |
| (2) To insurance carriers for the provision of benefits.....                        | 2e(2) | 0       |         |
| (3) Other.....                                                                      | 2e(3) | 0       |         |
| (4) Total benefit payments. Add lines 2e(1) through (3).....                        | 2e(4) |         | 3539055 |
| f Corrective distributions (see instructions).....                                  | 2f    |         | 0       |
| g Certain deemed distributions of participant loans (see instructions).....         | 2g    |         | 0       |
| h Interest expense.....                                                             | 2h    |         |         |
| i Administrative expenses: (1) Professional fees.....                               | 2i(1) | 52940   |         |
| (2) Contract administrator fees.....                                                | 2i(2) | 11007   |         |
| (3) Investment advisory and management fees.....                                    | 2i(3) | 39820   |         |
| (4) Other.....                                                                      | 2i(4) | 1937    |         |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                 | 2i(5) |         | 105704  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | 2j    |         | 3644759 |

**Net Income and Reconciliation**

|                                                         |       |  |         |
|---------------------------------------------------------|-------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d..... | 2k    |  | -826970 |
| 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: **KPMG LLP**

(2) EIN: **13-5565207**

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

|                                                                                                                                                                                                                               | Yes | No | Amount   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----------|
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                          |     | X  |          |
| <b>4c</b>                                                                                                                                                                                                                     |     |    |          |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....                                |     | X  |          |
| <b>4d</b>                                                                                                                                                                                                                     |     |    |          |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | X   |    | 10000000 |
| <b>4e</b>                                                                                                                                                                                                                     |     |    |          |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       |     | X  |          |
| <b>4f</b>                                                                                                                                                                                                                     |     |    |          |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....                                                     |     | X  |          |
| <b>4g</b>                                                                                                                                                                                                                     |     |    |          |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....                                           |     | X  |          |
| <b>4h</b>                                                                                                                                                                                                                     |     |    |          |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                | X   |    |          |
| <b>4i</b>                                                                                                                                                                                                                     |     |    |          |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) ..... | X   |    |          |
| <b>4j</b>                                                                                                                                                                                                                     |     |    |          |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           |     | X  |          |
| <b>4k</b>                                                                                                                                                                                                                     |     |    |          |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?.....                                                                                                                                             |     | X  |          |
| <b>4l</b>                                                                                                                                                                                                                     |     |    |          |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  |     | X  |          |
| <b>4m</b>                                                                                                                                                                                                                     |     |    |          |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                      |     |    |          |
| <b>4n</b>                                                                                                                                                                                                                     |     |    |          |

**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)

|                         |                       |
|-------------------------|-----------------------|
| <b>6a</b> Name of trust | <b>6b</b> Trust's EIN |
|                         |                       |

|                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------|--|
| <div>SCHEDULE R<br/>(Form 5500)<br/><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>                                                                                                                   |  | <div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> |  | <div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection.</div> |  |
| For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |  |
| A Name of plan<br>INNOVACARE SERVICES COMPANY, LLC SAVINGS AND PROFIT                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                 |  | B Three-digit plan number (PN) ▶ 001                                                            |  |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>INNOVACARE SERVICES COMPANY, L                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                 |  | D Employer Identification Number (EIN)<br>46-1417639                                            |  |
| 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):<br><br>EIN(s): 04-1590850                                                                                                      |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |  |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |  |
| 3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                 |  | 3                                                                                               |  |
| Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |  |
| 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |  |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |  |
| 5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |  |
| If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |  |
| 6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                 |  | 6a                                                                                              |  |
| b Enter the amount contributed by the employer to the plan for this plan year.....                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                 |  | 6b                                                                                              |  |
| c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) .....                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                 |  | 6c                                                                                              |  |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |  |
| 7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |  |
| 8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |  |
| Part III Amendments                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |  |
| 9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> No         |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |  |
| Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |  |
| 10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |  |
| 11 a Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |  |
| b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                             |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |  |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |  |
| For Paperwork Reduction Act Notice 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:

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

- 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:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

|                                                                                                                                                                        |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                               | <b>16a</b> |  |
| <b>b</b> If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers ..... | <b>16b</b> |  |

- 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): \_\_\_\_\_



**INNOVACARE SERVICES COMPANY LLC SAVINGS  
AND PROFIT SHARING PLAN**  
(Formerly known as Aveta Inc Savings and Profit Sharing Plan)

Financial Statements and Supplemental Schedule

December 31, 2014 and 2013

(With Independent Auditors' Report Thereon)

**INNOVACARE SERVICES COMPANY LLC SAVINGS  
AND PROFIT SHARING PLAN**  
(Formerly known as Aveta Inc Savings and Profit Sharing Plan)

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\* Schedules required for Form 5500, which are not applicable, have not been included.



**KPMG LLP**  
Suite 200  
1305 Walt Whitman Road  
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## **Independent Auditors' Report**

The Board of Directors of InnovaCare Services Company LLC  
Savings and Profit Sharing Plan:

We were engaged to audit the accompanying financial statements of the InnovaCare Services Company LLC Savings and Profit Sharing Plan, which comprise the statements of net assets available for benefits as of 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 audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

### **Basis for Disclaimer of Opinion**

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

### **Disclaimer of Opinion**

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



### **Other Matter**

The supplemental schedule, Schedule H, Line 4i – schedule of assets (held at end of year) as of December 31, 2014 is required by the Department of Labor’s (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

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

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

**KPMG LLP**

October 9, 2015

**INNOVCARE SERVICES COMPANY LLC SAVINGS  
AND PROFIT SHARING PLAN**  
(Formerly known as Aveta Inc Savings and Profit Sharing Plan)

Statements of Net Assets Available for Benefits

December 31, 2014 and 2013

|                                                                                                | <u>2014</u>                 | <u>2013</u>              |
|------------------------------------------------------------------------------------------------|-----------------------------|--------------------------|
| Assets:                                                                                        |                             |                          |
| Investments, at fair value, as certified by the trustee (note 3):                              |                             |                          |
| Mutual funds                                                                                   | \$ 32,286,874               | 33,810,426               |
| Separate account                                                                               | <u>7,135,304</u>            | <u>6,128,043</u>         |
| Total investments                                                                              | 39,422,178                  | 39,938,469               |
| Notes receivable from participants, as certified by the trustee (note 3)                       | <u>15,104</u>               | <u>122,526</u>           |
| Total assets                                                                                   | <u>39,437,282</u>           | <u>40,060,995</u>        |
| Net assets available for benefits at fair value                                                | 39,437,282                  | 40,060,995               |
| Adjustment from fair value to contract value for fully benefit-responsive investment contracts | <u>(299,274)</u>            | <u>(96,017)</u>          |
| Net assets available for benefits                                                              | <u><u>\$ 39,138,008</u></u> | <u><u>39,964,978</u></u> |

See accompanying notes to financial statements.

**INNOVCARE SERVICES COMPANY LLC SAVINGS  
AND PROFIT SHARING PLAN**  
(Formerly known as Aveta Inc Savings and Profit Sharing Plan)

Statements of Changes in Net Assets Available for Benefits

Years ended December 31, 2014 and 2013

|                                                                        | <u>2014</u>          | <u>2013</u>       |
|------------------------------------------------------------------------|----------------------|-------------------|
| Additions to net assets attributed to:                                 |                      |                   |
| Contributions:                                                         |                      |                   |
| Employees                                                              | \$ 478,022           | 1,057,641         |
| Employer                                                               | 204,932              | 213,598           |
| Total contributions                                                    | <u>682,954</u>       | <u>1,271,239</u>  |
| Investment income, as certified by the trustee (note 3):               |                      |                   |
| Net realized and unrealized (depreciation) appreciation of investments | (493,255)            | 5,740,811         |
| Interest income                                                        | 218,950              | 279,480           |
| Dividends                                                              | 2,407,483            | 1,317,367         |
| Net investment income                                                  | <u>2,133,178</u>     | <u>7,337,658</u>  |
| Interest income on notes receivable from participants                  | 1,315                | 17,916            |
| Other income                                                           | 342                  | 56,316            |
| Total additions                                                        | <u>2,817,789</u>     | <u>8,683,129</u>  |
| Deductions from net assets attributed to:                              |                      |                   |
| Benefit payments                                                       | 3,539,055            | 19,213,819        |
| Administrative expenses                                                | 105,704              | 131,713           |
| Total deductions                                                       | <u>3,644,759</u>     | <u>19,345,532</u> |
| Decrease in net assets available for benefits                          | (826,970)            | (10,662,403)      |
| Net assets available for benefits – beginning of year                  | <u>39,964,978</u>    | <u>50,627,381</u> |
| Net assets available for benefits – end of year                        | <u>\$ 39,138,008</u> | <u>39,964,978</u> |

See accompanying notes to financial statements.

**INNOVACARE SERVICES COMPANY LLC SAVINGS  
AND PROFIT SHARING PLAN**  
(Formerly known as Aveta Inc Savings and Profit Sharing Plan)

Notes to Financial Statements

December 31, 2014 and 2013

**(1) Description of the Plan**

The following description of the InnovaCare Services Company LLC Savings and Profit Sharing Plan (the “Plan”) provides only general information. Participants should refer to the Plan documents for a more complete description of the Plan’s provisions. On December 12, 2012, the sponsorship of the Aveta Savings and Profit Sharing Plan was transferred to InnovaCare Services Company LLC and renamed InnovaCare Services Company LLC Savings and Profit Sharing Plan. In addition, the employees of the related subsidiaries of Aveta, Inc. were terminated and, therefore, no longer eligible to participate in the Plan. This event is considered a partial termination of the Plan. The Plan was amended such that these impacted employees were fully vested in their accounts and have the ability to rollover or take a distribution of their accounts in accordance with the Plan Document.

The Plan is a defined contribution retirement income plan covering most full-time employees and certain part-time employees of InnovaCare Services Company LLC (the “Sponsor”) or its subsidiaries. The Plan was amended and restated effective January 1, 2011. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”).

**(a) Eligibility**

Eligible employees may become a participant for purposes of making salary deferral contributions on the Plan entry date following three months of service from the date of hire. Eligible employees become eligible for the employer matching contributions on the Plan entry date following one year of service.

**(b) Plan Administration**

State Street Bank and Trust is the Plan Trustee (the “Trustee”) and Massachusetts Mutual Life Insurance Company (the “Record Keeper”) maintains the individual participant accounts. Contributions are paid to the Trustee by the Sponsor.

The Plan provides that all necessary expenses of the Plan may be paid by the Sponsor or out of the assets of the Plan. As allowed by the Plan, such expenses reduced the investment income allocated to the respective investment accounts.

**(c) Contributions**

Participants are allowed to make pre-tax contributions subject to limitations set forth in the Internal Revenue Code (“IRC”). Participants who are at least age 50 are allowed to make an additional catch-up contribution subject to IRC limitations. All participant contributions are 100% vested and nonforfeitable. Participants direct the investment of their contributions into various investment options offered by the Plan.

The Sponsor’s matching contribution equals 100% of a participant’s salary deferral contributions that do not exceed 3% of the participant’s eligible compensation and the Sponsor will make a matching contribution of 50% of the participant’s salary deferral contributions that exceed 3% but, do not exceed 5% of the participant’s eligible compensation. A supplemental matching contribution maybe made at the sole discretion of the Sponsor. The supplemental matching contribution is up to 100% of a

**INNOVACARE SERVICES COMPANY LLC SAVINGS  
AND PROFIT SHARING PLAN**  
(Formerly known as Aveta Inc Savings and Profit Sharing Plan)

Notes to Financial Statements

December 31, 2014 and 2013

participant's salary deferral contributions that do not exceed 2% of the participant's eligible compensation. The Sponsor paid matching contributions to the Plan of \$204,932 and \$213,598 for the years ended December 31, 2014 and 2013, respectively.

Participants are allowed to make after-tax salary deferral contributions to a Roth 401(k) contribution account. The Sponsor's matching contributions for the Roth 401(k) contribution accounts will be made into a tax deferred investment account in the Plan.

The Sponsor may also make supplemental profit sharing contributions that are allocated based on a participant's eligible compensation in excess of the FICA taxable wage base in proportion to the total of such compensation for all participants limited to the lesser of 10% of the excess compensation or the maximum permitted under the IRC. An additional supplemental profit sharing contribution may be made that is allocated to any participant who has attained age 41 based on the participant's compensation in excess of the FICA taxable base in proportion to the total of such compensation, limited to the maximum permitted under the IRC. No supplemental profit sharing contributions were made for the plan years 2014 and 2013. The maximum of all contributions on behalf of any participant is the lesser of \$52,000 and \$51,000 for 2014 and 2013, respectively, or 100% of the participant's compensation. Profit sharing contributions and supplemental contributions, along with related investment income, are subject to the following vesting schedule:

|                   | <b><u>Vesting<br/>percentage</u></b> |
|-------------------|--------------------------------------|
| Years of service: |                                      |
| Less than 2 years | —%                                   |
| 2                 | 20                                   |
| 3                 | 40                                   |
| 4                 | 60                                   |
| 5                 | 80                                   |
| 6                 | 100                                  |

In the event of retirement after age 65, death, or disability, a participant becomes 100% vested in all amounts credited to the participant's account.

**(d) Participant Accounts**

In 2014 and 2013, each participant's account is credited with the participant's contribution, match, and an allocation of Plan earnings daily. Allocations are based on participant's 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.

**(e) Benefit Payments and Withdrawals**

Hardship withdrawals may be made for qualified emergencies, as defined in the IRC. Depending upon the type of withdrawal and the status of the contribution, penalties upon withdrawal may apply.

**INNOVACARE SERVICES COMPANY LLC SAVINGS  
AND PROFIT SHARING PLAN**  
(Formerly known as Aveta Inc Savings and Profit Sharing Plan)

Notes to Financial Statements

December 31, 2014 and 2013

Participants may also begin to make withdrawals without penalty at age 59½, subject to certain limitations as defined by the Plan.

Upon termination of employment for reasons other than retirement after age 65, death, or disability, participants are entitled to receive the vested balance of their account as of the day preceding the distribution.

If the participant's vested benefit exceeds \$5,000 and he or she has not elected to take an earlier distribution following termination of employment, the distribution of benefit payments normally begins within 60 days following the close of the plan year in which the participant retires after attaining age 65 or, if later, normal retirement age. The participant may also elect to delay distributions until age 70½. The participant may elect to receive benefits in the form of a lump sum distribution, or monthly installments over a period not to exceed the participant's remaining life expectancy.

**(f) Notes Receivable from Participants**

Participants may borrow from their account an amount equal to the lesser of \$50,000 or 50% of their vested account balance. The minimum loan is \$1,000. Participants may have up to three loans outstanding at one time. Loan transactions are treated as a transfer between the individual investment funds and the participant loan fund. The period of the loan cannot exceed five years, unless the loans is used to acquire a dwelling unit that is the principal residence of the participant, in which this event repayment shall be made within a reasonable period of time, that may not be greater than ten years. The loans are secured by the balance in the participant's account and shall bear interest at the then currently prevalent interest rates for similar loans from commercial institutions. At December 31, 2014 and 2013, loans bear interest at rates that range from 3.25% to 9.25%. Principal and interest are paid ratably through payroll deductions. Notes receivable from participants are carried at unpaid principal balance plus accrued interest.

**(g) Forfeitures**

At December 31, 2014 and 2013, forfeited nonvested accounts totaled \$0 and \$20,277, respectively. These accounts will be used to reduce future employer contributions or Plan expenses. During 2014 and 2013, employer contributions were reduced by \$67,466 and \$35,624, respectively, from forfeited nonvested accounts. No forfeited nonvested account was used for Plan expenses.

**(h) Unallocated funds**

At December 31, 2014 and 2013, the Plan had unallocated funds related to un-cashed checks totaling \$334,157. These unallocated funds relate to distributions to participants but, the checks were not cashed. The Plan Sponsor is continuing its efforts to locate the former participants in order to disburse the funds.

At December 31, 2014 and 2013, the Plan had unallocated funds related to class action lawsuits with mutual funds previously owned totaling \$528,108 and \$585,093, respectively. The Plan uses these unallocated funds to pay plan expenses. During 2014 and 2013, \$98,598 and \$108,402 were used to pay plan expenses, respectively.

**INNOVACARE SERVICES COMPANY LLC SAVINGS  
AND PROFIT SHARING PLAN**  
(Formerly known as Aveta Inc Savings and Profit Sharing Plan)

Notes to Financial Statements

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**(i) Other Income**

Other income represents the proceeds received by the Plan for class action lawsuits during the year ended December 31, 2014 and 2013. These amounts are included in the unallocated funds.

**(2) Summary of Significant Accounting Policies**

**(a) Basis of Presentation**

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

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America ("GAAP") requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

**(b) Investment Valuation and Income Recognition**

The Plan's investments are stated at fair value. The Plan defines fair value as the price that would be received to sell an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. In many cases, the exit price and the transaction (or entry) price will be the same at initial recognition. It requires that fair value be a market-based measurement in which the fair value is determined based on a hypothetical transaction at the measurement date, considered from the perspective of a market participant. When quoted prices are not used to determine fair value of an asset, the Plan considers three broad valuation techniques: (i) the market approach, (ii) the income approach, and (iii) the cost approach. The Plan determines the most appropriate valuation technique to use, given what is being measured and the availability of sufficient inputs. The Plan prioritizes the inputs to fair valuation techniques and allows for the use of unobservable inputs to the extent that observable inputs are not available. The Plan categorizes its assets and liabilities measured at estimated fair value into a three-level hierarchy, based on the priority of the inputs to the respective valuation technique (see note 4). The fair value hierarchy gives the highest priority to quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). An asset's or liability's classification within the fair value hierarchy is based on the lowest level of significant input to its valuation. The input levels are as follows:

- Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan has the ability to access at the measurement date.
- Level 2 inputs are inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly.
- Level 3 inputs are unobservable inputs for the asset or liability and significant to the fair value measurement.

The level in the fair value hierarchy within which a fair value measurement in its entirety falls is based on the lowest level input that is significant to the fair value measurement in its entirety.

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Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used and no transfers among the fair value levels during December 31, 2014 and 2013.

*Money market funds:* Valued at the closing price reported on the active market on which the individual securities are traded. If investments are not listed on an exchange, quotations are obtained from brokerage firms.

*Mutual funds:* Valued at the quoted market prices.

*Separate account:* Valued at the fair market value of the assets under the separate account.

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.

As of December 31, 2014 and 2013, \$7,135,304 and \$6,128,043, respectively, was invested in MassMutual Diversified SAGIC, a market value separate account. The average yield earned by the plan and average interest rate credited to the participants for 2014 and 2013 were 3.30% and 3.89%, respectively. The portfolio of investments is primarily investment grade fixed income securities, with the potential of up to 25% of assets in below investment grade debt securities. Participants may direct permitted withdrawal or transfer of all or a portion of their investment at contract value. Contract value represents contributions plus credited interest less participant withdrawals and fees.

Dividends are recorded on the ex-dividend date. The average cost method is used in determining the cost of investments sold. Interest income is recorded on the accrual basis.

GAAP requires investment contracts held by a defined-contribution plan to be reported at fair value with an adjustment from fair value to contract value for fully benefit-responsive investment contracts. Contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. As required by GAAP, the accompanying statements of net assets available for benefits are prepared on a contract value basis for the separate account. The 2014 and 2013 net assets available for benefits was decreased by \$299,274 and \$96,017, respectively, to reflect contract value of the fully benefit-responsive contract held by the separate account.

**(c) Payment of Benefits**

Benefits are recorded when paid.

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**(d) Recent Accounting Pronouncements**

In July 2015, the FASB issued ASU 2015-12, *(Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient*. ASU 2015-12 (1) requires defined contribution plans to use contract value as the only measure for fully benefit-responsive investment contracts, (2) simplifies certain investment disclosure requirements for employee benefit plans, and (3) provides employee benefit plans with a measurement-date practical expedient on a month-end date that is nearest to the fiscal year end, when the fiscal year end does not coincide with a month-end. The simplified investment disclosure in Part II eliminates the following disclosures previously required: (a) disaggregation of investments by nature, risks and characteristics; (b) individual investments that represent five percent or more of net assets available for benefits; and (c) net appreciation or depreciation of investments by general type. ASU 2015-12 is effective for fiscal years beginning after December 15, 2015 and early adoption is permitted. Part I and II are required to be applied retrospectively and Part III is required to be applied prospectively. Management is currently evaluating the impact of adopting the applicable components of ASU 2015-12 on the Plan's financial statements.

**(3) Financial Information Certified by Trustees (Unaudited)**

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, State Street Bank and Trust Company certified as of and for the years ended December 31, 2014 and 2013, to the completeness and accuracy of all investments and notes receivable from participants, reflected on the accompanying statements of net assets available for benefits, the supplemental schedule – Schedule H, line 4i – schedule of assets (held at end of year) as of December 31, 2014, and related net investment income, reflected in the statements of changes in net assets available for benefits for the years ended December 31, 2014 and 2013.

The fair value of the following individual investments represent 5% or more of the Plan's net assets at December 31, 2014 and 2013.

|                                              | <b>2014</b>  | <b>2013</b> |
|----------------------------------------------|--------------|-------------|
| MassMutual Diversified SAGIC                 | \$ 7,135,304 | 6,128,043   |
| Vanguard 500 Index Fund                      | 5,203,064    | 4,934,052   |
| Ivy International Core Equity A Fund         | 5,105,700    | —           |
| BlackRock Equity Dividend Inv A LW Fund      | 3,911,138    | 4,071,413   |
| Goldman Sachs Mid Cap Value A LW Fund        | 3,711,398    | 3,556,272   |
| Select MetWest Total Return Fund             | 3,695,106    | 3,857,529   |
| Mainstay Large Cap Growth A Load Waived Fund | 3,111,541    | 3,423,856   |
| Vanguard Small Cap Index Instl Fund          | 2,370,118    | 2,460,482   |

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During 2014 and 2013, the Plan's investments in mutual funds (including gains and losses on investments bought and sold, as well as held during the year) (depreciated) appreciated in value by (\$493,225) and \$5,740,811, respectively.

**(4) Fair Value Measurements**

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2014:

|                   |                                                                                                                         | <u>Investments at fair value</u>                                                          |                                                                                                                               |                   |
|-------------------|-------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-------------------|
|                   | <b>Investments<br/>at fair value<br/>as determined<br/>by quoted<br/>prices<br/>in active<br/>markets<br/>(Level 1)</b> | <b>Valuation<br/>techniques<br/>based on<br/>observable<br/>market data<br/>(Level 2)</b> | <b>Valuation<br/>techniques<br/>incorporating<br/>information<br/>other than<br/>observable<br/>market data<br/>(Level 3)</b> | <b>Total</b>      |
| Mutual funds      | \$ 32,286,874                                                                                                           | —                                                                                         | —                                                                                                                             | 32,286,874        |
| Separate account  | —                                                                                                                       | —                                                                                         | 7,135,304                                                                                                                     | 7,135,304         |
| Total investments | <u>\$ 32,286,874</u>                                                                                                    | <u>—</u>                                                                                  | <u>7,135,304</u>                                                                                                              | <u>39,422,178</u> |

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2013:

|                   |                                                                                                                         | <u>Investments at fair value</u>                                                          |                                                                                                                               |                   |
|-------------------|-------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-------------------|
|                   | <b>Investments<br/>at fair value<br/>as determined<br/>by quoted<br/>prices<br/>in active<br/>markets<br/>(Level 1)</b> | <b>Valuation<br/>techniques<br/>based on<br/>observable<br/>market data<br/>(Level 2)</b> | <b>Valuation<br/>techniques<br/>incorporating<br/>information<br/>other than<br/>observable<br/>market data<br/>(Level 3)</b> | <b>Total</b>      |
| Mutual funds      | \$ 33,810,426                                                                                                           | —                                                                                         | —                                                                                                                             | 33,810,426        |
| Separate account  | —                                                                                                                       | —                                                                                         | 6,128,043                                                                                                                     | 6,128,043         |
| Total investments | <u>\$ 33,810,426</u>                                                                                                    | <u>—</u>                                                                                  | <u>6,128,043</u>                                                                                                              | <u>39,938,469</u> |

The information above is derived from the information certified by the Trustee.

Total Plan investment assets at fair value classified within Level 3 as of December 31, 2014 and 2013, consist of the Plan's MassMutual Diversified SAGIC.

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The table below set forth a summary of changes in the fair value of the Plan's Level 3 investments for the year ended December 31,

|                   | <u>2014</u>         | <u>2013</u>        |
|-------------------|---------------------|--------------------|
| Beginning balance | \$ 6,128,043        | 8,190,685          |
| Purchases         | 1,017,406           | 74,343             |
| Earnings          | 423,128             | 281                |
| Sales             | <u>(433,273)</u>    | <u>(2,137,266)</u> |
| Ending balance    | <u>\$ 7,135,304</u> | <u>6,128,043</u>   |

**(5) Party-In-Interest Transactions**

Certain investments are shares of a separate account guaranteed by Mass Mutual Life Insurance Company, the record keeper as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the contract administrator services amounted to \$12,944 and \$35,594 for the years ended December 31, 2014 and 2013, respectively.

**(6) Risks and Uncertainties**

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

**(7) Termination**

Although it has not expressed any intent to do so, the Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event that the Sponsor terminates the Plan, all participants' account balances at the time of the Plan's termination become fully vested.

**(8) Tax Status**

The Internal Revenue Service ("IRS") determined and informed the Company by letter dated May 16, 2011 that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the accompanying financial statements.

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GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a liability (or derecognize a tax asset) 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. The Plan administrator has concluded that as of December 31, 2014 and 2013, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or derecognition of an asset) or disclosure in the financial statements.

**(9) Subsequent Events**

The Sponsor evaluated subsequent events for recognition and disclosure through October 9, 2015, the date on which the financial statements were available to be issued.

**(10) Reconciliation of Financial Statements to Form 5500**

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2014 to Form 5500:

|                                                                    |                             |
|--------------------------------------------------------------------|-----------------------------|
| Net assets available for benefits per the financial statements     | \$ 39,138,008               |
| Amounts allocated to withdrawing participants at December 31, 2014 | <u>(334,156)</u>            |
| Net assets available for benefits per the Form 5500                | <u><u>\$ 38,803,852</u></u> |

The following is a reconciliation of the changes in net assets available for benefits per the financial statements for the year ended December 31, 2014 to Form 5500:

|                                                                           |                            |
|---------------------------------------------------------------------------|----------------------------|
| Decrease in net assets available for benefits per the financial statement | \$ (826,970)               |
| Add amounts allocated to withdrawing participants at December 31, 2014    | (334,156)                  |
| Less amounts allocated to withdrawing participants at December 31, 2013   | <u>334,156</u>             |
| Decrease in net assets available for benefits for the Form 5500           | <u><u>\$ (826,970)</u></u> |

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2013 to Form 5500:

|                                                                    |                             |
|--------------------------------------------------------------------|-----------------------------|
| Net assets available for benefits per the financial statements     | \$ 39,964,978               |
| Amounts allocated to withdrawing participants at December 31, 2013 | <u>(334,156)</u>            |
| Net assets available for benefits per the Form 5500                | <u><u>\$ 39,630,822</u></u> |

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The following is a reconciliation of the changes in net assets available for benefits per the financial statements for the year ended December 31, 2013 to Form 5500:

|                                                                           |                               |
|---------------------------------------------------------------------------|-------------------------------|
| Decrease in net assets available for benefits per the financial statement | \$ (10,662,403)               |
| Add amounts allocated to withdrawing participants at December 31, 2013    | (334,156)                     |
| Less amounts allocated to withdrawing participants at December 31, 2012   | <u>398,903</u>                |
| Increase in net assets available for benefits for the Form 5500           | <u><u>\$ (10,597,656)</u></u> |

Amounts allocated to withdrawing participants on the Form 5500 represent benefit claims that have been processed and approved for payment prior to December 31, 2014 but not yet paid as of that date.

## Schedule I

**INNOVCARE SERVICES COMPANY LLC SAVINGS  
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(Formerly known as Aveta Inc Savings and Profit Sharing Plan)

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2014

| (a) | (b)<br>Identity of issue,<br>borrower, lessor<br>or similar party | (c)<br>Description of investment including maturity date,<br>rate of interest or collateral | (e)<br>Current<br>value |
|-----|-------------------------------------------------------------------|---------------------------------------------------------------------------------------------|-------------------------|
|     | Artisan Funds                                                     | Artisan Mid Cap Inv Fund, 34,872.702 shares                                                 | 1,584,616               |
|     | BlackRock Funds                                                   | BlackRock Equity Dividend Inv A LW Fund, 157,073.806 shares                                 | 3,911,138               |
|     | Goldman Sachs Funds                                               | Goldman Sachs Mid Cap Value A LW Fund, 89,973.295 shares                                    | 3,711,398               |
|     | Invesco                                                           | Invesco Global Real Estate Fund, 9,171.590 shares                                           | 84,929                  |
|     | Mainstay Funds                                                    | Mainstay Large Cap Growth A Load Waived Fund, 309,914.401 shares                            | 3,111,541               |
|     | Oppenheimer Funds                                                 | Oppenheimer Developing Markets Y Fund, 6,778.799 shares                                     | 237,665                 |
|     | Oppenheimer Funds                                                 | Oppenheimer International Bond Y Fund, 18,026.292 shares                                    | 106,535                 |
|     | Pimco Funds                                                       | PIMCO Real Return A Load Waived Fund, 170,622.257 shares                                    | 1,863,195               |
|     | MetWest                                                           | Select MetWest Total Return Fund, 365,129.076 shares                                        | 3,695,106               |
|     | T.Rowe Price                                                      | T.Rowe Price New Horizons Fund, 22,806.793 shares                                           | 998,481                 |
|     | T.Rowe Price                                                      | T.Rowe Price Health Sciences Fund, 2,130.824 shares                                         | 144,875                 |
|     | Royce Funds                                                       | Royce Opportunity Svc Fund, 11,755.927 shares                                               | 150,476                 |
|     | Northern Funds                                                    | Northern International Equity Index Fund, 353.316 shares                                    | 3,950                   |
|     | Invesco                                                           | Invesco Comstock Fund, 160.164 shares                                                       | 4,087                   |
|     | Ivy Funds                                                         | Ivy International Core Equity A Fund, 298,404.441 shares                                    | 5,105,700               |
|     | Vanguard Funds                                                    | Vanguard 500 Index Fund, 27,400.410 shares                                                  | 5,203,064               |
|     | Vanguard Funds                                                    | Vanguard Small Cap Index Instl Fund, 42,422.008 shares                                      | 2,370,118               |
|     |                                                                   |                                                                                             | <u>32,286,874</u>       |
| *   | MassMutual                                                        | MassMutual Diversified SAGIC, 601,454.550 shares                                            | <u>6,836,030</u>        |
|     |                                                                   | Total investments                                                                           | 39,122,904              |
| *   | Plan Participants                                                 | Notes receivable from Plan participants, interest rate 3.25% – 4.25%                        | <u>15,104</u>           |
|     |                                                                   |                                                                                             | <u>\$ 39,138,008</u>    |
| *   | Permitted party-in-interest                                       |                                                                                             |                         |

See accompanying independent auditors' report.

|                                                                                                 |                                                      |
|-------------------------------------------------------------------------------------------------|------------------------------------------------------|
| <b>A Name of Plan</b><br>InnovaCare Services Company, LLC Savings and Profit Sharing Plan       | <b>B Three-digit plan Number</b><br>001              |
| <b>C Plan sponsor's name as shown on line 2a of Form 5500</b><br>InnovaCare Services Company, L | <b>D Employer Identification Number</b><br>461417639 |

### Schedule H, line 4i - Schedule of Assets (Held At End of Year)

| (a) | (b) Identity of issue, borrower, lessor, or similar part | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (d) Cost  | (e) Current Value |
|-----|----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-----------|-------------------|
| *   | MassMutual                                               | Guaranteed Interest Account                                                                                 | 6,836,030 | 6,836,030         |
| *   | MassMutual Premier                                       | Holding Account - MF-G                                                                                      | 0         | 1                 |
| *   | Royce                                                    | MF-1017                                                                                                     | 151,277   | 150,476           |
| *   | Vanguard                                                 | MF-302                                                                                                      | 0         | 0                 |
| *   | PIMCO Funds                                              | MF-460                                                                                                      | 1,973,002 | 1,863,196         |
| *   | Vanguard                                                 | MF-469                                                                                                      | 4,972,633 | 5,203,064         |
| *   | BlackRock                                                | MF-499                                                                                                      | 3,025,545 | 3,911,138         |
| *   | Artisan                                                  | MF-546                                                                                                      | 1,348,341 | 1,584,616         |
| *   | T. Rowe Price                                            | MF-700                                                                                                      | 146,231   | 144,875           |
| *   | Invesco                                                  | MF-739                                                                                                      | 80,882    | 84,929            |
| *   | Ivy Funds                                                | MF-866                                                                                                      | 5,871,480 | 5,105,700         |
| *   | Vanguard                                                 | MF-947                                                                                                      | 1,628,904 | 2,370,118         |
| *   | Oppenheimer                                              | MF-C                                                                                                        | 237,250   | 237,665           |
| *   | Thornburg                                                | MF-CJ                                                                                                       | 0         | 0                 |
| *   | Mainstay                                                 | MF-CSA                                                                                                      | 2,465,390 | 3,111,541         |
| *   | Oppenheimer                                              | MF-CW                                                                                                       | 114,163   | 106,535           |
| *   | Goldman Sachs                                            | MF-DW                                                                                                       | 3,536,252 | 3,711,398         |
| *   | Invesco                                                  | MF-HD                                                                                                       | 4,020     | 4,087             |
| *   | Northern Funds                                           | MF-QA                                                                                                       | 4,429     | 3,950             |
| *   | T. Rowe Price                                            | MF-WG                                                                                                       | 923,493   | 998,481           |
| *   | MassMutual Select                                        | MF-WZA                                                                                                      | 3,752,591 | 3,695,106         |
|     | Participant Loans                                        | 3.250000 - 4.250000                                                                                         | 0         | 15,104            |

|                                                                                                        |                                                             |
|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>A Name of Plan</b><br><b>InnovaCare Services Company, LLC Savings and Profit Sharing Plan</b>       | <b>B Three-digit Plan Number</b> <b>001</b>                 |
| <b>C Plan sponsor's name as shown on line 2a of Form 5500</b><br><b>InnovaCare Services Company, L</b> | <b>D Employee Identification Number</b><br><b>461417639</b> |

### Schedule H, line 4j - Schedule of Reportable Transactions

| (a) Identity of party involved | (b) Description of asset (include interest rate and maturity in case of a loan) | (c) Purchase price | (d) Selling price | (e) Lease Rental | (f) Expense incurred with transaction | (g) Cost of asset | (h) Current value of asset on transaction date | (i) Net gain or (loss) |
|--------------------------------|---------------------------------------------------------------------------------|--------------------|-------------------|------------------|---------------------------------------|-------------------|------------------------------------------------|------------------------|
| Thornburg                      | MF-CJ                                                                           | 3,593              | 5,384,052         |                  | 15                                    | 5,250,473         | 5,384,052                                      | 133,579                |
| Ivy Funds                      | MF-866                                                                          | 5,371,784          | 14,790            |                  | 18                                    | 14,753            | 14,790                                         | 37                     |

|                                                                                                        |                                                             |            |
|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|------------|
| <b>A Name of Plan</b><br><b>InnovaCare Services Company, LLC Savings and Profit Sharing Plan</b>       | <b>B Three-digit plan Number</b>                            | <b>001</b> |
| <b>C Plan sponsor's name as shown on line 2a of Form 5500</b><br><b>InnovaCare Services Company, L</b> | <b>D Employer Identification Number</b><br><b>461417639</b> |            |

### Schedule C Formula Description and/or EIC Statement Description

| Service Provider Name                       | Service Provider EIN | Service Provider Address | Formula / EIC Statement                                                                                                                                                    |
|---------------------------------------------|----------------------|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Artisan                                     | 391811840            |                          | MassMutual provided the Plan with the required written disclosure for Management Fees received by Artisan with respect to Artisan Mid Cap Fund (MF-546).                   |
| BlackRock                                   | 226437098            |                          | MassMutual provided the Plan with the required written disclosure for Management Fees received by BlackRock with respect to BlackRock Equity Dividend Fund (MF-499).       |
| Goldman Sachs                               | 135108880            |                          | MassMutual provided the Plan with the required written disclosure for Management Fees received by Goldman Sachs with respect to Goldman Sachs Mid Cap Value Fund (MF-DW).  |
| Invesco                                     | 364494062            |                          | MassMutual provided the Plan with the required written disclosure for Management Fees received by Invesco with respect to Invesco Global Real Estate Fund (MF-739).        |
| Invesco                                     | 952513084            |                          | MassMutual provided the Plan with the required written disclosure for Management Fees received by Invesco with respect to Invesco Comstock Fund (MF-HD).                   |
| Ivy Funds                                   | 046006759            |                          | MassMutual provided the Plan with the required written disclosure for Management Fees received by Ivy Funds with respect to IVY International Core Equity (MF-866).        |
| Mainstay                                    | 522206685            |                          | MassMutual provided the Plan with the required written disclosure for Management Fees received by Mainstay with respect to Mainstay Large Cap Growth Fund (MF-CSA).        |
| Massachusetts Mutual Life Insurance Company | 041590850            |                          | MassMutual provided the plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to BlackRock Equity Dividend Fund (MF-499).           |
| Massachusetts Mutual Life Insurance Company | 041590850            |                          | MassMutual provided the plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to Goldman Sachs Mid Cap Value Fund (MF-DW).          |
| Massachusetts Mutual Life Insurance Company | 041590850            |                          | MassMutual provided the plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to Invesco Comstock Fund (MF-HD).                     |
| Massachusetts Mutual Life Insurance Company | 041590850            |                          | MassMutual provided the plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to Invesco Global Real Estate Fund (MF-739).          |
| Massachusetts Mutual Life Insurance Company | 041590850            |                          | MassMutual provided the plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to IVY International Core Equity (MF-866).            |
| Massachusetts Mutual Life Insurance Company | 041590850            |                          | MassMutual provided the plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to Mainstay Large Cap Growth Fund (MF-CSA).           |
| Massachusetts Mutual Life Insurance Company | 041590850            |                          | MassMutual provided the plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to PIMCO Real Return Fund (MF-460).                   |
| Massachusetts Mutual Life Insurance Company | 041590850            |                          | MassMutual provided the plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to Royce Opportunity Fund (MF-1017).                  |
| Massachusetts Mutual Life Insurance Company | 041590850            |                          | MassMutual provided the plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to Select MetWest Total Return Bond Fd (MF-WZA).      |
| Massachusetts Mutual Life Insurance Company | 041590850            |                          | MassMutual provided the Plan with the required written disclosure for float revenue received by MassMutual.                                                                |
| Massachusetts Mutual Life Insurance Company | 041590850            |                          | MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to Closed Premier Money Market Fd (MF-YG).       |
| Massachusetts Mutual Life Insurance Company | 041590850            |                          | MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to Premier Money Market Fd (Babson) (MF-G).      |
| Massachusetts Mutual Life Insurance Company | 041590850            |                          | MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to Select MetWest Total Return Bond Fd (MF-WZA). |
| Massachusetts Mutual Life Insurance Company | 041590850            |                          | MassMutual received estimated Administrative Fees of (10 basis points * plan assets) with respect to Premier Money Market Fd (Babson) (MF-G).                              |
| Massachusetts Mutual Life Insurance Company | 041590850            |                          | MassMutual received estimated Administrative Fees of (20 basis points * plan assets) with                                                                                  |

|                                             |           |                                                                                                                                                                              |
|---------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Company                                     |           | respect to Select MetWest Total Return Bond Fd (MF-WZA).                                                                                                                     |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Sub-TA Fees of (10 basis points * plan assets) with respect to Royce Opportunity Fund (MF-1017).                                               |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Sub-TA Fees of (15 basis points * plan assets) with respect to Mainstay Large Cap Growth Fund (MF-CSA).                                        |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Sub-TA Fees of (15 basis points * plan assets) with respect to PIMCO Real Return Fund (MF-460).                                                |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Sub-TA Fees of (15 basis points * plan assets) with respect to T. Rowe Price Health Sciences Fund (MF-700).                                    |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Sub-TA Fees of (15 basis points * plan assets) with respect to T. Rowe Price New Horizons Fund (MF-WG).                                        |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Sub-TA Fees of (20 basis points * plan assets) with respect to IVY International Core Equity (MF-866).                                         |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Sub-TA Fees of (30 basis points * plan assets) with respect to BlackRock Equity Dividend Fund (MF-499).                                        |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Sub-TA Fees of (30 basis points * plan assets) with respect to Goldman Sachs Mid Cap Value Fund (MF-DW).                                       |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Sub-TA Fees of (30 basis points * plan assets) with respect to Invesco Comstock Fund (MF-HD).                                                  |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Sub-TA Fees of (30 basis points * plan assets) with respect to Invesco Global Real Estate Fund (MF-739).                                       |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Sub-TA Fees of (30 basis points * plan assets) with respect to Oppenheimer Developing Markets Fund (MF-C).                                     |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Sub-TA Fees of (30 basis points * plan assets) with respect to Oppenheimer International Bond Fund (MF-CW).                                    |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Sub-TA Fees of (35 basis points * plan assets) with respect to Artisan Mid Cap Fund (MF-546).                                                  |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Sub-TA Fees of (40 basis points * plan assets) with respect to Thornburg International Value Fund (MF-CJ).                                     |
| Massachusetts Mutual Life Insurance Company | 041590850 | MassMutual received estimated Sub-TA Fees of (6 basis points * plan assets) with respect to Northern Intl Equity Index Fund (MF-QA).                                         |
| Northern Funds                              | 562496727 | MassMutual provided the Plan with the required written disclosure for Management Fees received by Northern Funds with respect to Northern Intl Equity Index Fund (MF-QA).    |
| Oppenheimer                                 | 841308320 | MassMutual provided the Plan with the required written disclosure for Management Fees received by Oppenheimer with respect to Oppenheimer International Bond Fund (MF-CW).   |
| Oppenheimer                                 | 936305075 | MassMutual provided the Plan with the required written disclosure for Management Fees received by Oppenheimer with respect to Oppenheimer Developing Markets Fund (MF-C).    |
| PIMCO Funds                                 | 952632339 | MassMutual provided the Plan with the required written disclosure for Management Fees received by PIMCO Funds with respect to PIMCO Real Return Fund (MF-460).               |
| Royce                                       | 133139046 | MassMutual provided the Plan with the required written disclosure for Management Fees received by Royce with respect to Royce Opportunity Fund (MF-1017).                    |
| T. Rowe Price                               | 520791372 | MassMutual provided the Plan with the required written disclosure for Management Fees received by T. Rowe Price with respect to T. Rowe Price New Horizons Fund (MF-WG).     |
| T. Rowe Price                               | 521952906 | MassMutual provided the Plan with the required written disclosure for Management Fees received by T. Rowe Price with respect to T. Rowe Price Health Sciences Fund (MF-700). |
| Thornburg                                   | 850451747 | MassMutual provided the Plan with the required written disclosure for Management Fees received by Thornburg with respect to Thornburg International Value Fund (MF-CJ).      |
| Vanguard                                    | 231999755 | MassMutual provided the Plan with the required written disclosure for Management Fees received by Vanguard with respect to Closed Vanguard 500 Index Fund (MF-302).          |
| Vanguard                                    | 231999755 | MassMutual provided the Plan with the required written disclosure for Management Fees received by Vanguard with respect to Vanguard 500 Index Fund (MF-469).                 |
| Vanguard                                    | 520794097 | MassMutual provided the Plan with the required written disclosure for Management Fees received by Vanguard with respect to Vanguard Small Cap Index Fund (MF-947).           |