

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2015</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>			
A This return/report is for:	☐ a multiemployer plan;	☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or	
	☒ a single-employer plan;	☐ a DFE (specify) _____	
B This return/report is:	☐ the first return/report;	☐ the final return/report;	
	☐ an amended return/report;	☐ a short plan year return/report (less than 12 months).	
C If the plan is a collectively-bargained plan, check here.	☐		
D Check box if filing under:	☒ Form 5558;	☐ automatic extension;	☐ the DFVC program;
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a Name of plan	<u>CAMELOT COMMUNITY CARE, INC. RETIREMENT PLAN</u>	1b Three-digit plan number (PN) ▶	<u>001</u>
		1c Effective date of plan	<u>01/01/2011</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>CAMELOT COMMUNITY CARE, INC.</u> <u>4910 CREEKSIDE DRIVE, SUITE D</u> <u>CLEARWATER, FL 33760</u>	2b Employer Identification Number (EIN) <u>31-1659302</u>	2c Plan Sponsor's telephone number <u>727-593-0003</u>	2d Business code (see instructions) <u>624100</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2016	MICHAEL DIBRIZZI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2016	MICHAEL DIBRIZZI
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 468
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year.....	6a(1) 419
a(2) Total number of active participants at the end of the plan year	6a(2) 349
b Retired or separated participants receiving benefits.....	6b 0
c Other retired or separated participants entitled to future benefits.....	6c 47
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 396
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 0
f Total. Add lines 6d and 6e	6f 396
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 272
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 53
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 3D 3H	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III	Form M-1 Compliance Information (to be completed by welfare benefit plans)
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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 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 <hr/> 2015 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2015 or fiscal plan year beginning **01/01/2015** and ending **12/31/2015**

A Name of plan CAMELOT COMMUNITY CARE, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 CAMELOT COMMUNITY CARE, INC.	D Employer Identification Number (EIN) 31-1659302	

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

(a) Name of insurance carrier
HARTFORD 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
06-0974148	88072	GA-824796	272	01/01/2015	12/31/2015

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

(a) Total amount of commissions paid 14868	(b) Total amount of fees paid 1859
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid MERRILL LYNCH LIFE AGENCY	1400 MERRILL LYNCH DRIVE BANK OF AMERICA ME PENNINGTON, NJ 08534
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
14868			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid R.J.L PENSION SERVICES, INC.	7254 MITCHELL BLVD NEW PORT RICHEY, FL 34655
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	1859	ADMINISTRATION FEES	5

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	390714
5 Current value of plan's interest under this contract in separate accounts at year end	5	2936047

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☒ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	333911
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c Additions: (1) Contributions deposited during the year	7c(1)	24895	
(2) Dividends and credits	7c(2)	0	
(3) Interest credited during the year	7c(3)	11755	
(4) Transferred from separate account	7c(4)	311858	
(5) Other (specify below)	7c(5)	4264	
▶ LOAN PAYMENT ROLLOVER			

(6) Total additions	7c(6)	352772
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d Total of balance and additions (add lines 7b and 7c(6))	7d	686683
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	291060	
(2) Administration charge made by carrier	7e(2)	1572	
(3) Transferred to separate account	7e(3)	373	
(4) Other (specify below)	7e(4)	2964	

▶ **LOAN WITHDRAWAL**

(5) Total deductions	7e(5)	295969
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	390714
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

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. ▶

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2015
		This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan CAMELOT COMMUNITY CARE, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CAMELOT COMMUNITY CARE, INC.	D Employer Identification Number (EIN) 31-1659302	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
MASSMUTUAL
04-1590850

(b) Enter name and EIN or address of person who provided you disclosure 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)

MASSMUTUAL LIFE INSURANCE CO,

04-1590850

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 23 37 38 50 54 59 60 62 63 64 65 66 99	NONE	18649	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

R.J.L. PENSION SERVICES, INC.

59-3033722

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 11 13 15 16 17	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2015</div> This Form is Open to Public Inspection
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan <u>CAMELOT COMMUNITY CARE, INC. RETIREMENT PLAN</u>	B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CAMELOT COMMUNITY CARE, INC.</u>	D Employer Identification Number (EIN) <u>31-1659302</u>

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities.....	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other.....	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	75644	74384
(9) Value of interest in common/collective trusts.....	1c(9)	0	0
(10) Value of interest in pooled separate accounts.....	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	3171671	2936047
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	333911	390714
(15) Other	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		0
(2) Employer real property	1d(2)		0
e Buildings and other property used in plan operation	1e		0
f Total assets (add all amounts in lines 1a through 1e)	1f	3581226	3401145

Liabilities

g Benefit claims payable	1g	67	0
h Operating payables	1h		0
i Acquisition indebtedness	1i		0
j Other liabilities	1j		0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	67	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	3581159	3401145
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	25725	
(B) Participants	2a(1)(B)	419974	
(C) Others (including rollovers)	2a(1)(C)	172932	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		618631
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	3377	
(F) Other	2b(1)(F)	11752	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		15129
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	209449	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		209449
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		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)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-259015
c Other income	2c		410
d Total income. Add all income amounts in column (b) and enter total	2d		584604

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	745969	
(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)		745969
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	15722	
(2) Contract administrator fees	2i(2)	2927	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		18649
j Total expenses. Add all expense amounts in column (b) and enter total	2j		764618

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-180014
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

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: RIVERO, GORDIMER & COMPANY, P.A.

(2) EIN: 59-3040705

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:

	Yes	No	N/A	Amount
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.)		X		
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.)		X		

	Yes	No	N/A	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X		
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X		
e Was this plan covered by a fidelity bond?	X			500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X		
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X		
l Has the plan failed to provide any benefit when due under the plan?		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.				
o Did the plan trust incur unrelated business taxable income?				
p Were in-service distributions made during the plan year?				

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan <u>CAMELOT COMMUNITY CARE, INC. RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CAMELOT COMMUNITY CARE, INC.</u>	D Employer Identification Number (EIN) <u>31-1659302</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>04-1590850</u> <u>27-4898925</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

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

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

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

Schedule R (Form 5500) 2015
v. 150123

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
----------------	---

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

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A
22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____. (See instructions for tax law changes and codes).		
22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number _____.		
22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ____/____/____.		
23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

FINANCIAL STATEMENTS AND INDEPENDENT AUDITORS' REPORT
CAMELOT COMMUNITY CARE, INC. RETIREMENT PLAN
December 31, 2015

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**RIVERO, GORDIMER & COMPANY, P.A.
CERTIFIED PUBLIC ACCOUNTANTS**

INDEPENDENT AUDITORS' REPORT

Member

American Institute of Certified Public Accountants

Florida Institute of Certified Public Accountants

Herman V. Lazzara

Stephen G. Douglas

Marc D. Sasser

Michael E. Helton

Sam A. Lazzara

Christopher F. Terrigino

Kevin R. Bass

James K. O'Connor

Jonathan E. Stein

Cesar J. Rivero, of Counsel

Richard B. Gordimer, of Counsel

To the Plan Trustees and Members of
Camelot Community Care, Inc. Retirement Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Camelot Community Care, Inc. Retirement Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's 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 C, which was certified by Massachusetts Mutual Life Insurance Company, the trustee of the Plan for the years ended December 31, 2015 and 2014, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2015 and 2014 that the information provided to the Plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

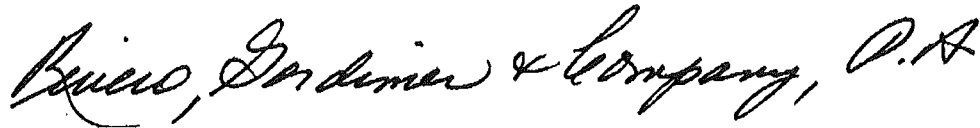
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental Schedules of Assets (Held at End of Year) as of December 31, 2015 and 2014 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph we do not express an opinion on the supplemental schedules referred to above.

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

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

A handwritten signature in cursive script that reads "Benicio, Indurain & Company, P.A.".

Tampa, Florida
October 3, 2016

Camelot Community Care, Inc. Retirement Plan
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31,

	<u>2015</u>	<u>2014</u>
ASSETS		
Investments, at fair value (notes B3, C, D, E and F)		
Fixed income - general account	\$ 390,680	\$ 333,880
Mutual funds	<u>2,936,047</u>	<u>3,171,671</u>
	<u>3,326,727</u>	<u>3,505,551</u>
Receivables		
Notes receivable from participants (note A5)	<u>74,384</u>	<u>75,644</u>
	<u>74,384</u>	<u>75,644</u>
Total assets	<u>3,401,111</u>	<u>3,581,195</u>
LIABILITIES		
Refund of excess contributions (note B6)	<u>-</u>	<u>67</u>
Net assets available for benefits, at fair value	3,401,111	3,581,128
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	<u>34</u>	<u>31</u>
Net assets available for benefits, at contract value	<u>\$ 3,401,145</u>	<u>\$ 3,581,159</u>

The accompanying notes are an integral part of these statements.

Camelot Community Care, Inc. Retirement Plan

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the year ended December 31,

	<u>2015</u>	<u>2014</u>
Additions to net assets attributed to		
Investment (loss) income		
Interest	\$ 11,752	\$ 11,769
Net (depreciation) appreciation of investments	(259,015)	(113,804)
Dividends	209,449	247,326
Total investment (loss) income	<u>(37,814)</u>	<u>145,291</u>
Interest on notes receivable from participants	<u>3,377</u>	<u>2,806</u>
Participant contributions	419,974	431,715
Employer contributions	25,725	25,825
Rollover contributions	172,932	233,936
	<u>618,631</u>	<u>691,476</u>
Other income	<u>410</u>	<u>15</u>
Total additions	<u>584,604</u>	<u>839,588</u>
Deductions from net assets attributed to		
Benefits paid to participants (note A6)	745,969	677,818
Administrative expenses (note B5)	18,649	20,814
Total deductions	<u>764,618</u>	<u>698,632</u>
Net (decrease) increase in net assets	(180,014)	140,956
Net assets available for benefits at beginning of year	<u>3,581,159</u>	<u>3,440,203</u>
Net assets available for benefits at end of year	<u>\$ 3,401,145</u>	<u>\$ 3,581,159</u>

The accompanying notes are an integral part of these statements.

Camelot Community Care, Inc. Retirement Plan

NOTES TO FINANCIAL STATEMENTS

December 31, 2015 and 2014

NOTE A - DESCRIPTION OF PLAN

The following description of Camelot Community Care, Inc. Retirement Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of its provisions.

1. General

The Plan is a defined contribution plan covering employees of Camelot Community Care, Inc. and Children's Network of Southwest Florida, L.L.C. (collectively, the "Company") that have completed two months of service and who are 21 years of age or older. The Company manages the operation and administration of the Plan. Officers and employees of the Company perform certain administrative functions. No such officer or employee receives compensation from the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended. The Plan was created January 1, 2011.

2. Contributions

A participant may elect to make pre-tax and after-tax (Roth deferral) contributions, subject to limits set by the Internal Revenue Service. Participants may also contribute amounts representing distributions from other qualified plans.

Employer matching and profit sharing contributions are discretionary. Profit sharing contributions shall be allocated to each employee in proportion to their compensation as a percentage of the compensation of all eligible employees. The Company made discretionary matching contributions totaling \$25,725 and \$25,825 for the years ended December 31, 2015 and 2014, respectively. To be eligible for employer matching contributions a participant must be 21 years of age and have completed one year of service.

3. Participant Accounts

The participant accounts are participant directed investment options. The participants are allowed to change the percentage contributed to the Plan through payroll deductions at any time. Participants can also move individual accounts from one mutual fund to another or change how the funds are allocated among investments. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Each participant in the Plan has a separate account that is credited with the participant's contribution, the Company's matching and discretionary contributions and an allocation of Plan earnings or losses, and charged with an allocation of administrative expenses and any distributions taken. Allocations are based on participant account balances, as defined.

Camelot Community Care, Inc. Retirement Plan
NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2015 and 2014

NOTE A - DESCRIPTION OF PLAN - Continued

4. Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's matching contribution portion of participants' accounts plus actual earnings thereon, is based on years of credited service. Participants in the Plan start to vest in employer contributions after one year of credited service, at a rate of 20% annually and are fully vested after five years of credited service. Please refer to the Plan document for further details.

5. Notes Receivable From Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance (not including Roth deferral accounts). Loan transactions are treated as a transfer from the investment fund to the participant loan account. Loan terms may range from one to five years, unless the purpose of the loan is for the purchase of a primary residence. The loans are collateralized by the balance in the participants' accounts and currently bear interest at the prime rate (3.50% and 3.25% at December 31, 2015 and 2014, respectively) plus 1.5%, as defined by the Plan. Principal and interest is paid ratably through payroll deductions. Upon separation of service, the vested account payable to an individual who has an outstanding participant loan will be determined by reducing the vested account balance by the amount of the loan.

6. Payment of Benefits

A participant may elect to receive either a lump sum amount equal to the value of the participant's vested interest in his or her account or annual installments computed in various manners, upon termination of service due to death, disability, or retirement. A participant may receive the value of the vested interest in his or her account as a lump sum distribution for termination of service due to other reasons. A participant may receive a lump sum or partial distribution from his or her vested interest, with certain limitations and/or conditions, while still in service. Generally, these distributions are limited to hardship cases or participants who have reached a certain age.

7. Forfeitures

At December 31, 2015 and 2014, forfeited non-vested accounts totaled \$5,832 and \$9,282, respectively. Forfeitures occurring in a plan year will be applied to reduce the Company's matching contributions for the plan year in which the forfeitures occur or in the succeeding plan years. In 2015 and 2014 employer contributions were reduced by \$10,036 and \$9,656, respectively, from forfeited accounts.

Camelot Community Care, Inc. Retirement Plan
NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2015 and 2014

NOTE A - DESCRIPTION OF PLAN - Continued

8. Plan Termination

Although it has expressed no intention to do so, the Company has the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination participants shall become 100% vested in their employer contributions.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A summary of the Plan's significant accounting policies applied in the preparation of the accompanying financial statements follows:

1. Basis of Accounting

The accounts of the Plan are maintained on the accrual basis, except for benefit payments, which are reported on the cash basis.

2. Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein as well as the related disclosures. Actual results could differ from those estimates and such differences could be material.

3. Valuation of Investments, Notes Receivable From Participants, and Income Recognition

Investments are stated at fair value. Shares of registered investment companies are valued at quoted market prices, which represent the net asset value of shares held by the Plan at year end. Contracts with the insurance company are valued at contract value with an adjustment to fair value for presentation on the Statement of Net Assets Available for Benefit. Notes receivable from participants are valued at amortized cost, plus accrued interest, which approximates fair value. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

The Plan presents the net appreciation or depreciation in the fair value of its investments in the Statement of Changes in Net Assets Available for Benefits, which consists of the realized gains or losses and the unrealized appreciation or depreciation on those investments.

Camelot Community Care, Inc. Retirement Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2015 and 2014

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

4. Concentration of Credit Risk

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 and the level of uncertainty related to changes in the value of investment securities, it is 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.

5. Expenses

Certain administrative expenses of the Plan are paid by the Plan and are reflected in the Plan's financial statements. However, certain legal and other expenses of the Plan are paid by the Company and, therefore, are not included in the accompanying financial statements.

6. Payment of Benefits and Refund of Excess Contributions

Benefits are recorded when processed and paid by the Plan. Refund of excess contributions represents unallowable amounts contributed to the Plan by participants and the related employer match amounts, plus any investment earnings or losses that will be refunded to the participant.

7. Notes Receivable From Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

8. Reclassifications

Certain amounts from the December 31, 2014 financial statement presentation have been reclassified to conform to the December 31, 2015 presentation.

NOTE C - FINANCIAL DATA CERTIFIED BY THE TRUSTEE (UNAUDITED)

The investments of the Plan were held and administered by Massachusetts Mutual Life Insurance Company (the "Trustee") during the plan years ended December 31, 2015 and 2014. The Trustee has supplied the Plan administrator with certain information utilized in preparing the financial statements and supplemental schedules. The Plan administrator has obtained certifications from the Trustee certifying that the information provided by the Trustee is complete and accurate as of December 31, 2015 and 2014. In accordance with 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator has elected not to have this information audited by the Plan's independent certified public accountants.

Camelot Community Care, Inc. Retirement Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2015 and 2014

NOTE C - FINANCIAL DATA CERTIFIED BY THE TRUSTEE (UNAUDITED) - Continued

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to be complete and accurate by the Trustee:

	2015	2014
Investments, at fair value		
Fixed income - general account	\$ 390,680	\$ 333,880
Mutual funds	\$ 2,936,047	\$ 3,171,671
Receivables		
Notes receivable from participants	\$ 74,384	\$ 75,644
Investment income		
Interest	\$ 15,129	\$ 14,575
Net (depreciation) appreciation in fair value of investments	\$ (259,015)	\$ (113,804)
Dividends	\$ 209,449	\$ 247,326

The Trustee's certifications also cover all information presented in note D and in the accompanying supplemental schedules of assets (held at end of year).

NOTE D - INVESTMENTS

The following investments represent 5% or more of the Plan's net assets available for benefits at fair value, at December 31,

	2015	2014
Alger Cap App Institutional R	n/a*	\$ 189,876
BlackRock Equity Dividend R	n/a*	\$ 209,346
BlackRock Global Allocation	\$ 1,008,434	\$ 1,029,833
Franklin Templeton Moderate Allocation	\$ 262,152	\$ 200,631
MassMutual/Hartford Fixed Income	\$ 390,680	\$ 333,880

* These investments do not represent more than 5% of the Plan's net assets available for benefits during the plan year ended December 31, 2015.

Camelot Community Care, Inc. Retirement Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2015 and 2014

NOTE E - INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan maintains a fully benefit-responsive guaranteed investment contract with the Trustee. The Trustee maintained the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. The guaranteed investment contract is presented on the statement of net assets available for benefits at fair value with an adjustment to contract value in arriving at net assets available for benefits.

Contract value, as reported to the Plan by Massachusetts Mutual Life Insurance Company, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investments at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer, but may not be less than 3.00%. Such interest rates are reviewed on a quarterly basis for resetting. The contract value of the investment contracts was \$390,714 and \$333,911 at December 31, 2015 and 2014, respectively. Additionally, the fair value of the investment contracts was \$390,680 and \$333,880 at December 31, 2015 and 2014, respectively.

Certain events limit the Plan's ability to transact at contract value with Massachusetts Mutual Life Insurance Company. Such events include the following: (a) amendments to the Plan documents (including complete or partial plan termination or merger with another plan), (b) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (c) bankruptcy of the Plan sponsor or other Plan sponsor events (for examples, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (d) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under the Employee Retirement Income Security Act of 1974.

The Plan administrator does not believe that any events that would limit the Plan's ability to transact at contract value with Plan participants are probable of occurring.

The guaranteed investment contracts do not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

The average yield earned on the guaranteed investment contract based on actual earnings for the years ended December 31, 2015 and 2014 was 3%. Additionally, the average yield earned on the guaranteed investment contract based on the interest rate credited to participants for the years ended December 31, 2015 and 2014 was 3%.

Camelot Community Care, Inc. Retirement Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2015 and 2014

NOTE F - FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) *Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements).

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

Following is a description of the valuation methodologies used for assets measured at fair value at December 31, 2015 and 2014:

Mutual funds: Valued at the net asset value of shares held by the Plan at year end. Investments in certain restricted mutual funds are valued at quoted market prices of the issuer.

Fixed income – general accounts: Valued at fair value which is the amount determined by the issuer as payable on demand on the reporting date.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2015:

	Fair Value	Level 1 Inputs	Level 2 Inputs	Level 3 Inputs
Fixed income	\$ 390,680	\$ -	\$ 390,680	\$ -
Mutual funds				
Specialty	46,274	46,274	-	-
International/global	186,424	186,424	-	-
Small cap	171,379	171,379	-	-
Mid cap	196,470	196,470	-	-
Large cap	618,874	618,874	-	-
Asset allocation/balanced	1,380,110	1,380,110	-	-
Bond	336,516	336,516	-	-
Total mutual funds	2,936,047	2,936,047	-	-
Total	\$3,326,727	\$2,936,047	\$ 390,680	\$ -

Camelot Community Care, Inc. Retirement Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2015 and 2014

NOTE F - FAIR VALUE MEASUREMENTS - Continued

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

	<u>Fair Value</u>	<u>Level 1 Inputs</u>	<u>Level 2 Inputs</u>	<u>Level 3 Inputs</u>
Fixed income	<u>\$ 333,880</u>	<u>\$ -</u>	<u>\$ 333,880</u>	<u>\$ -</u>
Mutual funds				
Specialty	51,890	51,890	-	-
International/global	216,721	216,721	-	-
Small cap	181,064	181,064	-	-
Mid cap	167,528	167,528	-	-
Large cap	743,502	743,502	-	-
Asset allocation/balanced	1,349,194	1,349,194	-	-
Bond	461,772	461,772	-	-
Total mutual funds	<u>3,171,671</u>	<u>3,171,671</u>	<u>-</u>	<u>-</u>
Total	<u>\$3,505,551</u>	<u>\$3,171,671</u>	<u>\$ 333,880</u>	<u>\$ -</u>

NOTE G - TAX STATUS

Although a favorable tax determination letter has not been obtained, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and therefore believes that the Plan was qualified and tax-exempt as of December 31, 2015 and 2014.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2015 there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. During the year ended December 31, 2013, the Plan's 2012 tax filing was examined by taxing authorities and there were no reported findings. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2013.

Camelot Community Care, Inc. Retirement Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2015 and 2014

NOTE H - 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.

NOTE I - PARTICIPANT TERMINATIONS

Some Plan participants have terminated employment from the Company, but have not requested their vested balances to be paid to them at the year end. These unpaid benefits totaled approximately \$418,000 and \$382,000 at December 31, 2015 and 2014, respectively.

NOTE J - SUBSEQUENT EVENTS

The Plan has evaluated events and transactions occurring subsequent to December 31, 2015 as of October 3, 2016, which is the date the financial statements were available to be issued.

SUPPLEMENTAL INFORMATION

Camelot Community Care, Inc. Retirement Plan
SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Supplemental Schedule for IRS Form 5500 - Schedule H, Part IV, Item 4i
Plan EIN 31-1659302
Plan Number 001

December 31, 2015

(a)	(b)	(c)	(d)	(e)
Party in Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity	Cost	Current Value
*	MassMutual Fixed Income (at contract value)	General Account	\$ -	\$ 390,714
	Alger Capital Appreciation Institutional R	Mutual Fund	-	158,289
	Alliance Bernstein Discovery Value R	Mutual Fund	-	55,929
	Alliance NFJ Dividend Value R	Mutual Fund	-	78,318
	American Funds Capital World Growth and Income R1	Mutual Fund	-	52,712
	American Funds EuroPacific Growth R1	Mutual Fund	-	23,574
	American Funds Income Fund of America R1	Mutual Fund	-	99,903
	BlackRock Global Allocation R	Mutual Fund	-	1,008,434
	Franklin Conservative Allocation R	Mutual Fund	-	9,308
	Franklin Moderate Allocation R	Mutual Fund	-	262,152
	Franklin Mutual Global Discovery R	Mutual Fund	-	81,545
	Ivy Asset Strategy R	Mutual Fund	-	313
	Ivy Global Natural R	Mutual Fund	-	19
	Janus Forty R	Mutual Fund	-	57,438
	Janus Overseas R	Mutual Fund	-	28,592
	JP Morgan Core Bond R2	Mutual Fund	-	62,556
	JP Morgan Small Cap Growth R2	Mutual Fund	-	8,816
	Lord Abbett Total Return R3	Mutual Fund	-	138,081
	Massachusetts Investors Trust R2	Mutual Fund	-	111,541
	MFS Government Securities R2	Mutual Fund	-	83,593
	MFS Value R2	Mutual Fund	-	140,977
	Oppenheimer International Bond R	Mutual Fund	-	47,897
	Oppenheimer International Growth R	Mutual Fund	-	41,432
	Oppenheimer Real Estate R	Mutual Fund	-	4,824
	Prudential Jennison Mid Cap Growth R	Mutual Fund	-	140,540
	Putnam High Yield Advantage R	Mutual Fund	-	4,390
	Royce Total Return R	Mutual Fund	-	30,499
*	The Hartford Capital Appreciation Investment Option R3	Mutual Fund	-	72,195
	Victory Diversified Stock R	Mutual Fund	-	117
	Victory Sycamore Small Company Opportunity R	Mutual Fund	-	132,063
			-	2,936,047
*	Participant loans	Interest at 4.75%	-	74,384
	Total assets held at end of year		\$ -	\$ 3,401,145

Department of Labor Regulation 2520.103-11(d) allows the exclusion of participant directed transactions from the historical cost entry on the schedule of assets held at end of year.

Camelot Community Care, Inc. Retirement Plan

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Supplemental Schedule for IRS Form 5500 - Schedule H, Part IV, Item 4i

Plan EIN 31-1659302

Plan Number 001

December 31, 2014

(a)	(b)	(c)	(d)	(e)
Party in Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity	Cost	Current Value
*	MassMutual Fixed Income (at contract value)	General Account	\$ -	\$ 333,911
	Alger Capital Appreciation Institutional R	Mutual Fund	-	189,876
	Alliance Bernstein Discovery Value R	Mutual Fund	-	75,848
	Alliance NFJ Dividend Value R	Mutual Fund	-	80,314
	American Funds Capital World Growth and Income R	Mutual Fund	-	48,094
	American Funds EuroPacific Growth R1	Mutual Fund	-	12,976
	American Funds Income Fund of America R1	Mutual Fund	-	82,415
	BlackRock Equity Dividend R	Mutual Fund	-	209,346
	BlackRock Global Allocation R	Mutual Fund	-	1,029,833
	BlackRock Mid Cap Value Opportunities R	Mutual Fund	-	8,757
	Franklin Conservative Allocation R	Mutual Fund	-	36,069
	Franklin Moderate Allocation R	Mutual Fund	-	200,631
	Franklin Mutual Global Discovery R	Mutual Fund	-	120,105
*	Hartford Capital Appreciation Investment Option R3	Mutual Fund	-	70,112
	Ivy Asset Strategy R	Mutual Fund	-	246
	Janus Forty R	Mutual Fund	-	75,655
	Janus Overseas R	Mutual Fund	-	35,546
	JP Morgan Core Bond R2	Mutual Fund	-	86,053
	JP Morgan Small Cap Growth R2	Mutual Fund	-	11,717
	Lord Abbett Total Return R3	Mutual Fund	-	166,162
	Massachusetts Investors Trust R2	Mutual Fund	-	116,248
	MFS Government Securities R2	Mutual Fund	-	115,322
	Oppenheimer Gold and Special Minerals R	Mutual Fund	-	709
	Oppenheimer International Bond R	Mutual Fund	-	76,645
	Oppenheimer International Growth R	Mutual Fund	-	46,663
	Oppenheimer Real Estate R	Mutual Fund	-	4,518
	Prudential Jennison Mid Cap Growth R	Mutual Fund	-	82,923
	Putnam High Yield Advantage R	Mutual Fund	-	17,590
	Royce Total Return R	Mutual Fund	-	35,537
	Victory Diversified Stock R	Mutual Fund	-	1,951
	Victory Sycamore Small Company Opportunity R	Mutual Fund	-	133,810
			-	3,171,671
		Interest at 4.25% - 4.75%	-	
*	Participant loans		-	75,644
	Total assets held at end of year		\$ -	\$ 3,581,226

Department of Labor Regulation 2520.103-11(d) allows the exclusion of participant directed transactions from the historical cost entry on the schedule of assets held at end of year.

Camelot Community Care, Inc. Retirement Plan
SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Supplemental Schedule for IRS Form 5500 - Schedule H, Part IV, Item 4i
Plan EIN 31-1659302
Plan Number 001

December 31, 2015

(a)	(b)	(c)	(d)	(e)
Party in Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity	Cost	Current Value
*	MassMutual Fixed Income (at contract value)	General Account	\$ -	\$ 390,714
	Alger Capital Appreciation Institutional R	Mutual Fund	-	158,289
	Alliance Bernstein Discovery Value R	Mutual Fund	-	55,929
	Alliance NFJ Dividend Value R	Mutual Fund	-	78,318
	American Funds Capital World Growth and Income R1	Mutual Fund	-	52,712
	American Funds EuroPacific Growth R1	Mutual Fund	-	23,574
	American Funds Income Fund of America R1	Mutual Fund	-	99,903
	BlackRock Global Allocation R	Mutual Fund	-	1,008,434
	Franklin Conservative Allocation R	Mutual Fund	-	9,308
	Franklin Moderate Allocation R	Mutual Fund	-	262,152
	Franklin Mutual Global Discovery R	Mutual Fund	-	81,545
	Ivy Asset Strategy R	Mutual Fund	-	313
	Ivy Global Natural R	Mutual Fund	-	19
	Janus Forty R	Mutual Fund	-	57,438
	Janus Overseas R	Mutual Fund	-	28,592
	JP Morgan Core Bond R2	Mutual Fund	-	62,556
	JP Morgan Small Cap Growth R2	Mutual Fund	-	8,816
	Lord Abbett Total Return R3	Mutual Fund	-	138,081
	Massachusetts Investors Trust R2	Mutual Fund	-	111,541
	MFS Government Securities R2	Mutual Fund	-	83,593
	MFS Value R2	Mutual Fund	-	140,977
	Oppenheimer International Bond R	Mutual Fund	-	47,897
	Oppenheimer International Growth R	Mutual Fund	-	41,432
	Oppenheimer Real Estate R	Mutual Fund	-	4,824
	Prudential Jennison Mid Cap Growth R	Mutual Fund	-	140,540
	Putnam High Yield Advantage R	Mutual Fund	-	4,390
	Royce Total Return R	Mutual Fund	-	30,499
*	The Hartford Capital Appreciation Investment Option R3	Mutual Fund	-	72,195
	Victory Diversified Stock R	Mutual Fund	-	117
	Victory Sycamore Small Company Opportunity R	Mutual Fund	-	132,063
			-	2,936,047
*	Participant loans	Interest at 4.75%	-	74,384
	Total assets held at end of year		\$ -	\$ 3,401,145

Department of Labor Regulation 2520.103-11(d) allows the exclusion of participant directed transactions from the historical cost entry on the schedule of assets held at end of year.

Camelot Community Care, Inc. Retirement Plan
SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Supplemental Schedule for IRS Form 5500 - Schedule H, Part IV, Item 4i
Plan EIN 31-1659302
Plan Number 001

December 31, 2014

(a)	(b)	(c)	(d)	(e)
Party in Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity	Cost	Current Value
*	MassMutual Fixed Income (at contract value)	General Account	\$ -	\$ 333,911
	Alger Capital Appreciation Institutional R	Mutual Fund	-	189,876
	Alliance Bernstein Discovery Value R	Mutual Fund	-	75,848
	Alliance NFJ Dividend Value R	Mutual Fund	-	80,314
	American Funds Capital World Growth and Income R	Mutual Fund	-	48,094
	American Funds EuroPacific Growth R1	Mutual Fund	-	12,976
	American Funds Income Fund of America R1	Mutual Fund	-	82,415
	BlackRock Equity Dividend R	Mutual Fund	-	209,346
	BlackRock Global Allocation R	Mutual Fund	-	1,029,833
	BlackRock Mid Cap Value Opportunities R	Mutual Fund	-	8,757
	Franklin Conservative Allocation R	Mutual Fund	-	36,069
	Franklin Moderate Allocation R	Mutual Fund	-	200,631
	Franklin Mutual Global Discovery R	Mutual Fund	-	120,105
*	Hartford Capital Appreciation Investment Option R3	Mutual Fund	-	70,112
	Ivy Asset Strategy R	Mutual Fund	-	246
	Janus Forty R	Mutual Fund	-	75,655
	Janus Overseas R	Mutual Fund	-	35,546
	JP Morgan Core Bond R2	Mutual Fund	-	86,053
	JP Morgan Small Cap Growth R2	Mutual Fund	-	11,717
	Lord Abbett Total Return R3	Mutual Fund	-	166,162
	Massachusetts Investors Trust R2	Mutual Fund	-	116,248
	MFS Government Securities R2	Mutual Fund	-	115,322
	Oppenheimer Gold and Special Minerals R	Mutual Fund	-	709
	Oppenheimer International Bond R	Mutual Fund	-	76,645
	Oppenheimer International Growth R	Mutual Fund	-	46,663
	Oppenheimer Real Estate R	Mutual Fund	-	4,518
	Prudential Jennison Mid Cap Growth R	Mutual Fund	-	82,923
	Putnam High Yield Advantage R	Mutual Fund	-	17,590
	Royce Total Return R	Mutual Fund	-	35,537
	Victory Diversified Stock R	Mutual Fund	-	1,951
	Victory Sycamore Small Company Opportunity R	Mutual Fund	-	133,810
			-	3,171,671
		Interest at 4.25% - 4.75%	-	75,644
*	Participant loans		-	75,644
	Total assets held at end of year		\$ -	\$ 3,581,226

Department of Labor Regulation 2520.103-11(d) allows the exclusion of participant directed transactions from the historical cost entry on the schedule of assets held at end of year.