Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ **Complete all entries in accordance with the instructions to the Form 5500.**	**2016** **This Form is Open to Public Inspection**

Part I Annual Report Identification Information

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

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.)
- [x] 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:
- [x] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
NETCARE CORPORATION EMPLOYEE RETIREMENT PROGRAM

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/01/1980

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)
NETCARE CORPORATION

199 SOUTH CENTRAL AVENUE
COLUMBUS, OH 43223-1399

2b Employer Identification Number (EIN) 31-0814079

2c Plan Sponsor's telephone number 614-278-0111

2d Business code (see instructions) 623000

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.	10/11/2017	AUSTIN KING STUMPP
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address (include room or suite number)
AMERICAN UNITED LIFE INSURANCE CO.
AMERICAN UNITED LIFE INSURANCE CO.

ONE AMERICAN SQUARE, PO BOX 368
INDIANAPOLIS, IN 46206-0368

Preparer's telephone number 800-261-9618

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b** EIN	
a Sponsor's name	**4c** PN	
5 Total number of participants at the beginning of the plan year	**5**	210
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)**	164
a(2) Total number of active participants at the end of the plan year	**6a(2)**	155
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	43
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	198
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	3
f Total. Add lines **6d** and **6e**.	**6f**	201
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	124
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	2
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 2K 2T

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

- **(1)** [X] 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)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] 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)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 1 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)	Insurance Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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).	**2016** **This Form is Open to Public Inspection**

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan	**B** Three-digit plan number (PN) ▶
NETCARE CORPORATION EMPLOYEE RETIREMENT PROGRAM	001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
NETCARE CORPORATION	31-0814079

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.

1 Coverage Information:

(a) Name of insurance carrier

AMERICAN UNITED LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year **(f)** From	**(g)** To
35-0145825	60895	G93208	124	01/01/2016	12/31/2016

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
13545	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

RAYMOND JAMES INS GRP
880 CARILLON PARKWAY
ST PETERSBURG, FL 33716

(b) Amount of sales and base commissions paid	Fees and other commissions paid **(c)** Amount	**(d)** Purpose	**(e)** Organization code
13545	0	N/A	3

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

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

(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	618070
5	Current value of plan's interest under this contract in separate accounts at year end	5	2104552

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year		7b	395348
c	Additions: (1) Contributions deposited during the year	7c(1)	136386	
	(2) Dividends and credits	7c(2)	0	
	(3) Interest credited during the year	7c(3)	19680	
	(4) Transferred from separate account	7c(4)	73952	
	(5) Other (specify below) ▶ LOAN REPAYMENT	7c(5)	3953	
	(6) Total additions		7c(6)	233971
d	Total of balance and additions (add lines **7b** and **7c(6)**).		7d	629319
e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	8712	
	(2) Administration charge made by carrier	7e(2)	183	
	(3) Transferred to separate account	7e(3)	90	
	(4) Other (specify below) ▶ LOANS ISSUED	7e(4)	2264	
	(5) Total deductions		7e(5)	11249
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)		7f	618070

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**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. ▶

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2016** **This Form is Open to Public Inspection.**

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
NETCARE CORPORATION EMPLOYEE RETIREMENT PROGRAM

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NETCARE CORPORATION

D Employer Identification Number (EIN)
31-0814079

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).. . . . . [X] 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

AMERICAN UNITED LIFE INSURANCE CO

35-0145825

(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)

AMERICAN UNITED LIFE INSURANCE CO

35-0145825

(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 50 64 37 52 59 60 63 66 67	NONE	585	Yes [X] No [ ]	Yes [ ] No [X]	11593	Yes [X] 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 [ ]

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
AMERICAN UNITED LIFE INSURANCE CO	66 67	11593

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN UNITED LIFE INSURANCE CO 35-0145825	ASSET CHARGE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	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.
AMERICAN FUNDS 95-1411037	REVENUE SHARING FORMULA - SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	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 INC. 32-0174431	REVENUE SHARING FORMULA - SEE ATTACHED

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
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	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.
CALVERT INVESTMENTS 52-6228948	REVENUE SHARING FORMULA - SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	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.
FIDELITY INVESTMENTS 04-2270522	REVENUE SHARING FORMULA - SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	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.
FRED ALGER & COMPANY INC 13-2510833	REVENUE SHARING FORMULA - SEE ATTACHED

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
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	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 ASSET MANAGEMENT 13-4166989	REVENUE SHARING FORMULA - SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	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.
INVESCO 74-1881364	REVENUE SHARING FORMULA - SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	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 FUNDS INC. 13-2527171	REVENUE SHARING FORMULA - SEE ATTACHED

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
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	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.
PIMCO 06-1349805	REVENUE SHARING FORMULA - SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	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.
RUSSELL INVESTMENT COMPANY 91-1175092	REVENUE SHARING FORMULA - SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	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.
STATE STREET INSTITUTIONAL TRUST 04-2456637	REVENUE SHARING FORMULA - SEE ATTACHED

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
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	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 52-1184650	REVENUE SHARING FORMULA - SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	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 INVESTMENT MANAGEMENT 85-0301299	REVENUE SHARING FORMULA - SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)	DFE/Participating Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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.**	**2016** **This Form is Open to Public Inspection.**

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
NETCARE CORPORATION EMPLOYEE RETIREMENT PROGRAM

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
NETCARE CORPORATION

D Employer Identification Number (EIN)
31-0814079

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT II

b Name of sponsor of entity listed in (a): AMERICAN UNITED LIFE INSURANCE CO

c EIN-PN 35-0145825-000 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2104552

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

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

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

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

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b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

SCHEDULE H (Form 5500)	Financial Information	OMB No. 1210-0110
Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2016** **This Form is Open to Public Inspection**

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
NETCARE CORPORATION EMPLOYEE RETIREMENT PROGRAM

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NETCARE CORPORATION

D Employer Identification Number (EIN)
31-0814079

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)	110852	82998
(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)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2160245	2104552
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	395349	618070
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	2666446	2805620
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	2666446	2805620

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)	3016	
(B) Participants	2a(1)(B)	0	
(C) Others (including rollovers)	2a(1)(C)	178657	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		181673
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)	4323	
(F) Other	2b(1)(F)	19680	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		24003
(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)	0	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(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)		121266
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		326942
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	180998	
(2) To insurance carriers for the provision of benefits	2e(2)	6185	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		187183
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)	0	
(2) Contract administrator fees	2i(2)	585	
(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)		585
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		187768
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		139174
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: MARY M. ULBRICH, CPA **(2)** EIN: 31-0883100

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	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.)	4a		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.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n			
o	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

Part V Trust Information

6a Name of trust	**6b** Trust's EIN

6c Name of trustee or custodian	**6d** Trustee's or custodian's telephone number

SCHEDULE R (Form 5500)	Retirement Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**2016** **This Form is Open to Public Inspection.**

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
NETCARE CORPORATION EMPLOYEE RETIREMENT PROGRAM

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NETCARE CORPORATION

D Employer Identification Number (EIN)
31-0814079

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** 0

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): 35-0145825 _____

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 of 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

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

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

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

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

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

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

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

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

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

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

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

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

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

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

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

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes ☐ No

22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter _____/_____/_____ and the serial number _____.

22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter _____/_____/_____.

MEMBER
Ohio Society of
Certified Public Accountants

MARY M. ULBRICH, CPA
CERTIFIED PUBLIC ACCOUNTANT
P O BOX 482
NEW ALBANY, OH 43054

TELEPHONE 614-933-9150
FAX NUMBER 614-933-0775

MEMBER
American Institute of
Certified Public Accountants

NETCARE CORPORATION
EMPLOYEE RETIREMENT PROGRAM AND TAX DEFERRED ANNUITY PLAN

REPORT ON AUDIT OF FINANCIAL STATEMENTS

For the Years Ended December 31, 2016 and 2015

Prepared by:

MARY M. ULBRICH, CPA
NEW ALBANY, OH 43054

INDEX

Pages

INDEPENDENT AUDITOR'S REPORT.....1

FINANCIAL STATEMENTS

Statements of Net Assets Available for Benefits at December 31, 2016 and 2015..... 3

Statements of Changes in Net Assets Available for Benefits Years Ended December 31, 2016 and 2015..... 4

Notes to Financial Statements..... 5-21

SUPPLEMENTAL INFORMATION

Schedule of Assets Held For Investment at December 31, 2016..... 22

MEMBER
Ohio Society of
Certified Public Accountants

MARY M. ULBRICH, CPA
CERTIFIED PUBLIC ACCOUNTANT
4236 WINDSOR BRIDGE PLACE
NEW ALBANY, OH 43054

TELEPHONE 614-933-9150
FAX NUMBER 614-933-0775

MEMBER
American Institute of
Certified Public Accountants

INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of the
Netcare Corporation Employee Retirement Program
and Tax Deferred Annuity Plan
Columbus, OH

I was engaged to audit the accompanying financial statements of Netcare Corporation Employees Retirement Program and Tax Deferred Annuity Plan, which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statement 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

My responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, I was 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 me not to perform, and I did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by American United Life Insurance Company, the third party administrator of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. I have been informed by the plan administrator that the third party administrator holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the third party administrator as of and for the years ended December 31, 2016 and 2015, and for the years then ended, that the information provided to the plan administrator by the third party administrator and trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedule of Schedule of Assets Held at December 31, 2016 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, I do not express an opinion on the supplemental schedule referred to above.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the third party administrator, have been audited by me in accordance with auditing standards generally accepted in the United States of America and, in my 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.

Mary M. Ulbrich CPA

Mary M. Ulbrich, CPA

New Albany, OH
July 25, 2017

NETCARE CORPORATION
EMPLOYEE RETIREMENT PROGRAM AND TAX DEFERRED ANNUITY PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2016 and 2015

	2016	2015
ASSETS		
Investments at fair value	$6,284,021	$5,797,067
Receivables:		
Employer's contribution	2,467	4,141
Participants' contributions	10,200	15,724
Employer's contribution-long term disability premiums	263	358
Participant notes receivable	173,714	209,962
Total Receivables	186,644	230,185
TOTAL ASSETS	6,470,665	6,027,252
LIABILITIES		
Long-term disability premiums payable	263	358
TOTAL LIABILITIES	263	358
NET ASSETS AVAILABLE FOR BENEFITS	$6,470,402	$6,026,894

See accompanying notes.

Continued

NETCARE CORPORATION
EMPLOYEE RETIREMENT PROGRAM AND TAX DEFERRED ANNUITY PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years ended December 31, 2016 and 2015

	2016	2015
ADDITIONS		
Additions to net asset attributed to:		
Investment income:		
Net appreciation (depreciation) in fair value of investments	$ 289,923	$ (28,683)
Interest earned on investments	41,622	27,602
	331,545	(1,081)
Interest earned on notes receivables from participants	7,981	7,783
Contributions:		
Employer	80,154	71,221
Participants	255,629	266,210
Rollover contributions	172,472	9,652
Disability insurance payments	4,049	4,049
Disability insurance premiums	6,090	6,193
	518,394	357,325
TOTAL ADDITIONS	857,920	364,027
DEDUCTIONS		
Deductions from net assets attributed to:		
Benefits paid to participants	407,076	125,626
Employer-disability insurance premiums	6,090	6,193
Fees paid	1,246	1,895
TOTAL DEDUCTIONS	414,412	133,714
NET INCREASE	443,508	230,313
NET ASSETS AVAILABLE FOR BENEFITS BEGINNING OF YEAR	6,026,894	5,796,581
END OF YEAR	$6,470,402	$6,026,894

See accompanying notes.

Continued

NETCARE CORPORATION
EMPLOYEE RETIREMENT PROGRAM AND TAX DEFERRED ANNUITY PLAN
NOTES TO THE FINANCIAL STATEMENTS

NOTE A - DESCRIPTION OF PLAN:

The following description of the Netcare Corporation Employee Retirement Program and Tax Deferred Annuity Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions. The amendment, restatement, and continuation of the Netcare Corporation Money Purchase Pension Plan, which was originally adopted on October 1, 1980, were effective July 1, 1996.

General: The Netcare Corporation Employee Retirement Program and Tax Deferred Annuity Plan is a defined contribution plan which is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and Internal Revenue Code Section 401(a). The Netcare Corporation Tax Deferred Annuity Plan allows the employees the exclusive benefit under the Internal Revenue Code Section 403(b). The Plan was amended on April 9, 2015 so that participants may designate all or a portion of their elective deferrals as Roth elective deferrals. Amendment Number 3 to the Netcare Corporation Employee Retirement Program and Amendment Number 4 to the Netcare Corporation Tax Deferred Annuity Plan were made to the Plan, effective January 1, 2016, included the change that compensation excludes the reimbursement contributions.

Eligible Employees: The Netcare Corporation Employee Retirement Program and Tax Deferred Annuity Plan covers all active employees of Netcare Corporation who have attained age 21, who have completed at least one year of service, and who have worked more than 1,000 hours or more in the twelve consecutive month period. All employees shall be eligible to begin participating in the Netcare Corporation Tax Deferred Annuity Plan as of employment commencement date.

Contributions: Netcare Corporation shall contribute to the Netcare Corporation Employee Retirement Program and Tax Deferred Annuity Plan for each plan year an amount equal to 5% of the participant's annual compensation for each participant if the Netcare Corporation has the funds to do so. For the years 2016 and 2015, Netcare Corporation did not make a contribution to the profit sharing plan. The Plan has a non-integrated contribution and allocation formula. Netcare Corporation can match the participant's contribution up to three percent to the Tax Deferred Annuity. In 2016 and 2015, Netcare Corporation did provide a match up to two percent.

Additional information is that the term "spouse" is used without any distinction between a same-sex spouse and an opposite-sex spouse, therefore, no plan amendment is necessary to reflect the recent Supreme Court decision.

Participant Accounts: Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution, (b) Plan earnings, and (c) forfeitures of terminated participants' nonvested accounts and charged with an allocation of any administrative expenses paid by the plan charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

See accompanying independent auditor's report.

Continued

NOTE A - DESCRIPTION OF PLAN (Continued):

Vesting: For the Netcare Corporation Employee Retirement Program vesting occurs on an increasing percentage basis in relation to years of credited service. The vesting schedule for the employer contribution is 20% upon completion of three years of service and reaching 100% upon completion of seven years. There are two vesting schedules for the employer matching contributions. The first is for employees who were in the Plan prior to January 1, 2002. Its vesting schedule is 20% upon completion of three years of services and reaching 100% upon completion of seven years of service. The second vesting schedule is based on employees who came into the plan after January 1, 2002. Its vesting schedule is 20% percent upon completion of two years.

Rollovers: With the consent of the Plan Administrator, the third party administrator may receive and invest rollover contributions made by an Employee.

All elective deferrals made under the Netcare Corporation Tax Deferred Annuity shall be fully vested and nonforfeitable at all times.

Payments of Benefits: A Participant will be entitled to retirement benefits upon the distribution date coinciding with or immediately following his attainment of the normal retirement age. Once a Participant has reached his normal retirement age, his right to his Individual Participant Account shall be fully vested. The benefit shall be equal to the amount that can be provided pursuant to the form of distribution purchased by his Individual Participant Account.

A Participant who has attained the Plan's normal retirement age and who has not separated from service may receive a distribution of his or her vested Individual Participant Account.

A Participant shall be eligible for early retirement benefit when the age of 55 is attained, completes seven years of service, and terminates employment. Roth contributions may not be withdrawn as part of an in-service distribution.

A Participant will be deemed to be disabled if the Participant is receiving disability benefits under the federal Social Security Act. A disabled Participant shall be eligible for a disability retirement benefit when the participant terminates employment.

Upon retirement, disablement, or vested termination a Participant may elect in writing an optional form of distribution other than a Qualified Joint and Survivor Annuity for a married Participant and a life annuity for an unmarried Participant.

See accompanying independent auditor's report.

Continued

NOTE A - DESCRIPTION OF PLAN (Continued):

Loans

The plan administrator may make loans from the Trust Fund to Participants who are "parties-in-interest" to the Plan as defined pursuant to ERISA Section 3(14). Roth contributions may not be withdrawn as part of a loan distribution. No more than two loans may be outstanding at a time for a participant. No loan will be approved for a participant until at least twelve months after the issuance of a previous loan for the participant. No new loans will be issued to a participant unless all outstanding loans for that participant, including deemed-distributed, are current.

The minimum loan amount is $1,000. The maximum loan amount is $50,000 reduced by the excess, if any, of the highest outstanding balance of loans from the Plan during the one-year period ending on the day before the date on which such loan will be made, over the outstanding balance of loans from the Plan on the date such loan will be made; or 50 percent of the present value of the participant's vested benefit under the Plan while employed with Netcare Corporation.

The Plan Administrator will establish a reasonable rate of interest, which will provide the Plan with a return comparable to the rates being charged by lending institutions in the same geographic locale as the Employer.

All loans must be adequately secured. It shall be the policy of the Plan not to make loans that require security other than the participant's vested interest in the Plan.

A Participant must obtain the written spousal consent prior to initiating the loan request and must present the Spousal Consent form to the Plan Sponsor prior to the distribution of the loan proceeds. The signature of the spouse must be witness by a notary public or the Plan Administrator.

The term of the loan must be at least 12 months. Repayments must be made not less frequently than quarterly, over a period not extending beyond five years from the date of the loan. If a loan was made for the purpose of acquiring a principal residence for the participant, repayments may be made for a period of one year to 30 years.

The Plan Administrator is solely responsible for determining if a loan should be defaulted.

Forfeitures: Forfeitures shall be accumulated and used to reduce future contributions of the Employer. In instances where there will not be employer contributions, the forfeitures will be distributed among the eligible participants or to pay for various Plan expenses.

See accompanying independent auditor's report.

Continued

NOTE A - DESCRIPTION OF PLAN:

Forfeitures Continued: For 2016, the forfeitures were $2,670.88 of which $650 was used to reduce the amount of the employer's contribution and $100 was used to pay for expenses. The remainder of $1,920.88 was used to reduce the employer's contribution in January 2017. For 2015 year, $7,464.52 of the forfeitures were used to pay $1,310 in administrative fees and the remainder of $6,154.52 for the employer's contributions to the Plan.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Date of Management's Review of Subsequent Events

Subsequent events were evaluated through July 22, 2017, which is the date the financial statements were available to be issued.

For the 2017 year, Netcare Corporation will make a matching contribution of three percent to the Tax Deferred Annuity. The employees will be covered by health insurance; therefore there will be no wellness payments.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America ("GAAP") requires the plan administrator to make estimates and assumptions that affect certain reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Basis of Accounting

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

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit responsive investment contracts.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred.

As of December 31, 2016 and 2015, no allowance for credit losses has been recorded. If a participant does not make loan repayments and the plan administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant loan receivable is recorded as a benefit payment based on the terms of the plan document.

See accompanying independent auditor's report.

Continued

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Investments Valuation and Income Recognition

Investments are reported at fair value, except for fully benefit-responsible contracts, which are reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note C for discussion of fair value measurements.

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. Net appreciation includes the plan's gains and losses on investments bought and sold as well as held during the year.

Contributions

Contributions are recognized on the accrual basis.

Payments of Benefits

Benefits are recorded when paid.

Expenses

All operating expenses of the Plan are paid by Netcare Corporation and are therefore excluded from these financial statements except for the parts of the expenses paid from the forfeitures. In 2017, $100 of forfeitures were used to pay expenses.

NOTE C - FAIR VALUE MEASUREMENTS

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority. Level 2 inputs consist of observable inputs other than quoted prices for identical assets (Level 1). Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs are used for investments for which Level 1 inputs were not available. Level 3 inputs would only be used if Level 1 or Level 2 inputs were not available. There are no plan assets requiring the use of Level 2 and Level 3 inputs for the periods presented.

NOTE C - FAIR VALUE MEASUREMENTS

Level 1 Fair Value Measurements

The fair value of mutual funds is based on quoted net asset values of the shares as reported by the fund. The mutual funds held by the Plan are open-end mutual funds registered with the U. S. Securities and Exchange Commission. The funds must publish their daily net asset value and transact at that price. The mutual funds held by the Plan are considered to be actively traded. The fair values of common stocks are based on the closing price reported on the active market where the individual securities are traded.

Level 2 Fair Value Measurements

The fair value of corporate bonds and U. S. government securities are valued using a market approach on yields currently available on comparable securities of issuers with similar credit ratings.

All investments of the Plan are in Level 1. The following tables set forth the Plan's investments at fair value as of December 31, 2016 and 2015:

	Fair Value Measurement at the end of the Reporting Period Using: Quoted Prices In Active Markets For Identical Assets (Level 1)
December 31, 2016	
Money market funds	$1,280,609
Mutual funds	4,915,624
U.S. government securities	87,788
Total Investments at fair value	$6,284,021

	Fair Value Measurement at the end of the Reporting Period Using: Quoted Prices In Active Markets For Identical Assets (Level 1)
December 31, 2015	
Money market funds	$ $890,852
Mutual funds	4,832,707
U.S. government securities	74,507
Total Investments at fair value	$5,798.066

See accompanying independent auditor's report.

NOTE C - FAIR VALUE MEASUREMENTS (Continued)

Gains and losses(realized and unrealized) included in changes in net assets available for benefits for the years ended December 31,2016 and 2015, are reported in net appreciation in fair value of investments.

The Plan's policy is to recognize transfers between Level 1 and Level 2 and into and out of Level 3 at the end of the reporting period. For the years ended December 31, 2016 and 2015, there were no transfers into or out of Level 1, Level 2 and Level 3.

NOTE D - NOTES RECEIVABLE

In 2016, Notes were made totaling $61,916 and there were repayments of $97,936. There was a balance of $173,435 and accrued interest added to the Notes in the amount of $279 for a total due of $173,714 as of December 31, 2016. In 2015, seven Notes were made totaling $97,383 and there were repayments of $67,277. There was a balance of $209,455 and accrued interest added to the Notes in the amount of $507 for a total of $209,962 as of December 31, 2015.

NOTE E - RELATED PARTY TRANSACTIONS

Netcare Corporation, sponsor of the Plans, paid for the preparation of the audit cost, insurance, and bond costs. The amount of the expense of $100 was paid from the forfeitures account.

There was an investment option available to the participants which was under the management of the third party administrator. The investment vehicle is AUL Fixed Account, which had a balance of $1,280,609 as of December 31, 2016 and $890,852 as of December 31, 2015.

As of December 31, 2016, the chief financial officer of the Plan had two notes of which one was obtained in 2016 for $15,075. The total amount of notes due was $20,468 and $8,723.47 as of December 31, 2016 and 2015 respectively.

The plan administrator rolled over funds into the Netcare Corporation Employee Retirement Program and Tax Deferred Annuity Plan from outside accounts.

NOTE F - PLAN TERMINATION

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

NOTE G - INVESTMENT CONTRACT WITH THIRD PARTY ADMINISTRATOR:

The Plan's investments are held by American United Life Insurance Company, Plan Administrator, which allocates funds to the group annuity contracts. The Plan Administrator has allowed the Participants to invest or reinvest the assets comprising their Participant's Individual Account.

See accompanying independent auditor's report.

Continued

NOTE G - INVESTMENT CONTRACT WITH THIRD PARTY ADMINISTRATOR (CONTINUED)

The accounts are credited with earnings on the underlying investments and charged or Plans withdrawals and administrative expenses. The contract is included in the financial statements at contract value, which approximate fair value, as reported to the Plan by American United Life Insurance Company. Contract value represents contributions made under the contract, plus earnings, less Plan withdrawals and administrative expense.

NOTE H - TAX STATUS

A determination from the Internal Revenue Service has been received for the changes made effective July 1, 1996 for the Netcare Corporation Employee Retirement Program and Tax Deferred Annuity Plan, effective January 13, 1999.

A determination from the Internal Revenue Service has been received as of November 9, 2010 for the amendments executed on November 24, 2009 and July 29, 2008, March 2, 2007 and February 10, 2006, June 3, 2005 and December 15, 2003 to the Netcare Corporation Employee Retirement Program and Tax Deferred Annuity Plan.

American United Life Insurance Company reported changes to the Internal Revenue Service for changes in the loan provisions and for updating the Plan to be in conformity with recent changes according to ERISA.

The changes to the Plan as of January 1, 2014 were reported to the Internal Revenue Service. A favorable determination was received from the Internal Revenue Service in a letter dated July 2015.

The Plan Administrator and representatives of American United Life Insurance Company believe that the Plans are designed and are currently being operated in compliance with the applicable requirements of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require the plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax period in progress.

NOTE I - PLAN AMENDMENT

The Plan was amended effective July 1, 1996 by American United Life Insurance Company, and it is a prototype money purchase plan and 403(b) plan. The plan was also amended, effective June 19, 2000.

Effective January 1, 2006, the Plan was restated from a money purchase plan to a profit-sharing plan. The restatement allows the amount that Netcare Corporation contributes on behalf of employees to become a discretionary contribution, rather than a stated contribution as is currently required under the Money Purchase Plan rules. The Employer Matching Contributions feature was removed from the TDA/403(b) Plan.

See accompanying independent auditor's report.

Continued

NOTE I - PLAN AMENDMENT (Continued)

The Plan has also been amended as of January 1, 2014 to include the change that compensation excludes the reimbursement of health insurance premiums and wellness contributions.

The Plan was restated as of December 31, 2014 to bring the Plan into compliance with the 2012 Cumulative List of Changes in Plan Qualification Requirements.

NOTE J - SECTION 403(b) ADOPTION AGREEMENT

The adoption agreement of the principal provisions of the final Code Section 403(b) regulations were adopted in 2010. The Internal Revenue Service has determined and informed the Organization by a letter dated November 9, 2010 that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC).

NOTE K - 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 possible that changes in the values of investment securities will occur in the near term and that such change could materially affect participants" accounts balances and the amounts reported in the statement of net assets available for benefits/ the Plan is designed in accordance with applicable sections of the Internal Revenue

NOTE L- Reconciliation of Financial Statements to Form 5500, Schedule H

The following is a reconciliation of receivables-employer contributions per the financial statements for the year ended December 31, 2016 to Form 5500:

Contribution receivable from employer per the financial statement	$2,467
Accrual of contributions receivable from employer for 2016 paid in 2017	(2,467)
Receivable-Employer contribution per Part I, Line 1b(1)	$ 0

See accompanying independent auditor's report.

Continued

The following is a reconciliation of receivables-participants' contributions per the financial statements for the year ended December 31, 2016 to Form 5500:

Contribution receivable from participants per the financial statement	$10,200
Accrual of contributions receivable from participants for 2016 paid in 2017	(10,200)
Receivable-Participant contributions per Part I, Line 1b(2)	$ 0

The following is a reconciliation of receivables-employer contributions long-term disability premiums per the financial statements for the year ended December 31, 2016 to Form 5500:

Contributions receivable from employer-long term disability premiums per the financial statements	$263
Accrual of contributions receivable from employer's-contribution-long-term disability premiums for 2016 paid in 2017	(263)
Receivable-Employer Contributions-Long-Term Disability Insurance Premiums per Part I, Line 1b(3)	$ 0

The following is a reconciliation of Participant Notes Receivable per the financial statements for the year ended December 31, 2016 to Form 5500:

Participant Notes receivable per the financial statements	$173,714
Accrued interest receivable as of December 31, 2016	(279)
Notes made from funds of Netcare Corporation Tax Deferred Annuity Plan per Part I Line 1c(8)	(90,437)
Participant Notes per Part I, Line 1c(8)	$ 82,998

The following is a reconciliation of value of interest in registered investment companies and value of funds held in insurance company general account per the financial statements for the year ended December 31, 2016 to Form 5500:

Investments per the financial statements		$6,284,021
Value of funds held in Netcare Corporation Tax Deferred Annuity Plan per Part 1, Line 1c(13)	$2,898,860	

See accompanying independent auditor's report.

Continued

The following is a reconciliation of value of interest in registered investment companies and value of funds held in insurance company general account per the financial statements for the year ended December 31, 2016 to Form 5500 (Continued):

Value of funds held in Netcare Corporation Tax Deferred Annuity Plan per Part 1, Line 1c(14)	662,539	
Total		3,561,399
Value of funds held in registered investments per Part I, Line 1(c)13	$2,104,552	
Value of funds held in insurance company general account per Part I, Line 1(c)14	618,070	
Investments per Part I, Lines 1c(13) and 1c(14)		$2,722,622

The following is a reconciliation of long-term disability premium payable per the financial statements for the year ended December 31, 2016 to Form 5500:

Long-term disability premiums payable per the financial statements	$263
Long-term disability premiums for 2016 not paid until 2017	(263)
Other Liabilities per Part I, Line 1j	$ 0

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2016 to Form 5500:

Net assets available for benefits Per the financial statements	$6,470,402
Net assets available for Benefits Attributable to Netcare Corporation Tax Deferred Annuity Part I Line 1l	(3,651,836)
Accrual of employer's contribution due for 2016 paid in 2017	(2,467)
Accrual of participants' contributions due for 2016 paid in 2017	(10,200)
Accrued interest receivable on Notes receivable for 2016 paid in 2017	(279)

See accompanying independent auditor's report.

Continued

The following is a reconciliation of long-term disability premium payable per the financial statements for the year ended December 31, 2016 to Form 5500 (Continued):

Accrual of employer's contributions-long-term disability Premiums receivable for 2016 paid in 2017	(263)
Accrual of employer's disability long-term disability Premiums payable for 2016 paid in 2017	263
Net Assets Available for Benefits per Part I, Line 11	$2,805,620

The following is a reconciliation of contributions received from the employer per the financial statements for the year ended December 31, 2016 to Form 5500:

Contribution received from employer per the financial statements	$ 80,154
Accrual of employer's contribution due for 2016 paid in 2017	(2,467)
Accrual of employer's contribution due for 2015 paid in 2016	4,141
Contributions received in cash from Employers to Netcare Corporation Tax Deferred Annuity Per Part II, Line 1(A)	(78,812)
Contributions Received From Employer, per Part II, Line 2a(1)(A)	$ 3,016

The following is a reconciliation of participants' contributions per the financial statements for the year ended December 31, 2016 to Form 5500:

Contribution received from participants per the financial statements	$ 255,629
Accrual of participants' contributions for 2016 paid in January 2017	(10,200)
Accrual of participants' contribution for 2015 paid in January 2016	15,724
Participant disability contribution	4,049
Contributions from participants to Netcare Corporation Tax Deferred Annuity, Part II, Line 2a(1)(B)	(265,202)
Contributions Received from Participant per Part II, Line 2a(1)(B)	$ 0

See accompanying independent auditor's report.

Continued

The following is a reconciliation of Rollover Contributions and Disability Long-Term Premiums Income per the financial statements for the year December 31, 2016 to Form 5500:

Contributions Rollovers	$172,472
Net assets available for Benefits Attributable to Netcare Corporation Tax Deferred Annuity Part II Line 2a(1)(C)	0
Add: Disability insurance premiums reported Separately on Financial Statement	6,185
Contributions Other per Part II, Line 2a(1)(C)	$178,657

The following is a reconciliation of Disability Contributions per the financial statements for the year ended December 31, 2016 to Form 5500:

Contributions Disability Insurance Payments	$4,049
Included in Participants' Contributions per Part II, Line 2(a)(1)(B)	4,049)
Balance per Schedule H	$ 0

The following is a reconciliation of disability insurance contributions per the financial statements for the year ended December 31, 2016 to Form 5500:

Disability insurance contributions per the financial statements	$6,090
Disability insurance premiums accrued through December 31, 2016	(263)
Disability insurance premiums accrued through December 31, 2015	358
Other Income to Netcare Corporation Tax Deferred Annuity to Part II, Line 2a((1)(C)	6,185
Per Schedule H	$ 0

See accompanying independent auditor's report.

Continued

The following is a reconciliation of interest earned on Participant Notes per the financial statements for the year ended December 31, 2016 to Form 5500:

Interest on Participant Notes per financial statements	$7,981
Less: Accrued interest at 12-31-16	(279)
Add: Accrued interest at 12-31-15	508
Interest on Notes receivable made from participant funds of the Netcare Corporation Tax Deferred Annuity Part II, Line 2b(1)(E)	(3,887)
Interest on Participant Notes per Part II, Line 2b(1)(E)	$4,323

The following is a reconciliation of interest earned on investments per the financial statements for the year ended December 31, 2016 to Form 5500:

Interest earned on investments per financial statement	$41,622
Interest allocated on Netcare Corporation Tax Deferred Annuity, Part II, Line 2b(1)(F)	(21,942)
Interest earned on interest-bearing cash Per Part II, Line 2b(1)(F)	$19,680

The following is a reconciliation of Net Investment gain (loss) from investment companies per the financial statements for the year ended December 31, 2016 to Form 5500:

Net appreciation in fair value of investments	$289,923
Net appreciation allocated to Netcare Corporation Tax Deferred Annuity per Line 2b(10)	168,657
Net investment income from registered investment companies per Part II, Line 2b(10)	$121,266

The following is a reconciliation of benefit payments to participants or beneficiaries including rollovers per financial statements for the year ended December 31, 2016 to Form 5500:

Benefits paid to participants	$407,076
Benefits paid from Netcare Corporation Tax Deferred Annuity, Part II, Line 2e(1)	(226,078)
Benefits payments paid directly to participants or beneficiaries per Part II, Line 2e(1)	$180,998

See accompanying independent auditor's report.

Continued

The following is a reconciliation of benefit payments to insurance carriers for the provision of benefits per financial statements the year ended December 31, 2016 to Form 5500:

Premiums for long-term disability insurance	$6,090
Accrual of premiums due from employer for 2016 paid	(263)
Accrual of premiums due from employer for 2015 paid in 2016 for Netcare Corporation Tax Deferred Annuity	358
Benefit Payments to Insurance Carrier per Part II, Line 2e(2)	$6,185

The following is a reconciliation of Administrative expenses-Other for additional participant account counseling for the year ended December 31, 2016 to Form 5500, Schedule H:

Fees Paid per financial statements	$1,246
Fees paid from participant accounts of the Netcare Corporation Tax Deferred Annuity Part II, Line 2i(2)	(661)
Fees Paid per Part II, i Line 2i(2)	$ 585

The following is a reconciliation of net income per financial statements for the year ended December 31, 2016 to Form 5500:

Net increase per financial statement	$443,508
Income per Netcare Corporation Tax Deferred Annuity Part II, Line 2k of Plan 002	(311,761)
2016 ACCRUALS	
Employer's contribution	(2,467)
Employer's contribution-long-term disability premiums income	(263)
Contributions receivable-Netcare Corporation Tax Deferred Annuity	(10,200)
Accrued interest receivable on Notes receivable	(279)
Employer's contributions payable-long term disability insurance premiums expense in 2016	263

See accompanying independent auditor's report.

Continued

The following is a reconciliation of net income per financial statements for the year ended December 31, 2016 to Form 5500 (Continued):

2015 ACCRUALS

Contributions receivable-Employer	$ 4,141
Contributions receivable-Netcare Corporation Tax Deferred Premiums Annuity for 2015 paid in 2016	15,724
Contributions receivable-long-term disability premiums	358
Accrued interest receivable for 2015 paid in 2016	508
Employer's contribution payable-long-term disability	(358)
Net income per Part II, Line 2k	$139,174

See accompanying independent auditor's report.

Continued

There were no reportable transactions during 2016 according to Schedule H, Question 4(j).

See accompanying independent auditor's report.

Continued

SUPPLEMENTARY INFORMATION

NETCARE CORPORATION EMPLOYEE RETIREMENT PROGRAM AND TAX DEFERRED ANNUITY PLAN
EIN: 31-0814079
PLAN 001 AND 002
SCHEDULE H, LINE 4I SCHEDULE OF ASSETS HELD
at December 31, 2016

Contract No.	Description	Current Value
	Group Retirement Annuity	
*93208	AUL Fixed Account	$1,280,609
93208	Alger Large Cap Growth Portfolio I-2	624,270
93208	Blackrock Global Allocation I	44,352
93208	Calvert Income A	48,450
93208	Calvert VP Sri Midcap Growth Prt	178,671
93208	Fidelity (VIP II) Asset Manager Init	281,831
93208	Fidelity (VIP) Growth Fund Init	959,263
93208	Fidelity (VIP) Equity Income Init	49,274
93208	Fidelity Advance Freedom 2010	26
93208	Fidelity Advance Freedom 2035	33,279
93208	Fidelity Advance Freedom 2040	26,882
93208	Fidelity Advance Freedom 2050	5,397
93208	Goodmansachs Money Market Gvt AD	87,788
93208	Goodmansachs Small Cap Value Inst	49,156
93208	Invesco International Growth R5	151,218
93208	Invesco Small Cap Growth A	15,765
93208	Oppenheimer Mid Cap Value A	65,814
93208	Pimco All Asset Adm	45,138
93208	State Street Equity 500 Index Adm	743,249
93208	Russell Lifepoints 2020 Strategy FD R1	29,202
93208	Russell Lifepoints 2040 Sty FD R1	34,173
93208	Russell Lifepoints Growth Strategy R1	106,187
93208	Russell Lifepoints In Retirement FD R1	299
93208	Thornburg Core Growth R5	211,765
93208	T Rowe Price Equity Income Ins	853,352
93208	Vanguard Short-Term Federal Inv	358,611
	Total	$6,284,021

*Participant Notes $ 179,714
Interest at 4.25 to 4.50 percent

*Indicates party-in-interest to the Plan

See accompanying independent auditor's report.

Schedule C Attachment for Line Item 3(e)

Plan Name **G93208 NETCARE CORPORATION EMPLOYEE RETIREMENT PROGRAM**

Plan Number **001** **Plan Year End** **12/31/2016**

EIN **31-0814079**

Revenue Sharing Formula:

The investment options of the Plan include various portfolios within an AUL separate account. The separate account in turn invests in investment portfolios of certain open-end management investment companies. AUL receives indirect compensation from these investment companies for the services provided by AUL.

The compensation received by AUL is computed by each investment company by multiplying the daily account balance of the AUL separate account's interest in a particular portfolio by a predetermined percentage rate negotiated with the investment company. This indirect compensation is not charged to the plan or participants accounts but is paid directly by the investment company.

The investment company, the underlying investment portfolio, and the annual compensation percentages are shown below.

Investment Company	Investment Portfolio	Annual Percentage
AMERICAN FUNDS	AmerFds Grth Fd of America R4	0.35
BLACKROCK INC.	BlackRock Global Alloc I	0.25
CALVERT INVESTMENTS	Calvert VP SRI MidCap Grth Prt	0.10
CALVERT INVESTMENTS	Calvert Inc A	0.50
FIDELITY INVESTMENTS	Fidelity Adv Freedom 2010 I	0.25
FIDELITY INVESTMENTS	Fidelity Adv Freedom 2015 I	0.25
FIDELITY INVESTMENTS	Fidelity Adv Freedom 2020 I	0.25
FIDELITY INVESTMENTS	Fidelity Adv Freedom 2025 I	0.25
FIDELITY INVESTMENTS	Fidelity Adv Freedom 2030 I	0.25
FIDELITY INVESTMENTS	Fidelity Adv Freedom 2035 I	0.25
FIDELITY INVESTMENTS	Fidelity Adv Freedom 2040 I	0.25
FIDELITY INVESTMENTS	Fidelity Adv Freedom 2045 I	0.25
FIDELITY INVESTMENTS	Fidelity Adv Freedom 2050 I	0.25
FIDELITY INVESTMENTS	Fidelity Adv Freedom 2055 I	0.25
FIDELITY INVESTMENTS	Fidelity Adv Freedom 2060 I	0.25
FIDELITY INVESTMENTS	Fidelity Adv Freedom Inc I	0.25
FIDELITY INVESTMENTS	Fidelity Adv Freedom 2010 M	0.75
FIDELITY INVESTMENTS	Fidelity Adv Freedom 2015 M	0.75
FIDELITY INVESTMENTS	Fidelity Adv Freedom 2020 M	0.75
FIDELITY INVESTMENTS	Fidelity Adv Freedom 2025 M	0.75
FIDELITY INVESTMENTS	Fidelity Adv Freedom 2030 M	0.75

Investment Company	Investment Portfolio	Annual Percentage
FIDELITY INVESTMENTS	Fidelity Adv Freedom 2035 M	0.75
FIDELITY INVESTMENTS	Fidelity Adv Freedom 2040 M	0.75
FIDELITY INVESTMENTS	Fidelity Adv Freedom 2035 Fd A	0.50
FIDELITY INVESTMENTS	Fidelity Adv Freedom 2040 Fd A	0.50
FIDELITY INVESTMENTS	Fidelity Adv Freedom 2010 Fd A	0.50
FIDELITY INVESTMENTS	Fidelity Adv Freedom 2015 Fd A	0.50
FIDELITY INVESTMENTS	Fidelity Adv Freedom 2020 Fd A	0.50
FIDELITY INVESTMENTS	Fidelity Adv Freedom 2025 Fd A	0.50
FIDELITY INVESTMENTS	Fidelity Adv Freedom 2030 Fd A	0.50
FIDELITY INVESTMENTS	Fidelity VIP Eqty-Inc Init	0.15
FIDELITY INVESTMENTS	Fidelity VIP Grth Init	0.15
FIDELITY INVESTMENTS	Fidelity VIP Asset Mngr Init	0.15
FRED ALGER & COMPANY, INC	Alger LgCap Grth Port I-2	0.20
GOLDMAN SACHS ASSET MANAGEMENT	GoldmanSachs Money Mkt Gvt Ad	0.30
GOLDMAN SACHS ASSET MANAGEMENT	GoldmanSachs SmCapVal Inst	0.10
INVESCO	Invesco Intl Grth R5	0.20
INVESCO	Invesco SmCap Grth A	0.50
OPPENHEIMER FUNDS INC.	Oppenheimer Mid Cap Value A	0.50
OPPENHEIMER FUNDS INC.	Oppenheimer Mid Cap Value R	0.60
PIMCO	PIMCO All Asset Adm	0.25
RUSSELL INVESTMENT COMPANY	Russell LP Grth Strat R5	0.70
RUSSELL INVESTMENT COMPANY	Russell LP In Ret Fd R1	0.20
RUSSELL INVESTMENT COMPANY	Russell LifePoints® 2010 Strat	0.70
RUSSELL INVESTMENT COMPANY	Russell LP 2020 Strat FD R5	0.70
RUSSELL INVESTMENT COMPANY	Russell LP 2030 Strat FD R5	0.70
RUSSELL INVESTMENT COMPANY	Russell LP 2040 Strat FD R5	0.70
RUSSELL INVESTMENT COMPANY	Russell LifePoints® 2010 Strat	0.20
RUSSELL INVESTMENT COMPANY	Russell LP 2020 Strat Fd R1	0.20
RUSSELL INVESTMENT COMPANY	Russell LP 2030 Strat Fd R1	0.20
RUSSELL INVESTMENT COMPANY	Russell LP 2040 Strat Fd R1	0.20
RUSSELL INVESTMENT COMPANY	Russell LP 2050 Strat Fd R1	0.20

Investment Company	Investment Portfolio	Annual Percentage
RUSSELL INVESTMENT COMPANY	Russell LP 2055 Strat R1	0.20
RUSSELL INVESTMENT COMPANY	Russell LP 2025 Strat Fd R1	0.20
RUSSELL INVESTMENT COMPANY	Russell LP 2035 Strat Fd R1	0.20
RUSSELL INVESTMENT COMPANY	Russell LP 2045 Strat Fd R1	0.20
RUSSELL INVESTMENT COMPANY	Russell LP Grth Strat R1	0.20
STATE STREET INSTITUTIONAL TRUST	State Street Equty 500 Idx Adm	0.15
T ROWE PRICE	TRowePrice Eqty Inc Ins	0.25
THORNBURG INVESTMENT MANAGEMENT	Thornburg Core Grth R3	0.70
THORNBURG INVESTMENT MANAGEMENT	Thornburg Core Grth R5	0.25

Plan Type **1 401PS**

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

Name of Plan: NETCARE CORPORATION EMPLOYEE RETIREMENT PROGRAM
Employer Identification Number: 31-0814079
For plan year (beginning/ending): 01-01-2016 TO 12-31-2016 Plan number: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	FRED ALGER & COMPANY INC	ALGER LGCAP GRTH PORT I-2 MUTUAL FUND SHARES	0	356,402
*	AMERICAN UNITED LIFE INS CO	AUL FIXED ACCOUNT	0	618,070
	BLACKROCK INC.	BLACKROCK GLOBAL ALLOC I MUTUAL FUND SHARES	0	7,010
	CALVERT INVESTMENTS	CALVERT INC A MUTUAL FUND SHARES	0	27,859
	CALVERT INVESTMENTS	CALVERT VP SRI MIDCAP GRTH PRT MUTUAL FUND SHARES	0	95,972
	FIDELITY INVESTMENTS	FIDELITY ADV FREEDOM 2050 I MUTUAL FUND SHARES	0	2,856
	FIDELITY INVESTMENTS	FIDELITY ADV FREEDOM 2040 I MUTUAL FUND SHARES	0	9,376
	FIDELITY INVESTMENTS	FIDELITY ADV FREEDOM 2035 I MUTUAL FUND SHARES	0	8,839
	FIDELITY INVESTMENTS	FIDELITY VIP ASSET MNGR INIT MUTUAL FUND SHARES	0	211,136
	FIDELITY INVESTMENTS	FIDELITY VIP EQTY-INC INIT MUTUAL FUND SHARES	0	22,394
	FIDELITY INVESTMENTS	FIDELITY VIP GRTH INIT MUTUAL FUND SHARES	0	413,731
	GOLDMAN SACHS ASSET MANAGEMENT	GOLDMANSACHS MONEY MKT GVT AD MUTUAL FUND SHARES	0	34,632
	GOLDMAN SACHS ASSET MANAGEMENT	GOLDMANSACHS SMCAPVAL INST MUTUAL FUND SHARES	0	5,066
	INVESCO	INVESCO INTL GRTH R5 MUTUAL FUND SHARES	0	16,030
	INVESCO	INVESCO SMCAP GRTH A MUTUAL FUND SHARES	0	322
	PARTICIPANTS	LOANS 4.25% TO 4.5%	0	82,998
	OPPENHEIMER FUNDS INC.	OPPENHEIMER MID CAP VALUE A MUTUAL FUND SHARES	0	10,429
	PIMCO	PIMCO ALL ASSET ADM MUTUAL FUND SHARES	0	20,462
	RUSSELL INVESTMENT COMPANY	RUSSELL LP 2020 STRAT FD R1 MUTUAL FUND SHARES	0	445
	RUSSELL INVESTMENT COMPANY	RUSSELL LP 2040 STRAT FD R1 MUTUAL FUND SHARES	0	5,510
	RUSSELL INVESTMENT COMPANY	RUSSELL LP GRTH STRAT R1 MUTUAL FUND SHARES	0	31,247
	STATE STREET INSTITUTIONAL TRUST	STATE STREET EQUTY 500 IDX ADM MUTUAL FUND SHARES	0	147,803
	THORNBURG INVESTMENT MANAGEMENT	THORNBURG CORE GRTH R5 MUTUAL FUND SHARES	0	58,227
	T ROWE PRICE	TROWEPRICE EQTY INC INS MUTUAL FUND SHARES	0	481,449
	THE VANGUARD GROUP INC	VANGUARD ST FEDERAL INV MUTUAL FUND SHARES	0	137,355