

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2016 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>			
A This return/report is for:	☐ a multiemployer plan	☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)	
	☒ a single-employer plan	☐ a DFE (specify) ____	
B This return/report is:	☐ the first return/report	☐ the final return/report	
	☒ an amended return/report	☐ a short plan year return/report (less than 12 months)	
C If the plan is a collectively-bargained plan, check here.	☐		
D Check box if filing under:	☒ Form 5558	☐ automatic extension	☐ the DFVC program
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a Name of plan	<u>THE SCHROER GROUP EMPLOYEES 401K PROFIT SHARING PLAN & TRUST</u>	1b Three-digit plan number (PN) ►	<u>001</u>
		1c Effective date of plan	<u>01/01/1992</u>
2a Plan sponsor's name (employer, if for a single-employer plan)			
Mailing address (include room, apt., suite no. and street, or P.O. Box)			
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)			
<u>ALTERCARE OF OHIO, INC.</u>			
<u>339 E. MAPLE STREET</u>			
<u>SUITE 100</u>			
<u>NORTH CANTON, OH 44720</u>			
	2b Employer Identification Number (EIN)	<u>34-1415116</u>	
	2c Plan Sponsor's telephone number	<u>330-498-5200</u>	
	2d Business code (see instructions)	<u>623000</u>	

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	<u>10/12/2018</u>	<u>DIANE GEIS</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 3055
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	 6a(1) 3170 6a(2) 3009 6b 0 6c 310 6d 3319 6e 1 6f 3320 6g 1257 6h 161
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 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) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110
		2016
		This Form is Open to Public Inspection

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

A Name of plan THE SCHROER GROUP EMPLOYEES 401K PROFIT SHARING PLAN & TRUST	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 ALTERCARE OF OHIO, INC.	D Employer Identification Number (EIN) 34-1415116

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

(a) Name of insurance carrier
NATIONWIDE LIFE INSURANCE

(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
31-4156830	66869	335-80059	75	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

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

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

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

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

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

(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** 2005457**5** Current value of plan's interest under this contract in separate accounts at year end..... **5****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 ▶**b** Balance at the end of the previous year **7b** 2239156**c** Additions: (1) Contributions deposited during the year **7c(1)** 74951
(2) Dividends and credits..... **7c(2)**
(3) Interest credited during the year..... **7c(3)** 57355
(4) Transferred from separate account..... **7c(4)** 51078
(5) Other (specify below)..... **7c(5)** 28061

▶ LOAN REPAYMENT-PRINCIPAL

(6) Total additions **7c(6)** 211445**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 2450601**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 407993
(2) Administration charge made by carrier..... **7e(2)** 1258
(3) Transferred to separate account..... **7e(3)** 6721
(4) Other (specify below)..... **7e(4)** 29172

▶ FORFEITURE LOAN WITHDRAWAL

(5) Total deductions **7e(5)** 445144**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 2005457

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. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

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

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016	
A Name of plan THE SCHROER GROUP EMPLOYEES 401K PROFIT SHARING PLAN & TRUST	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ALTERCARE OF OHIO, INC.	D Employer Identification Number (EIN) 34-1415116

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
MGO SECURITIES CORP.	24400 CHAGRIN BLVD SUITE 310 BEACHWOOD, OH 44122

(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)

MGO INVESTMENT ADVISORS INC.

24400 CHAGRIN BLVD.
SUITE 310
BEACHWOOD, OH 44122-5632

(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?
26 27 28 31 38	INV ADV, NAMED FIDUCIARY	63749	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MOSKAL GROSS ORCHOSKY INC

24400 CHAGRIN BLVD.
SUITE 310
BEACHWOOD, OH 44122-5632

(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 16 17 37	TPA	27333	Yes ☒ No ☐	Yes ☒ No ☐	34094	Yes ☐ No ☒

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

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 26 49 59 60 63 64 99	CUSTODIAN, RECORDKEEPER	29398	Yes ☒ No ☐	Yes ☒ No ☐	31874	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
NATIONWIDE	15 64	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.
MOSKAL GROSS ORCHOSKY	24400 CHAGRIN BLVD. BEACHWOOD, OH 44122	ADVISORY FEE
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONWIDE	26 49 64	31874
(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.
MGO INVESTMENT ADVISORS	24400 CHAGRIN BLVD. BEACHWOOD, OH 44122	ADVISORY FEE
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MOSKAL GROSS ORCHOSKY	15 16 17 37	33384
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
NATIONWIDE	ONE NATIONWIDE PLAZA COLUMBUS, OH 43215	ADMINISTRATIVE FEE ADVISORY FEE

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

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016		
A Name of plan THE SCHROER GROUP EMPLOYEES 401K PROFIT SHARING PLAN & TRUST	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 ALTERCARE OF OHIO, INC.	D Employer Identification Number (EIN) 34-1415116	

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	19578	35078
(2) Participant contributions	1b(2)	26570	105706
(3) Other.....	1b(3)	0	2531
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)	1180954	1167175
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	29417636	32328708
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	2239156	2005457
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities	1d(1)	
(2)	Employer real property	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	32883894 35644655
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	65959 0
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	65959 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	32817935 35644655

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.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	434176
	(B) Participants	2a(1)(B)	2641008
	(C) Others (including rollovers)	2a(1)(C)	190784
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	3265968
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans	2b(1)(E)	55619
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	55619
(2)	Dividends: (A) Preferred stock	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	0
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		2530755
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		5852342

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2905142	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		2905142
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	120480	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		120480
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3025622

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2826720
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

(1) Name: **HW & CO.**

(2) EIN: **34-1663157**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan <u>THE SCHROER GROUP EMPLOYEES 401K PROFIT SHARING PLAN & TRUST</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ALTERCARE OF OHIO, INC.</u>	D Employer Identification Number (EIN) <u>34-1415116</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>31-4156830</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

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

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

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

Schedule R (Form 5500) 2016
v. 160205

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan? 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 / / .	

The Schroer Group Employees' 401(k) Profit Sharing Plan and Trust

YEARS ENDED DECEMBER 31, 2016 AND 2015

**THE SCHROER GROUP EMPLOYEES' 401(k)
PROFIT SHARING PLAN AND TRUST**

YEARS ENDED DECEMBER 31, 2016 AND 2015

CONTENTS

	Page
Independent auditor's report	1-2
Financial statements, December 31, 2016 and 2015:	
Statements of net assets available for benefits	3
Statements of changes in net assets available for benefits	4
Notes to financial statements	5-13
Supplemental schedule, December 31, 2016:	
Schedule H, line 4i – schedule of assts (held at end of year)	14-16

Independent Auditor's Report

Board of Trustees
The Schroer Group Employees' 401(k) Profit Sharing Plan and Trust
North Canton, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The Schroer Group Employees' 401(k) Profit Sharing Plan and Trust, 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

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act (ERISA) of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 7, which was certified by The Nationwide Financial Services, Inc., including its subsidiary Nationwide Trust Company, FSB (a division of Nationwide Trust Bank) the custodian, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the custodian as of and for the years ended December 31, 2016 and 2015, that the information provided to the plan administrator is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedule on pages 14 through 16 as of December 31, 2016 is required by the DOL's Rules and Regulations for Reporting and Disclosure under the ERISA of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

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

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

HW&Co.

Cleveland, Ohio
October 10, 2017

**THE SCHROER GROUP EMPLOYEES' 401(k)
PROFIT SHARING PLAN AND TRUST**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2016 AND 2015

	<u>2016</u>	<u>2015</u>
Assets:		
Investments at fair value	\$ 34,358,176	\$ 31,639,820
Receivables:		
Notes receivable from participants	1,183,937	1,180,954
Contributions:		
Employers	35,078	19,578
Participants	105,706	26,570
Interest on notes receivable from participants	<u>2,531</u>	<u>-</u>
	<u>1,327,252</u>	<u>1,227,102</u>
Total assets	35,685,428	32,866,922
Liabilities; excess contributions payable	<u>86,623</u>	<u>65,959</u>
Net assets available for benefits	<u><u>\$ 35,598,805</u></u>	<u><u>\$ 32,800,963</u></u>

See notes to financial statements.

**THE SCHROER GROUP EMPLOYEES' 401(k)
PROFIT SHARING PLAN AND TRUST**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2016 AND 2015

	2016	2015
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	\$ 2,433,787	\$ 263,644
Interest and dividends	55,391	50,390
	2,489,178	314,034
Interest income on notes receivable from participants	55,619	44,795
Contributions:		
Employers	451,676	486,448
Participants	2,569,911	2,527,834
Rollovers	190,784	160,343
	3,212,371	3,174,625
Total additions	5,757,168	3,533,454
Deductions from net assets attributed to:		
Benefits paid to participants	2,838,846	3,402,388
Administrative expenses	120,480	114,958
Total deductions	2,959,326	3,517,346
Net increase	2,797,842	16,108
Net assets available for benefits, beginning	32,800,963	32,784,855
Net assets available for benefits, ending	\$ 35,598,805	\$ 32,800,963

See notes to financial statements.

THE SCHROER GROUP EMPLOYEES' 401(k) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2016 AND 2015

1. Description of the Plan:

General:

The Schroer Group Employees' 401(k) Profit Sharing Plan & Trust (the "Plan"), established January 1, 1992, is a defined contribution plan covering all employees of Altercare of Ohio, Inc. (aka The Schroer Group) and affiliated entities (the "Company"), who have met the eligibility requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

The Plan is administered by a trustee who is appointed by the Company. The trustee is responsible for oversight of the Plan. The trustee determines the appropriateness of the Plan's investment offerings and monitors investment performance.

Contributions:

Participants can elect to defer a percentage of their eligible compensation subject to limits set by the Plan and the Internal Revenue Service. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollovers) within 60 days of receipt of such distribution. The employers match 25% of participant elective deferrals (limited to 6%). Union employees that entered the Plan effective January 1, 2008 are excluded from the employer matching contributions. The Company's matching contributions were reduced by forfeitures totaling \$37,764 in 2016 and \$43,274 in 2015.

Contributions received from participants and employers are net of payments of \$86,623 in 2016 and \$65,959 in 2015, paid in January 2017 and January 2016, respectively, to certain active participants to return to them excess deferral contributions as required to satisfy the relevant nondiscrimination provisions of the Plan. These amounts are included in the statements of net assets available for benefits as excess contributions payable at December 31, 2016 and 2015.

The Company may make additional discretionary contributions to the Plan. The amount of any discretionary contribution is determined annually by the Company. No discretionary contributions were made in 2016 and 2015.

Vesting:

Participants are 100% vested immediately with respect to their compensation deferrals. Participants vest in employers matching and discretionary contributions in accordance with the following schedule:

<u>Years of Service</u>	<u>Vesting Percentage</u>
Less than 2	0%
2	20%
3	40%
4	60%
5	80%

THE SCHROER GROUP EMPLOYEES' 401(k) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED DECEMBER 31, 2016 AND 2015

1. Description of the Plan (continued):

Vesting (continued):

Forfeitures of nonvested accounts are retained in the Plan may be used to reduce future employer contributions and/or pay administrative expenses. Forfeitures used during 2016 and 2015 were used to reduce employer contributions. Forfeited accounts not allocated to participant accounts amounted to \$40,756 in 2016 and \$7,809 in 2015.

Investment options:

Upon enrollment in the Plan, a participant may direct their contributions, including the employer's portion, into various investment options. Participants may change their investment elections daily.

Income is allocated to participant accounts based on earnings in the respective investment accounts.

Payment of benefits:

Once participants attain age 59-1/2, they may elect to withdraw from their account, any amount not to exceed their vested portion. All accounts are subject to distribution upon the participant's termination, retirement, total disability or death.

On termination of service, participants will receive the vested value of their account as a qualified joint and survivor annuity, or they can elect to receive a lump sum amount.

Notes receivable from participants:

Participants may borrow from their account. The minimum loan is \$1,000 to a maximum equal to the lesser of \$50,000 or 50% of the participant's vested balance reduced by any outstanding loan balance on the date the new loan is made. Repayment of the loan must be made over a period not to exceed five years, unless the loan is used to purchase a principal residence, in which case the loan must be repaid over a reasonable period as determined by the plan administrator. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the plan administrator. The interest rates on the notes ranged from 4.25% to 4.75% at December 31, 2016 and 4.25% to 8.25% at December 31, 2015. Principal and interest are paid through biweekly payroll deductions.

2. Summary of significant accounting policies:

Basis of accounting:

The financial statements of the Plan are prepared using the accrual method of accounting.

THE SCHROER GROUP EMPLOYEES' 401(k) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED DECEMBER 31, 2016 AND 2015

2. Summary of significant accounting policies (continued):

Basis of accounting (continued):

Fully benefit-responsive investment contracts held by a defined contribution plan are required to be reported at contract value. Contract value is the relevant measurement attribute for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Plan's investment contract does not meet the criteria of being fully benefit-responsive and, therefore, the investment contract is recorded on the statements of net assets available for benefits at fair value.

Use of estimates:

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

Investment valuation and income recognition:

The Plan's investments are reported at fair value at December 31, 2016 and 2015, as provided by The Nationwide Financial Services, Inc. including its subsidiary Nationwide Trust Company, FSB (a division of Nationwide Bank) ("Nationwide"). 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. The Custodian determines the Plan's valuation policies, utilizing information provided by the investment advisers and executes transactions as directed by the Plan's participants. See Note 4 for discussion of fair value measurements.

The basis of investments sold is determined by the fair value at the beginning of the year or the purchase price, if acquired during the year. The amounts were provided by Nationwide.

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. These amounts were provided by Nationwide.

Investment contract with insurance company:

The Plan participates in an investment contract with Nationwide Life Insurance Company. Nationwide Life Insurance Company maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract is included in the financial statements at fair value as reported to the plan by Nationwide.

THE SCHROER GROUP EMPLOYEES' 401(k) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED DECEMBER 31, 2016 AND 2015

2. Summary of significant accounting policies (continued):

Investment contract with insurance company (continued):

The Plan's contract with Nationwide Life Insurance Company is recorded at the estimated fair value, as provided by Nationwide. The average yield was 2.6% in 2016 and 2.49% in 2015.

Common trust:

The Plan owns units of participation in the fair value of Nationwide Trust Company, FSB's common trust investment assets at December 31, 2016 and 2015. Nationwide Trust Company, FSB does not own the underlying assets, but only holds them in trust for the plans participating in the trust. Nationwide Trust Company, FSB maintains supporting records for the purpose of allocating net gain or loss of the investment accounts to the various participating plans. The accounts are included in the financial statements at estimated fair market value as reported to the Plan by Nationwide.

Notes receivable from participants:

Notes receivable from participants are measured at the unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2016 or 2015. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant's loan balance is treated as a distribution based on the terms of the Plan document.

Payment of benefits:

Benefits are recorded when paid.

Expenses:

Certain expenses are paid by the Plan with the expense allocated to each participant. Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of notes receivables from participants are charged directly to the participant's account and are included in administrative expenses. Additionally, investment related expenses are included in net appreciation in fair value of investments.

Reclassification:

Certain amounts in the 2015 financial statements have been reclassified to conform to the 2016 presentation.

THE SCHROER GROUP EMPLOYEES' 401(k) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED DECEMBER 31, 2016 AND 2015

2. Summary of significant accounting policies (continued):

Subsequent events:

In preparing these financial statements, the Plan's management has evaluated events and transactions for potential recognition or disclosure through October 10, 2017, the date the Plan's financial statements were available to be issued.

3. Investments:

The following table presents the fair value of investments at December 31, 2016 and 2015. All investments of the Plan were participant directed at December 31, 2016 and 2015.

	<u>2016</u>	<u>2015</u>
Investments as provided by Nationwide:		
Common trust accounts; mutual funds	\$ 32,352,719	\$ 29,417,636
Guaranteed interest account	<u>2,005,457</u>	<u>2,222,184</u>
	<u>\$ 34,358,176</u>	<u>\$ 31,639,820</u>

4. Fair value:

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 – Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in active markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

THE SCHROER GROUP EMPLOYEES' 401(k) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED DECEMBER 31, 2016 AND 2015

4. Fair value (continued):

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2016 and 2015.

The common trust investment assets are based on a unit value as determined by Nationwide. The unit value is calculated based on net asset value (NAV) reported on a daily basis. The unit value also incorporates dividends and capital gains declared. The NAV is used as a practical expedient to estimate fair value.

The guaranteed investment contract is valued at fair value by the insurance company by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the creditworthiness of the issuer. Because the participants transact a contract value, fair value is determined annually for financial statement reporting purposes only. Certain unobservable inputs are assessed through review of contract terms (for example, duration or payout date) while others are substantiated utilizing available market data (for example, swap curve rate).

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2016:

	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Common trust	\$ 32,352,719	-	\$ 32,352,719
Guaranteed interest account	<u>-</u>	<u>\$ 2,005,457</u>	<u>2,005,457</u>
	<u>\$ 32,352,719</u>	<u>\$ 2,005,457</u>	<u>\$ 34,358,176</u>

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

	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Common trust	\$ 29,417,636	-	\$ 29,417,636
Guaranteed interest account	<u>-</u>	<u>\$ 2,222,184</u>	<u>2,222,184</u>
	<u>\$ 29,417,636</u>	<u>\$ 2,222,184</u>	<u>\$ 31,639,820</u>

The following sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the years ended December 31, 2016 and 2015.

	<u>2016</u>	<u>2015</u>
Guaranteed interest account:		
Beginning balance	\$ 2,222,184	\$ 2,010,580
Purchases	151,489	226,461
Interest income	55,391	51,969
Fees	(1,258)	(1,579)
Unrealized gains (losses) relating to instruments still held at the reporting date (A)	16,972	(13,630)
Sales	<u>(439,321)</u>	<u>(51,617)</u>
Ending balance	<u>\$ 2,005,457</u>	<u>\$ 2,222,184</u>

THE SCHROER GROUP EMPLOYEES' 401(k) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED DECEMBER 31, 2016 AND 2015

4. Fair value (continued):

	<u>2016</u>	<u>2015</u>
The amount of total gains (losses) for the period included in changes in net assets attributable in the change in unrealized gains or losses relating to assets still held at the reporting date	<u>\$ 16,972</u>	<u>\$ (13,630)</u>

(A) Unrealized gains/(losses) from the guaranteed account are included in net appreciation in fair value of investments in the statements of changes in net assets available for benefits.

Quantitative information about significant observable inputs used in Level 3 fair value measurements:

The following table represents the Plan's Level 3 financial instrument, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs and the ranges of values for those inputs.

December 31, 2016

<u>Instrument</u>	<u>Fair Value</u>	<u>Valuation Technique</u>	<u>Significant Unobservable Inputs</u>	<u>Significant Input Values</u>
Nationwide Best of America Fixed Rate Account	\$ 2,005,457	Discounted cash flows	Average Yield Rate Payout percentage No maturity date	2.6% 100%

December 31, 2015

<u>Instrument</u>	<u>Fair Value</u>	<u>Valuation Technique</u>	<u>Significant Unobservable Inputs</u>	<u>Significant Input Values</u>
Nationwide Best of America Fixed Rate Account	\$ 2,222,184	Discounted cash flows	Average Yield Rate Payout percentage No maturity date	2.49% 100%

5. Administrative expenses:

Certain expenses of the Plan were paid by the Company and amounted to \$177,825 in 2016 and \$110,068 in 2015. Certain administrative functions are performed by employees of the Company. No such employee, nor the Company, receives compensation from the Plan.

6. Party-in-interest transaction:

The Plan's investments are managed by Nationwide Life Insurance Company and Nationwide Trust Company, FSB. Nationwide is the Custodian, as defined by the Plan and, therefore, these transactions qualify as party-in-interest. Additionally, the Custodian is an affiliated company of Nationwide Insurance Company and Nationwide Trust Company, FSB.

THE SCHROER GROUP EMPLOYEES' 401(k) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED DECEMBER 31, 2016 AND 2015

7. Information certified by the custodian:

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and supplemental schedule, including investments and notes receivable from participants held at December 31, 2016 and 2015, and net appreciation in fair value of investments, interest and dividends for the years ended December 31, 2016 and 2015, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Nationwide (the custodian of the Plan).

8. Income tax status:

The Internal Revenue Service has determined and informed the Company by a letter dated July 16, 2010 the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan is required to operate in conformity with the IRC to maintain its qualification. Although the Plan has been amended since receiving the determination letter, management believes the Plan is designed, and currently being operated in compliance with the applicable requirements of the IRC and, therefore, believe the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service and the Department of Labor. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2013.

9. Plan termination:

The Company expects to continue the Plan, but reserves the right at any time and within its sole discretion to reduce, suspend or discontinue contributions to the Plan or to terminate the Plan. In the event of termination, all affected participants will become 100% vested in their accounts.

10. Risks and uncertainties:

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

THE SCHROER GROUP EMPLOYEES' 401(k) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED DECEMBER 31, 2016 AND 2015

11. Reconciliation of financial statements to Form 5500:

The following is a reconciliation of net assets available for benefits, per the financial statements to Form 5500 at December 31, 2015.

	<u>2015</u>
Net assets available for benefits, per the financial statements	\$ 32,800,963
Amount representing change in fair value to contract value of investment contract	<u>16,972</u>
Net assets available for benefits, per Form 5500	<u>\$ 32,817,935</u>

The following is a reconciliation of total additions, per the financial statements to Form 5500 at December 31, 2016 and 2015.

	<u>2016</u>	<u>2015</u>
Total additions, per the financial statements	\$ 5,757,168	\$ 3,533,454
Unrealized gain (loss) on investment contract	<u>(16,972)</u>	<u>16,972</u>
Total additions, per Form 5500	<u>\$ 5,740,196</u>	<u>\$ 3,550,426</u>

**THE SCHROER GROUP EMPLOYEES' 401(k)
PROFIT SHARING PLAN AND TRUST**

EIN 34-1415116
PLAN NUMBER 001

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2016

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value		Cost	Current Value
Participant directed:				
* Common Trust Accounts (at fair value):				
Nationwide Trust Company, FSB	American Funds American Balanced Fund, Class R6	1,759,105 Units	\$	3,047,559
Nationwide Trust Company, FSB	Janus Forty Fund, Class S	895,738 Units		2,848,544
Nationwide Trust Company, FSB	Fidelity Advisory New Insights A	901,243 Units		2,662,441
Nationwide Trust Company, FSB	Wilmington Equity 500 Index ETF Fund	1,132,936 Units		2,410,671
Nationwide Trust Company, FSB	American Funds Europacific Growth, Class R6	1,339,562 Units		1,763,633
Nationwide Trust Company, FSB	Nationwide Money Market Institutional Fund	1,510,094 Units		1,744,697
Nationwide Trust Company, FSB	Neuberger Berman Genesis TR Fund	262,453 Units		1,738,407
Nationwide Trust Company, FSB	Victory Established Value Fund, Class A	713,083 Units		1,674,260
Nationwide Trust Company, FSB	Pioneer Bond Fund, Class A	823,280 Units		1,359,644
Nationwide Trust Company, FSB	Oppenheimer Global Fund, Class A	417,724 Units		1,311,195
Nationwide Trust Company, FSB	Invesco Van Kampen Growth and Income Fund, Class A	337,698 Units		1,220,877
Nationwide Trust Company, FSB	Franklin Small-Mid Cap Growth Fund, Class A	271,356 Units		974,866
Nationwide Trust Company, FSB	American Funds Income Fund of America, Class R6	623,865 Units		944,214
Nationwide Trust Company, FSB	American Century Equity Income Fund	514,363 Units		539,131
Nationwide Trust Company, FSB	Victory Incore Fund For Income A	323,700 Units		511,778
Nationwide Trust Company, FSB	Black Rock GNMA Bond Fund, Class A	341,127 Units		448,364
Nationwide Trust Company, FSB	Natixis Gateway Fund, Class A	273,738 Units		424,718
Nationwide Trust Company, FSB	American Funds Washington Mutual Investors Fund, Class R6	198,924 Units		396,827
Nationwide Trust Company, FSB	Pioneer Select Mid-Cap Growth Fund, Class A	191,568 Units		391,498
Nationwide Trust Company, FSB	Oppenheimer Gold & Special Minerals Fund, Class A	176,714 Units		383,111
Nationwide Trust Company, FSB	Franklin Utilities Services Advantage Fund	296,505 Units		360,311
Nationwide Trust Company, FSB	Victory INCORE Fund for Income I	328,119 Units		325,605
Nationwide Trust Company, FSB	BlackRock Health Science Opportunity Portfolio Investor A	89,566 Units		295,708
Nationwide Trust Company, FSB	AllianzGI Technology Fund, Class A	97,988 Units		278,778
Nationwide Trust Company, FSB	Franklin Mutual European Fund, Class A	90,341 Units		277,255
Nationwide Trust Company, FSB	American Funds American Balanced Fund, Class R5	134,637 Units		273,574
Nationwide Trust Company, FSB	Franklin Small Cap Growth Fund, Class A	100,646 Units		271,742
Nationwide Trust Company, FSB	Waddell & Reed Ivy Real Estate Fund, Class Y	90,477 Units		270,207
Nationwide Trust Company, FSB	JPMorgan Small Cap Value Fund, Class A	46,774 Units		260,952
Nationwide Trust Company, FSB	Emerald Growth Fund, Class A	72,604 Units		237,521
Nationwide Trust Company, FSB	Diamond Hill Small Cap Fund, Class A	77,935 Units		183,355
Nationwide Trust Company, FSB	Franklin Income Fund Class A	72,502 Units		173,643
Nationwide Trust Company, FSB	American Funds New World R6	134,699 Units		150,774
Nationwide Trust Company, FSB	Oppenheimer Senior Floating Return Fund, Class A	127,162 Units		143,935
Nationwide Trust Company, FSB	Franklin Templeton Global Bond Fund, Class A	126,977 Units		139,222
Nationwide Trust Company, FSB	Goldman Sachs Strategic Income Fund, Class A	133,248 Units		131,619
Nationwide Trust Company, FSB	Vanguard 500 Index Fund	108,351 Units		125,605
Nationwide Trust Company, FSB	PIMCO All Asset Fund, Class A	72,951 Units		118,076
Nationwide Trust Company, FSB	T. Rowe Price Health Sciences Fund	49,816 Units		101,801
Nationwide Trust Company, FSB	American Funds Capital Income Builder, Class R6	65,479 Units		83,493
Nationwide Trust Company, FSB	Eaton Vance Government Obligations Fund, Class A	56,329 Units		82,118
Nationwide Trust Company, FSB	Vanguard Dividend Growth Investor Fund	33,942 Units		73,588
Nationwide Trust Company, FSB	Oppenheimer SteelPath MLP Select 40 Fund	63,528 Units		61,425

(Continued)

**THE SCHROER GROUP EMPLOYEES' 401(k)
PROFIT SHARING PLAN AND TRUST**

EIN 34-1415116
PLAN NUMBER 001

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

DECEMBER 31, 2016

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value		Cost	Current Value
Participant directed (continued):				
* Common Trust Accounts (at fair value):				
Nationwide Trust Company, FSB	DFA Global Real Estate Securities	40,783 Units		55,631
Nationwide Trust Company, FSB	Vanguard Wellington Investor Fund	31,732 Units		55,252
Nationwide Trust Company, FSB	PIMCO Real Return Fund, Class A	32,351 Units		54,283
Nationwide Trust Company, FSB	PIMCO Income Fund, Class A	37,625 Units		48,102
Nationwide Trust Company, FSB	American Funds Income Fund of America, Class R3	16,444 Units		46,374
Nationwide Trust Company, FSB	American Funds Europacific Growth, Class R5	29,081 Units		43,972
Nationwide Trust Company, FSB	Vanguard Equity Income Fund Investor Shares	21,850 Units		43,163
Nationwide Trust Company, FSB	T. Rowe Price Capital Appreciation Fund	22,879 Units		42,113
Nationwide Trust Company, FSB	Principle MidCap Blend Fund Institutional	17,442 Units		41,778
Nationwide Trust Company, FSB	Transamerica High Yield Bond Fund 12	27,086 Units		40,405
Nationwide Trust Company, FSB	Vanguard US Growth Fund, Admiral Class	34,475 Units		34,849
Nationwide Trust Company, FSB	Touchstone Sands Capital Institutional Growth Fund	25,190 Units		34,408
Nationwide Trust Company, FSB	PIMCO Stkplsintdlrhedge, Institutional Class	34,710 Units		33,860
Nationwide Trust Company, FSB	PIMCO Long-Term Credit Institutional	29,947 Units		33,360
Nationwide Trust Company, FSB	Vanguard Small-Cap Index Fund Admiral Shares	26,474 Units		31,810
Nationwide Trust Company, FSB	Black Rock Energy & Resources Investor Fund, Class A	29,846 Units		29,673
Nationwide Trust Company, FSB	Vanguard Total Bond Market Index Adm	27,082 Units		28,171
Nationwide Trust Company, FSB	Vanguard Extended Market Index Admiral	21,815 Units		24,349
Nationwide Trust Company, FSB	American Funds Growth Fund of America, Class R3	7,021 Units		24,296
Nationwide Trust Company, FSB	WFA Adjusted Rate Government Fund, Class A	16,790 Units		18,727
Nationwide Trust Company, FSB	Janus Perkins Mid Cap Value Fund, Class S	7,840 Units		18,369
Nationwide Trust Company, FSB	Vanguard High Yield Corporate Bond Fund	17,035 Units		18,239
Nationwide Trust Company, FSB	Vanguard MidCap Index Admiral Fund	16,373 Units		17,853
Nationwide Trust Company, FSB	American Funds International Growth and Income Fund, Class R	15,641 Units		17,752
Nationwide Trust Company, FSB	Vanguard Engery Investment Fund	15,591 Units		16,684
Nationwide Trust Company, FSB	Oakmark International Fund I	4,156 Units		16,515
Nationwide Trust Company, FSB	Vanguard Developed Markets Index Fund	15,712 Units		15,934
Nationwide Trust Company, FSB	Invesco Dividend Income, Class A	8,372 Units		15,273
Nationwide Trust Company, FSB	Vanguard Dividend Appreciation Index Fund	13,629 Units		14,821
Nationwide Trust Company, FSB	Vanguard Growth Index Admiral Fund	12,715 Units		14,519
Nationwide Trust Company, FSB	Federated Prudent Bear Fund A	44,321 Units		14,333
Nationwide Trust Company, FSB	Sentinel Government Securities Fund, Class A	11,385 Units		13,864
Nationwide Trust Company, FSB	Royce Heritage Fund, Class K	7,261 Units		13,339
Nationwide Trust Company, FSB	Alliance Bernstein Equity Income Fund, Class K	5,534 Units		12,102
Nationwide Trust Company, FSB	American Funds Europacific Growth, Class R1	7,760 Units		11,824
Nationwide Trust Company, FSB	Vanguard Total Intl Stock Index Admiral	11,252 Units		11,027
Nationwide Trust Company, FSB	American Funds Europacific Growth, Class R3	3,314 Units		10,222
Nationwide Trust Company, FSB	Principle High Yield Fund, Class A	5,224 Units		9,628
Nationwide Trust Company, FSB	PIMCO Total Return Fund, Class A	3,894 Units		8,213
Nationwide Trust Company, FSB	PIMCO Low Duration Fund, Class A	5,159 Units		7,831
Nationwide Trust Company, FSB	Oppenheimer International Bond Fund, Class A	2,115 Units		7,480
Nationwide Trust Company, FSB	Wilmington Broad Market Bond Fund, Class A	5,167 Units		7,224
Nationwide Trust Company, FSB	Ridgeworth Core Bond Fund, Class A	5,380 Units		7,180

(Continued)

**THE SCHROER GROUP EMPLOYEES' 401(k)
PROFIT SHARING PLAN AND TRUST**

EIN 34-1415116
PLAN NUMBER 001

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

DECEMBER 31, 2016

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value		Cost	Current Value
Participant directed (continued):				
* Common Trust Accounts (at fair value):				
Nationwide Trust Company, FSB	Federated Total Return Bond Fund, Class A	4,972 Units		7,158
Nationwide Trust Company, FSB	Oppenheimer Developing Markets, Class A	748 Units		6,941
Nationwide Trust Company, FSB	Vanguard Inter-Term Treasury Fund Investor	5,272 Units		6,841
Nationwide Trust Company, FSB	Invesco Small Cap Discovery Fund, Class A	3,525 Units		6,485
Nationwide Trust Company, FSB	American Funds American Mutual Fund, Class R6	2,909 Units		5,455
Nationwide Trust Company, FSB	Calvert Bond Portfolio, Class A	3,218 Units		4,611
Nationwide Trust Company, FSB	Parnassus Core Equity Income Investors Fund	2,175 Units		4,400
Nationwide Trust Company, FSB	Nationwide Government Bond Fund, Class A	2,832 Units		4,133
Nationwide Trust Company, FSB	American Funds Income Fund of America, Class R5	2,173 Units		3,965
Nationwide Trust Company, FSB	Goldman Sachs Short Duration Government Fund, Class A	3,100 Units		3,866
Nationwide Trust Company, FSB	Calvert Equity Portfolio, Class A	1,797 Units		3,749
Nationwide Trust Company, FSB	Columbia Seligman Global Technology Fund, Class A	948 Units		2,486
Nationwide Trust Company, FSB	Fidelity Advisory Equity Income Fund, Class A	1,028 Units		2,420
Nationwide Trust Company, FSB	Vanguard Euro Stock Index, Admiral Class	2,235 Units		2,147
Nationwide Trust Company, FSB	Prudential Jennison Mid-Cap Growth Fund, Class A	413 Units		1,345
Nationwide Trust Company, FSB	Calvert Small Cap Fund, Class A	578 Units		1,191
Nationwide Trust Company, FSB	Eaton Vance Income Fund of Boston, Class A	415 Units		1,090
Nationwide Trust Company, FSB	Calvert International Equity Fund I	739 Units		1,070
Nationwide Trust Company, FSB	Prudential Jennison Natural Resources Fund, Class A	169 Units		562
Nationwide Trust Company, FSB	Eaton Vance Floating Rate Fund, Class A	359 Units		533
Nationwide Trust Company, FSB	American Funds Growth Fund of America, Class R5	213 Units		476
Nationwide Trust Company, FSB	AllianzGI NFJ International Value Fund, Class A	228 Units		221
Nationwide Trust Company, FSB	American Century Mid-Cap Value Index Fund, Class A	20 Units		30
				32,352,719
* Guaranteed Interest account (at contract value):				
Nationwide Life Insurance Company	Nationwide Best of America Fixed Rate Account (annualized effective interest rate of 2.49%)	1,256,034 Units		2,005,457
* Participant loans – interest rates from 4.25% to 4.75%			\$ 0	1,183,937
Total assets held for investments at year end				\$ 35,542,113

* Represents a party-in-interest to the Plan.

The above information has been certified by The Nationwide Financial Services, Inc., including its subsidiary, Nationwide Trust Company, FSB (a division of Nationwide Trust Bank), the custodian, as complete and accurate.

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4085 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2016 This Form Is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>	
A This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form Instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____ B This return/report is: ☐ the first return/report ☐ the final return/report ☒ an amended return/report ☐ a short plan year return/report (less than 12 months) C If the plan is a collectively-bargained plan, check here. ☐ D Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)	

Part II Basic Plan Information—enter all requested information											
1a Name of plan THE SCHROER GROUP EMPLOYEES 401K PROFIT SHARING PLAN & TRUST 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) ALTERCARE OF OHIO, INC. 339 E. Maple Street Suite 100 North Canton OH 44720	IRS COPY <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 2px;">1b Three-digit plan number (PN) ►</td> <td style="width: 20%; padding: 2px;">001</td> </tr> <tr> <td colspan="2" style="padding: 2px;">1c Effective date of plan 01/01/1992</td> </tr> <tr> <td colspan="2" style="padding: 2px;">2b Employer Identification Number (EIN) 34-1415116</td> </tr> <tr> <td colspan="2" style="padding: 2px;">2c Plan Sponsor's telephone number (330) 498-5200</td> </tr> <tr> <td colspan="2" style="padding: 2px;">2d Business code (see instructions) 623000</td> </tr> </table>	1b Three-digit plan number (PN) ►	001	1c Effective date of plan 01/01/1992		2b Employer Identification Number (EIN) 34-1415116		2c Plan Sponsor's telephone number (330) 498-5200		2d Business code (see instructions) 623000	
1b Three-digit plan number (PN) ►	001										
1c Effective date of plan 01/01/1992											
2b Employer Identification Number (EIN) 34-1415116											
2c Plan Sponsor's telephone number (330) 498-5200											
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		<u>10/12/16</u>	Diane Geis
	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)			Preparer's telephone number

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

Form 5500 (2016)
v. 160205

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 3,055
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) 3,170
a(2) Total number of active participants at the end of the plan year	6a(2) 3,009
b Retired or separated participants receiving benefits.....	6b 0
c Other retired or separated participants entitled to future benefits.....	6c 310
d Subtotal. Add lines 6a(2), 6b, and 6c.....	6d 3,319
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 1
f Total. Add lines 6d and 6e.....	6f 3,320
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 1,257
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 161
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2E 2F 2G 2J 2K 2T

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	(1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information - Small Plan)
- (3) ☒ **A** (Insurance Information) 1
- (4) ☒ **C** (Service Provider Information)
- (5) ☐ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2016 This Form is Open to Public Inspection			
For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016					
A Name of plan THE SCHROER GROUP EMPLOYEES 401K PROFIT SHARING PLAN & TRUST		B Three-digit plan number (PN) ► 001			
C Plan sponsor's name as shown on line 2a of Form 5500 ALTERCARE OF OHIO, INC.		D Employer Identification Number (EIN) 34-1415116			
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 NATIONWIDE LIFE INSURANCE					
(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
31-4156830	66869	335-80059	75	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		
0			0		
3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).					
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid					
(b) Amount of sales and base commissions paid		Fees and other commissions paid		(e) Organization code	
		(c) Amount	(d) Purpose		
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid					
(b) Amount of sales and base commissions paid		Fees and other commissions paid		(e) Organization code	
		(c) Amount	(d) Purpose		

(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** 2,005,457**5** Current value of plan's interest under this contract in separate accounts at year end..... **5****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 ▶**b** Balance at the end of the previous year..... **7b** 2,239,156**c** Additions: (1) Contributions deposited during the year..... **7c(1)** 74,951(2) Dividends and credits **7c(2)**(3) Interest credited during the year **7c(3)** 57,355(4) Transferred from separate account..... **7c(4)** 51,078(5) Other (specify below) **7c(5)** 28,061

▶ Loan Repayment-Principal

(6) Total additions..... **7c(6)** 211,445**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 2,450,601**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 407,993(2) Administration charge made by carrier **7e(2)** 1,258(3) Transferred to separate account..... **7e(3)** 6,721(4) Other (specify below) **7e(4)** 29,172

▶ Forfeiture

Loan Withdrawal

(5) Total deductions..... **7e(5)** 445,144**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 2,005,457

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection.
For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016		
A Name of plan THE SCHROER GROUP EMPLOYEES 401K PROFIT SHARING PLAN & TRUST	B Three-digit plan number (PN) ► 001	
C Plan sponsor's name as shown on line 2a of Form 5500 ALTERCARE OF OHIO, INC.	D Employer Identification Number (EIN) 34-1415116	

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

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation MGO Securities Corp. 24400 Chagrin Blvd Suite 310 Beachwood	OH 44122
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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

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

Nationwide

One Nationwide Plaza

Columbus

OH 43215

(b) Service Code(s) 15 26 49 59 60 63 64 99

(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?
Custodian, Recordkeeper	29,398	Yes ☒ No ☐	Yes ☒ No ☐	31,874	Yes ☐ No ☒

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

Moskal Gross Orchosky Inc

24400 Chagrin Blvd.

Suite 310

Beachwood

OH 44122-5632

(b) Service Code(s) 15 16 17 37

(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?
TPA	27,333	Yes ☒ No ☐	Yes ☒ No ☐	34,094	Yes ☐ No ☒

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

MGO Investment Advisors Inc.

24400 Chagrin Blvd.

Suite 310

Beachwood

OH 44122-5632

(b) Service Code(s) 26 27 28 31 38

(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?
Inv Adv, Named Fiduciary	63,749	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
Nationwide	15 64	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.	
Moskal Gross Orchosky 24400 Chagrin Blvd. Suite 310 Beachwood OH 44122	Advisory Fee	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
Nationwide	26 49 64	31,874
(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.	
MGO Investment Advisors 24400 Chagrin Blvd. Suite 310 Beachwood OH 44122	Advisory Fee	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
Moskal Gross Orchosky	15 16 17 37	33,384
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
Nationwide One Nationwide Plaza Columbus OH 43215	Administrative Fee Advisory Fee	

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 H (Form 5500) Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection
For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>		
A Name of plan THE SCHROER GROUP EMPLOYEES 401K PROFIT SHARING PLAN & TRUST		B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 ALTERCARE OF OHIO, INC.		D Employer Identification Number (EIN) 34-1415116

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	19,578	35,078
(2) Participant contributions	1b(2)	26,570	105,706
(3) Other	1b(3)		2,531
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	1,180,954	1,183,937
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	29,417,636	32,352,719
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	2,239,156	2,005,457
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation.....	1e	
f	Total assets (add all amounts in lines 1a through 1e).....	1f	32,883,894 35,685,428
Liabilities			
g	Benefit claims payable.....	1g	
h	Operating payables.....	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	65,959 86,623
k	Total liabilities (add all amounts in lines 1g through 1j).....	1k	65,959 86,623
Net Assets			
l	Net assets (subtract line 1k from line 1f).....	1l	32,817,935 35,598,805

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.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers.....	2a(1)(A)	451,676
	(B) Participants.....	2a(1)(B)	2,569,911
	(C) Others (including rollovers).....	2a(1)(C)	190,784
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	3,212,371
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	
	(B) U.S. Government securities.....	2b(1)(B)	
	(C) Corporate debt instruments.....	2b(1)(C)	
	(D) Loans (other than to participants).....	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	
	(F) Other.....	2b(1)(F)	55,619
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	55,619
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock.....	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	0
(3)	Rents.....	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)	
	(B) Other.....	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2,472,206
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		5,740,196

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2,838,846	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2,838,846
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	120,480	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		120,480
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2,959,326

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2,780,870
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

(1) Name: HW & Co.

(2) EIN: 34-1663157

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		3,000,000
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

The Schroer Group Employees' 401(k) Profit Sharing Plan and Trust

YEARS ENDED DECEMBER 31, 2016 AND 2015

**THE SCHROER GROUP EMPLOYEES' 401(k)
PROFIT SHARING PLAN AND TRUST**

YEARS ENDED DECEMBER 31, 2016 AND 2015

CONTENTS

	Page
Independent auditor's report	1-2
Financial statements, December 31, 2016 and 2015:	
Statements of net assets available for benefits	3
Statements of changes in net assets available for benefits	4
Notes to financial statements	5-13
Supplemental schedule, December 31, 2016:	
Schedule H, line 4i – schedule of assts (held at end of year)	14-16

Independent Auditor's Report

Board of Trustees
The Schroer Group Employees' 401(k) Profit Sharing Plan and Trust
North Canton, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The Schroer Group Employees' 401(k) Profit Sharing Plan and Trust, 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

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act (ERISA) of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 7, which was certified by The Nationwide Financial Services, Inc., including its subsidiary Nationwide Trust Company, FSB (a division of Nationwide Trust Bank) the custodian, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the custodian as of and for the years ended December 31, 2016 and 2015, that the information provided to the plan administrator is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedule on pages 14 through 16 as of December 31, 2016 is required by the DOL's Rules and Regulations for Reporting and Disclosure under the ERISA of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

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

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

HW & Co.

Cleveland, Ohio
October 10, 2017

**THE SCHROER GROUP EMPLOYEES' 401(k)
PROFIT SHARING PLAN AND TRUST**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2016 AND 2015

	<u>2016</u>	<u>2015</u>
Assets:		
Investments at fair value	\$ 34,358,176	\$ 31,639,820
Receivables:		
Notes receivable from participants	1,183,937	1,180,954
Contributions:		
Employers	35,078	19,578
Participants	105,706	26,570
Interest on notes receivable from participants	<u>2,531</u>	<u>-</u>
	<u>1,327,252</u>	<u>1,227,102</u>
Total assets	35,685,428	32,866,922
Liabilities; excess contributions payable	<u>86,623</u>	<u>65,959</u>
Net assets available for benefits	<u><u>\$ 35,598,805</u></u>	<u><u>\$ 32,800,963</u></u>

See notes to financial statements.

**THE SCHROER GROUP EMPLOYEES' 401(k)
PROFIT SHARING PLAN AND TRUST**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2016 AND 2015

	<u>2016</u>	<u>2015</u>
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	\$ 2,433,787	\$ 263,644
Interest and dividends	<u>55,391</u>	<u>50,390</u>
	2,489,178	314,034
Interest income on notes receivable from participants	55,619	44,795
Contributions:		
Employers	451,676	486,448
Participants	2,569,911	2,527,834
Rollovers	<u>190,784</u>	<u>160,343</u>
	<u>3,212,371</u>	<u>3,174,625</u>
Total additions	5,757,168	3,533,454
Deductions from net assets attributed to:		
Benefits paid to participants	2,838,846	3,402,388
Administrative expenses	<u>120,480</u>	<u>114,958</u>
Total deductions	<u>2,959,326</u>	<u>3,517,346</u>
Net increase	2,797,842	16,108
Net assets available for benefits, beginning	<u>32,800,963</u>	<u>32,784,855</u>
Net assets available for benefits, ending	<u><u>\$ 35,598,805</u></u>	<u><u>\$ 32,800,963</u></u>

See notes to financial statements.

THE SCHROER GROUP EMPLOYEES' 401(k) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2016 AND 2015

1. Description of the Plan:

General:

The Schroer Group Employees' 401(k) Profit Sharing Plan & Trust (the "Plan"), established January 1, 1992, is a defined contribution plan covering all employees of Altercare of Ohio, Inc. (aka The Schroer Group) and affiliated entities (the "Company"), who have met the eligibility requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

The Plan is administered by a trustee who is appointed by the Company. The trustee is responsible for oversight of the Plan. The trustee determines the appropriateness of the Plan's investment offerings and monitors investment performance.

Contributions:

Participants can elect to defer a percentage of their eligible compensation subject to limits set by the Plan and the Internal Revenue Service. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollovers) within 60 days of receipt of such distribution. The employers match 25% of participant elective deferrals (limited to 6%). Union employees that entered the Plan effective January 1, 2008 are excluded from the employer matching contributions. The Company's matching contributions were reduced by forfeitures totaling \$37,764 in 2016 and \$43,274 in 2015.

Contributions received from participants and employers are net of payments of \$86,623 in 2016 and \$65,959 in 2015, paid in January 2017 and January 2016, respectively, to certain active participants to return to them excess deferral contributions as required to satisfy the relevant nondiscrimination provisions of the Plan. These amounts are included in the statements of net assets available for benefits as excess contributions payable at December 31, 2016 and 2015.

The Company may make additional discretionary contributions to the Plan. The amount of any discretionary contribution is determined annually by the Company. No discretionary contributions were made in 2016 and 2015.

Vesting:

Participants are 100% vested immediately with respect to their compensation deferrals. Participants vest in employers matching and discretionary contributions in accordance with the following schedule:

<u>Years of Service</u>	<u>Vesting Percentage</u>
Less than 2	0%
2	20%
3	40%
4	60%
5	80%

THE SCHROER GROUP EMPLOYEES' 401(k) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED DECEMBER 31, 2016 AND 2015

1. Description of the Plan (continued):

Vesting (continued):

Forfeitures of nonvested accounts are retained in the Plan may be used to reduce future employer contributions and/or pay administrative expenses. Forfeitures used during 2016 and 2015 were used to reduce employer contributions. Forfeited accounts not allocated to participant accounts amounted to \$40,756 in 2016 and \$7,809 in 2015.

Investment options:

Upon enrollment in the Plan, a participant may direct their contributions, including the employer's portion, into various investment options. Participants may change their investment elections daily.

Income is allocated to participant accounts based on earnings in the respective investment accounts.

Payment of benefits:

Once participants attain age 59-1/2, they may elect to withdraw from their account, any amount not to exceed their vested portion. All accounts are subject to distribution upon the participant's termination, retirement, total disability or death.

On termination of service, participants will receive the vested value of their account as a qualified joint and survivor annuity, or they can elect to receive a lump sum amount.

Notes receivable from participants:

Participants may borrow from their account. The minimum loan is \$1,000 to a maximum equal to the lesser of \$50,000 or 50% of the participant's vested balance reduced by any outstanding loan balance on the date the new loan is made. Repayment of the loan must be made over a period not to exceed five years, unless the loan is used to purchase a principal residence, in which case the loan must be repaid over a reasonable period as determined by the plan administrator. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the plan administrator. The interest rates on the notes ranged from 4.25% to 4.75% at December 31, 2016 and 4.25% to 8.25% at December 31, 2015. Principal and interest are paid through biweekly payroll deductions.

2. Summary of significant accounting policies:

Basis of accounting:

The financial statements of the Plan are prepared using the accrual method of accounting.

THE SCHROER GROUP EMPLOYEES' 401(k) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED DECEMBER 31, 2016 AND 2015

2. Summary of significant accounting policies (continued):

Basis of accounting (continued):

Fully benefit-responsive investment contracts held by a defined contribution plan are required to be reported at contract value. Contract value is the relevant measurement attribute for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Plan's investment contract does not meet the criteria of being fully benefit-responsive and, therefore, the investment contract is recorded on the statements of net assets available for benefits at fair value.

Use of estimates:

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

Investment valuation and income recognition:

The Plan's investments are reported at fair value at December 31, 2016 and 2015, as provided by The Nationwide Financial Services, Inc. including its subsidiary Nationwide Trust Company, FSB (a division of Nationwide Bank) ("Nationwide"). 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. The Custodian determines the Plan's valuation policies, utilizing information provided by the investment advisers and executes transactions as directed by the Plan's participants. See Note 4 for discussion of fair value measurements.

The basis of investments sold is determined by the fair value at the beginning of the year or the purchase price, if acquired during the year. The amounts were provided by Nationwide.

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. These amounts were provided by Nationwide.

Investment contract with insurance company:

The Plan participates in an investment contract with Nationwide Life Insurance Company. Nationwide Life Insurance Company maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract is included in the financial statements at fair value as reported to the plan by Nationwide.

THE SCHROER GROUP EMPLOYEES' 401(k) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED DECEMBER 31, 2016 AND 2015

2. Summary of significant accounting policies (continued):

Investment contract with insurance company (continued):

The Plan's contract with Nationwide Life Insurance Company is recorded at the estimated fair value, as provided by Nationwide. The average yield was 2.6% in 2016 and 2.49% in 2015.

Common trust:

The Plan owns units of participation in the fair value of Nationwide Trust Company, FSB's common trust investment assets at December 31, 2016 and 2015. Nationwide Trust Company, FSB does not own the underlying assets, but only holds them in trust for the plans participating in the trust. Nationwide Trust Company, FSB maintains supporting records for the purpose of allocating net gain or loss of the investment accounts to the various participating plans. The accounts are included in the financial statements at estimated fair market value as reported to the Plan by Nationwide.

Notes receivable from participants:

Notes receivable from participants are measured at the unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2016 or 2015. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant's loan balance is treated as a distribution based on the terms of the Plan document.

Payment of benefits:

Benefits are recorded when paid.

Expenses:

Certain expenses are paid by the Plan with the expense allocated to each participant. Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of notes receivables from participants are charged directly to the participant's account and are included in administrative expenses. Additionally, investment related expenses are included in net appreciation in fair value of investments.

Reclassification:

Certain amounts in the 2015 financial statements have been reclassified to conform to the 2016 presentation.

THE SCHROER GROUP EMPLOYEES' 401(k) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED DECEMBER 31, 2016 AND 2015

2. Summary of significant accounting policies (continued):

Subsequent events:

In preparing these financial statements, the Plan's management has evaluated events and transactions for potential recognition or disclosure through October 10, 2017, the date the Plan's financial statements were available to be issued.

3. Investments:

The following table presents the fair value of investments at December 31, 2016 and 2015. All investments of the Plan were participant directed at December 31, 2016 and 2015.

	<u>2016</u>	<u>2015</u>
Investments as provided by Nationwide:		
Common trust accounts; mutual funds	\$ 32,352,719	\$ 29,417,636
Guaranteed interest account	<u>2,005,457</u>	<u>2,222,184</u>
	<u>\$ 34,358,176</u>	<u>\$ 31,639,820</u>

4. Fair value:

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 – Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in active markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

THE SCHROER GROUP EMPLOYEES' 401(k) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED DECEMBER 31, 2016 AND 2015

4. Fair value (continued):

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2016 and 2015.

The common trust investment assets are based on a unit value as determined by Nationwide. The unit value is calculated based on net asset value (NAV) reported on a daily basis. The unit value also incorporates dividends and capital gains declared. The NAV is used as a practical expedient to estimate fair value.

The guaranteed investment contract is valued at fair value by the insurance company by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the creditworthiness of the issuer. Because the participants transact a contract value, fair value is determined annually for financial statement reporting purposes only. Certain unobservable inputs are assessed through review of contract terms (for example, duration or payout date) while others are substantiated utilizing available market data (for example, swap curve rate).

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2016:

	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Common trust	\$ 32,352,719	-	\$ 32,352,719
Guaranteed interest account	<u>-</u>	<u>\$ 2,005,457</u>	<u>2,005,457</u>
	<u>\$ 32,352,719</u>	<u>\$ 2,005,457</u>	<u>\$ 34,358,176</u>

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

	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Common trust	\$ 29,417,636	-	\$ 29,417,636
Guaranteed interest account	<u>-</u>	<u>\$ 2,222,184</u>	<u>2,222,184</u>
	<u>\$ 29,417,636</u>	<u>\$ 2,222,184</u>	<u>\$ 31,639,820</u>

The following sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the years ended December 31, 2016 and 2015.

	<u>2016</u>	<u>2015</u>
Guaranteed interest account:		
Beginning balance	\$ 2,222,184	\$ 2,010,580
Purchases	151,489	226,461
Interest income	55,391	51,969
Fees	(1,258)	(1,579)
Unrealized gains (losses) relating to instruments still held at the reporting date (A)	16,972	(13,630)
Sales	<u>(439,321)</u>	<u>(51,617)</u>
Ending balance	<u>\$ 2,005,457</u>	<u>\$ 2,222,184</u>

THE SCHROER GROUP EMPLOYEES' 401(k) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED DECEMBER 31, 2016 AND 2015

4. Fair value (continued):

	<u>2016</u>	<u>2015</u>
The amount of total gains (losses) for the period included in changes in net assets attributable in the change in unrealized gains or losses relating to assets still held at the reporting date	\$ <u>16,972</u>	\$ <u>(13,630)</u>

- (A) Unrealized gains/(losses) from the guaranteed account are included in net appreciation in fair value of investments in the statements of changes in net assets available for benefits.

Quantitative information about significant observable inputs used in Level 3 fair value measurements:

The following table represents the Plan's Level 3 financial instrument, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs and the ranges of values for those inputs.

December 31, 2016

<u>Instrument</u>	<u>Fair Value</u>	<u>Valuation Technique</u>	<u>Significant Unobservable Inputs</u>	<u>Significant Input Values</u>
Nationwide Best of America Fixed Rate Account	\$ 2,005,457	Discounted cash flows	Average Yield Rate Payout percentage No maturity date	2.6% 100%

December 31, 2015

<u>Instrument</u>	<u>Fair Value</u>	<u>Valuation Technique</u>	<u>Significant Unobservable Inputs</u>	<u>Significant Input Values</u>
Nationwide Best of America Fixed Rate Account	\$ 2,222,184	Discounted cash flows	Average Yield Rate Payout percentage No maturity date	2.49% 100%

5. Administrative expenses:

Certain expenses of the Plan were paid by the Company and amounted to \$177,825 in 2016 and \$110,068 in 2015. Certain administrative functions are performed by employees of the Company. No such employee, nor the Company, receives compensation from the Plan.

6. Party-in-interest transaction:

The Plan's investments are managed by Nationwide Life Insurance Company and Nationwide Trust Company, FSB. Nationwide is the Custodian, as defined by the Plan and, therefore, these transactions qualify as party-in-interest. Additionally, the Custodian is an affiliated company of Nationwide Insurance Company and Nationwide Trust Company, FSB.

THE SCHROER GROUP EMPLOYEES' 401(k) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED DECEMBER 31, 2016 AND 2015

7. Information certified by the custodian:

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and supplemental schedule, including investments and notes receivable from participants held at December 31, 2016 and 2015, and net appreciation in fair value of investments, interest and dividends for the years ended December 31, 2016 and 2015, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Nationwide (the custodian of the Plan).

8. Income tax status:

The Internal Revenue Service has determined and informed the Company by a letter dated July 16, 2010 the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan is required to operate in conformity with the IRC to maintain its qualification. Although the Plan has been amended since receiving the determination letter, management believes the Plan is designed, and currently being operated in compliance with the applicable requirements of the IRC and, therefore, believe the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service and the Department of Labor. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2013.

9. Plan termination:

The Company expects to continue the Plan, but reserves the right at any time and within its sole discretion to reduce, suspend or discontinue contributions to the Plan or to terminate the Plan. In the event of termination, all affected participants will become 100% vested in their accounts.

10. Risks and uncertainties:

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

**THE SCHROER GROUP EMPLOYEES' 401(k)
PROFIT SHARING PLAN AND TRUST**

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED DECEMBER 31, 2016 AND 2015

11. Reconciliation of financial statements to Form 5500:

The following is a reconciliation of net assets available for benefits, per the financial statements to Form 5500 at December 31, 2015.

	<u>2015</u>
Net assets available for benefits, per the financial statements	\$ 32,800,963
Amount representing change in fair value to contract value of investment contract	<u>16,972</u>
Net assets available for benefits, per Form 5500	<u>\$ 32,817,935</u>

The following is a reconciliation of total additions, per the financial statements to Form 5500 at December 31, 2016 and 2015.

	<u>2016</u>	<u>2015</u>
Total additions, per the financial statements	\$ 5,757,168	\$ 3,533,454
Unrealized gain (loss) on investment contract	<u>(16,972)</u>	<u>16,972</u>
Total additions, per Form 5500	<u>\$ 5,740,196</u>	<u>\$ 3,550,426</u>

**THE SCHROER GROUP EMPLOYEES' 401(k)
PROFIT SHARING PLAN AND TRUST**

EIN 34-1415116
PLAN NUMBER 001

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2016

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value		Cost	Current Value
Participant directed:				
* Common Trust Accounts (at fair value):				
Nationwide Trust Company, FSB	American Funds American Balanced Fund, Class R6	1,759,105 Units	\$	3,047,559
Nationwide Trust Company, FSB	Janus Forty Fund, Class S	895,738 Units		2,848,544
Nationwide Trust Company, FSB	Fidelity Advisory New Insights A	901,243 Units		2,662,441
Nationwide Trust Company, FSB	Wilmington Equity 500 Index ETF Fund	1,132,936 Units		2,410,671
Nationwide Trust Company, FSB	American Funds Europacific Growth, Class R6	1,339,562 Units		1,763,633
Nationwide Trust Company, FSB	Nationwide Money Market Institutional Fund	1,510,094 Units		1,744,697
Nationwide Trust Company, FSB	Neuberger Berman Genesis TR Fund	262,453 Units		1,738,407
Nationwide Trust Company, FSB	Victory Established Value Fund, Class A	713,083 Units		1,674,260
Nationwide Trust Company, FSB	Pioneer Bond Fund, Class A	823,280 Units		1,359,644
Nationwide Trust Company, FSB	Oppenheimer Global Fund, Class A	417,724 Units		1,311,195
Nationwide Trust Company, FSB	Invesco Van Kampen Growth and Income Fund, Class A	337,698 Units		1,220,877
Nationwide Trust Company, FSB	Franklin Small-Mid Cap Growth Fund, Class A	271,356 Units		974,866
Nationwide Trust Company, FSB	American Funds Income Fund of America, Class R6	623,865 Units		944,214
Nationwide Trust Company, FSB	American Century Equity Income Fund	514,363 Units		539,131
Nationwide Trust Company, FSB	Victory Incore Fund For Income A	323,700 Units		511,778
Nationwide Trust Company, FSB	Black Rock GNMA Bond Fund, Class A	341,127 Units		448,364
Nationwide Trust Company, FSB	Natixis Gateway Fund, Class A	273,738 Units		424,718
Nationwide Trust Company, FSB	American Funds Washington Mutual Investors Fund, Class R6	198,924 Units		396,827
Nationwide Trust Company, FSB	Pioneer Select Mid-Cap Growth Fund, Class A	191,568 Units		391,498
Nationwide Trust Company, FSB	Oppenheimer Gold & Special Minerals Fund, Class A	176,714 Units		383,111
Nationwide Trust Company, FSB	Franklin Utilities Services Advantage Fund	296,505 Units		360,311
Nationwide Trust Company, FSB	Victory INCORE Fund for Income I	328,119 Units		325,605
Nationwide Trust Company, FSB	BlackRock Health Science Opportunity Portfolio Investor A	89,566 Units		295,708
Nationwide Trust Company, FSB	AllianzGI Technology Fund, Class A	97,988 Units		278,778
Nationwide Trust Company, FSB	Franklin Mutual European Fund, Class A	90,341 Units		277,255
Nationwide Trust Company, FSB	American Funds American Balanced Fund, Class R5	134,637 Units		273,574
Nationwide Trust Company, FSB	Franklin Small Cap Growth Fund, Class A	100,646 Units		271,742
Nationwide Trust Company, FSB	Waddell & Reed Ivy Real Estate Fund, Class Y	90,477 Units		270,207
Nationwide Trust Company, FSB	JPMorgan Small Cap Value Fund, Class A	46,774 Units		260,952
Nationwide Trust Company, FSB	Emerald Growth Fund, Class A	72,604 Units		237,521
Nationwide Trust Company, FSB	Diamond Hill Small Cap Fund, Class A	77,935 Units		183,355
Nationwide Trust Company, FSB	Franklin Income Fund Class A	72,502 Units		173,643
Nationwide Trust Company, FSB	American Funds New World R6	134,699 Units		150,774
Nationwide Trust Company, FSB	Oppenheimer Senior Floating Return Fund, Class A	127,162 Units		143,935
Nationwide Trust Company, FSB	Franklin Templeton Global Bond Fund, Class A	126,977 Units		139,222
Nationwide Trust Company, FSB	Goldman Sachs Strategic Income Fund, Class A	133,248 Units		131,619
Nationwide Trust Company, FSB	Vanguard 500 Index Fund	108,351 Units		125,605
Nationwide Trust Company, FSB	PIMCO All Asset Fund, Class A	72,951 Units		118,076
Nationwide Trust Company, FSB	T. Rowe Price Health Sciences Fund	49,816 Units		101,801
Nationwide Trust Company, FSB	American Funds Capital Income Builder, Class R6	65,479 Units		83,493
Nationwide Trust Company, FSB	Eaton Vance Government Obligations Fund, Class A	56,329 Units		82,118
Nationwide Trust Company, FSB	Vanguard Dividend Growth Investor Fund	33,942 Units		73,588
Nationwide Trust Company, FSB	Oppenheimer SteelPath MLP Select 40 Fund	63,528 Units		61,425

(Continued)

**THE SCHROER GROUP EMPLOYEES' 401(k)
PROFIT SHARING PLAN AND TRUST**

EIN 34-1415116
PLAN NUMBER 001

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

DECEMBER 31, 2016

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value	
Participant directed (continued):				
* Common Trust Accounts (at fair value):				
Nationwide Trust Company, FSB	DFA Global Real Estate Securities	40,783 Units	55,631	
Nationwide Trust Company, FSB	Vanguard Wellington Investor Fund	31,732 Units	55,252	
Nationwide Trust Company, FSB	PIMCO Real Return Fund, Class A	32,351 Units	54,283	
Nationwide Trust Company, FSB	PIMCO Income Fund, Class A	37,625 Units	48,102	
Nationwide Trust Company, FSB	American Funds Income Fund of America, Class R3	16,444 Units	46,374	
Nationwide Trust Company, FSB	American Funds Europacific Growth, Class R5	29,081 Units	43,972	
Nationwide Trust Company, FSB	Vanguard Equity Income Fund Investor Shares	21,850 Units	43,163	
Nationwide Trust Company, FSB	T. Rowe Price Capital Appreciation Fund	22,879 Units	42,113	
Nationwide Trust Company, FSB	Principle MidCap Blend Fund Institutional	17,442 Units	41,778	
Nationwide Trust Company, FSB	Transamerica High Yield Bond Fund 12	27,086 Units	40,405	
Nationwide Trust Company, FSB	Vanguard US Growth Fund, Admiral Class	34,475 Units	34,849	
Nationwide Trust Company, FSB	Touchstone Sands Capital Institutional Growth Fund	25,190 Units	34,408	
Nationwide Trust Company, FSB	PIMCO Stkplsintdlrhedge, Institutional Class	34,710 Units	33,860	
Nationwide Trust Company, FSB	PIMCO Long-Term Credit Institutional	29,947 Units	33,360	
Nationwide Trust Company, FSB	Vanguard Small-Cap Index Fund Admiral Shares	26,474 Units	31,810	
Nationwide Trust Company, FSB	Black Rock Energy & Resources Investor Fund, Class A	29,846 Units	29,673	
Nationwide Trust Company, FSB	Vanguard Total Bond Market Index Adm	27,082 Units	28,171	
Nationwide Trust Company, FSB	Vanguard Extended Market Index Admiral	21,815 Units	24,349	
Nationwide Trust Company, FSB	American Funds Growth Fund of America, Class R3	7,021 Units	24,296	
Nationwide Trust Company, FSB	WFA Adjusted Rate Government Fund, Class A	16,790 Units	18,727	
Nationwide Trust Company, FSB	Janus Perkins Mid Cap Value Fund, Class S	7,840 Units	18,369	
Nationwide Trust Company, FSB	Vanguard High Yield Corporate Bond Fund	17,035 Units	18,239	
Nationwide Trust Company, FSB	Vanguard MidCap Index Admiral Fund	16,373 Units	17,853	
Nationwide Trust Company, FSB	American Funds International Growth and Income Fund, Class R	15,641 Units	17,752	
Nationwide Trust Company, FSB	Vanguard Emery Investment Fund	15,591 Units	16,684	
Nationwide Trust Company, FSB	Oakmark International Fund I	4,156 Units	16,515	
Nationwide Trust Company, FSB	Vanguard Developed Markets Index Fund	15,712 Units	15,934	
Nationwide Trust Company, FSB	Invesco Dividend Income, Class A	8,372 Units	15,273	
Nationwide Trust Company, FSB	Vanguard Dividend Appreciation Index Fund	13,629 Units	14,821	
Nationwide Trust Company, FSB	Vanguard Growth Index Admiral Fund	12,715 Units	14,519	
Nationwide Trust Company, FSB	Federated Prudent Bear Fund A	44,321 Units	14,333	
Nationwide Trust Company, FSB	Sentinel Government Securities Fund, Class A	11,385 Units	13,864	
Nationwide Trust Company, FSB	Royce Heritage Fund, Class K	7,261 Units	13,339	
Nationwide Trust Company, FSB	Alliance Bernstein Equity Income Fund, Class K	5,534 Units	12,102	
Nationwide Trust Company, FSB	American Funds Europacific Growth, Class R1	7,760 Units	11,824	
Nationwide Trust Company, FSB	Vanguard Total Intl Stock Index Admiral	11,252 Units	11,027	
Nationwide Trust Company, FSB	American Funds Europacific Growth, Class R3	3,314 Units	10,222	
Nationwide Trust Company, FSB	Principle High Yield Fund, Class A	5,224 Units	9,628	
Nationwide Trust Company, FSB	PIMCO Total Return Fund, Class A	3,894 Units	8,213	
Nationwide Trust Company, FSB	PIMCO Low Duration Fund, Class A	5,159 Units	7,831	
Nationwide Trust Company, FSB	Oppenheimer International Bond Fund, Class A	2,115 Units	7,480	
Nationwide Trust Company, FSB	Wilmington Broad Market Bond Fund, Class A	5,167 Units	7,224	
Nationwide Trust Company, FSB	Ridgeworth Core Bond Fund, Class A	5,380 Units	7,180	

(Continued)

**THE SCHROER GROUP EMPLOYEES' 401(k)
PROFIT SHARING PLAN AND TRUST**

EIN 34-1415116
PLAN NUMBER 001

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

DECEMBER 31, 2016

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value		Cost	Current Value
Participant directed (continued):				
* Common Trust Accounts (at fair value):				
Nationwide Trust Company, FSB	Federated Total Return Bond Fund, Class A	4,972 Units		7,158
Nationwide Trust Company, FSB	Oppenheimer Developing Markets, Class A	748 Units		6,941
Nationwide Trust Company, FSB	Vanguard Interim-Term Treasury Fund Investor	5,272 Units		6,841
Nationwide Trust Company, FSB	Invesco Small Cap Discovery Fund, Class A	3,525 Units		6,485
Nationwide Trust Company, FSB	American Funds American Mutual Fund, Class R6	2,909 Units		5,455
Nationwide Trust Company, FSB	Calvert Bond Portfolio, Class A	3,218 Units		4,611
Nationwide Trust Company, FSB	Parnassus Core Equity Income Investors Fund	2,175 Units		4,400
Nationwide Trust Company, FSB	Nationwide Government Bond Fund, Class A	2,832 Units		4,133
Nationwide Trust Company, FSB	American Funds Income Fund of America, Class R5	2,173 Units		3,965
Nationwide Trust Company, FSB	Goldman Sachs Short Duration Government Fund, Class A	3,100 Units		3,866
Nationwide Trust Company, FSB	Calvert Equity Portfolio, Class A	1,797 Units		3,749
Nationwide Trust Company, FSB	Columbia Seligman Global Technology Fund, Class A	948 Units		2,486
Nationwide Trust Company, FSB	Fidelity Advisory Equity Income Fund, Class A	1,028 Units		2,420
Nationwide Trust Company, FSB	Vanguard Euro Stock Index, Admiral Class	2,235 Units		2,147
Nationwide Trust Company, FSB	Prudential Jennison Mid-Cap Growth Fund, Class A	413 Units		1,345
Nationwide Trust Company, FSB	Calvert Small Cap Fund, Class A	578 Units		1,191
Nationwide Trust Company, FSB	Eaton Vance Income Fund of Boston, Class A	415 Units		1,090
Nationwide Trust Company, FSB	Calvert International Equity Fund I	739 Units		1,070
Nationwide Trust Company, FSB	Prudential Jennison Natural Resources Fund, Class A	169 Units		562
Nationwide Trust Company, FSB	Eaton Vance Floating Rate Fund, Class A	359 Units		533
Nationwide Trust Company, FSB	American Funds Growth Fund of America, Class R5	213 Units		476
Nationwide Trust Company, FSB	AllianzGI NFJ International Value Fund, Class A	228 Units		221
Nationwide Trust Company, FSB	American Century Mid-Cap Value Index Fund, Class A	20 Units		30
				32,352,719
* Guaranteed Interest account (at contract value):				
Nationwide Life Insurance Company	Nationwide Best of America Fixed Rate Account (annualized effective interest rate of 2.49%)	1,256,034 Units		2,005,457
* Participant loans – interest rates from 4.25% to 4.75%			\$ 0	1,183,937
Total assets held for investments at year end				\$ 35,542,113

* Represents a party-in-interest to the Plan.

The above information has been certified by The Nationwide Financial Services, Inc., including its subsidiary, Nationwide Trust Company, FSB (a division of Nationwide Trust Bank), the custodian, as complete and accurate.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection.
For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>		
A Name of plan THE SCHROER GROUP EMPLOYEES 401K PROFIT SHARING PLAN & TRUST		B Three-digit plan number (PN) <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 ALTERCARE OF OHIO, INC.		D Employer Identification Number (EIN) 34-1415116

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>31-4156830</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

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

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

Schedule R (Form 5500) 2016
v. 160205

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

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

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

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes ☐ No
22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter / / and the serial number	
22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter / /	

Application for Extension of Time To File Certain Employee Plan Returns

► For Privacy Act and Paperwork Reduction Act Notice, see instructions.
► Information about Form 5558 and its instructions is at www.irs.gov/form5558

OMB No. 1545-0212

File With IRS Only

Part I Identification

A Name of filer, plan administrator, or plan sponsor (see instructions) ALTERCARE OF OHIO, INC. Number, street, and room or suite no. (If a P.O. box, see instructions) 339 E. Maple Street Suite 100 City or town, state, and ZIP code North Canton OH 44720	B Filer's identifying number (see instructions) Employer identification number (EIN) (9 digits XX-XXXXXXX) 34-1415116 Social security number (SSN) (9 digits XXX-XX-XXXX)												
C Plan name THE SCHROER GROUP EMPLOYEES 401K PROFIT SHARING PLAN & TRUST	<table border="1"> <thead> <tr> <th data-bbox="933 514 1096 577">Plan number</th> <th colspan="3" data-bbox="1096 514 1226 577">Plan year ending —</th></tr> <tr> <th></th><th data-bbox="1096 577 1226 627">MM</th><th data-bbox="1226 577 1356 627">DD</th><th data-bbox="1356 577 1453 627">YYYY</th></tr> </thead> <tbody> <tr> <td data-bbox="933 577 1096 627">0 0 1</td><td data-bbox="1096 577 1226 627">12</td><td data-bbox="1226 577 1356 627">31</td><td data-bbox="1356 577 1453 627">2016</td></tr> </tbody> </table>	Plan number	Plan year ending —				MM	DD	YYYY	0 0 1	12	31	2016
Plan number	Plan year ending —												
	MM	DD	YYYY										
0 0 1	12	31	2016										

Part II Extension of Time To File Form 5500 Series, and/or Form 8955-SSA

- 1 ☐ Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part I, C above.
- 2 I request an extension of time until 10 / 15 / 2017 to file Form 5500 series (see instructions).
Note. A signature IS NOT required if you are requesting an extension to file Form 5500 series.
- 3 I request an extension of time until 10 / 15 / 2017 to file Form 8955-SSA (see instructions).
Note. A signature IS NOT required if you are requesting an extension to file Form 8955-SSA.
- The application is **automatically approved** to the date shown on line 2 and/or line 3 (above) if: (a) the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested, and (b) the date on line 2 and/or line 3 (above) is not later than the 15th day of the third month after the normal due date.

Part III Extension of Time To File Form 5330 (see instructions)

- 4 I request an extension of time until / / to file Form 5330.
 You may be approved for up to a 6 month extension to file Form 5330, after the normal due date of Form 5330.
- a Enter the Code section(s) imposing the tax ►

a	
---	--
- b Enter the payment amount attached ►

b	
---	--
- c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date ►

c	
---	--
- 5 **State in detail why you need the extension:**
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

The Schroer Group Employees' 401(k) Profit Sharing Plan and Trust

YEARS ENDED DECEMBER 31, 2016 AND 2015

**THE SCHROER GROUP EMPLOYEES' 401(k)
PROFIT SHARING PLAN AND TRUST**

YEARS ENDED DECEMBER 31, 2016 AND 2015

CONTENTS

	Page
Independent auditor's report	1-2
Financial statements, December 31, 2016 and 2015:	
Statements of net assets available for benefits	3
Statements of changes in net assets available for benefits	4
Notes to financial statements	5-13
Supplemental schedule, December 31, 2016:	
Schedule H, line 4i – schedule of assts (held at end of year)	14-16

Independent Auditor's Report

Board of Trustees
The Schroer Group Employees' 401(k) Profit Sharing Plan and Trust
North Canton, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The Schroer Group Employees' 401(k) Profit Sharing Plan and Trust, 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

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act (ERISA) of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 7, which was certified by The Nationwide Financial Services, Inc., including its subsidiary Nationwide Trust Company, FSB (a division of Nationwide Trust Bank) the custodian, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the custodian as of and for the years ended December 31, 2016 and 2015, that the information provided to the plan administrator is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedule on pages 14 through 16 as of December 31, 2016 is required by the DOL's Rules and Regulations for Reporting and Disclosure under the ERISA of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

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

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

HW&Co.

Cleveland, Ohio
October 10, 2017

**THE SCHROER GROUP EMPLOYEES' 401(k)
PROFIT SHARING PLAN AND TRUST**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2016 AND 2015

	<u>2016</u>	<u>2015</u>
Assets:		
Investments at fair value	\$ 34,358,176	\$ 31,639,820
Receivables:		
Notes receivable from participants	1,183,937	1,180,954
Contributions:		
Employers	35,078	19,578
Participants	105,706	26,570
Interest on notes receivable from participants	<u>2,531</u>	<u>-</u>
	<u>1,327,252</u>	<u>1,227,102</u>
Total assets	35,685,428	32,866,922
Liabilities; excess contributions payable	<u>86,623</u>	<u>65,959</u>
Net assets available for benefits	<u><u>\$ 35,598,805</u></u>	<u><u>\$ 32,800,963</u></u>

See notes to financial statements.

**THE SCHROER GROUP EMPLOYEES' 401(k)
PROFIT SHARING PLAN AND TRUST**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2016 AND 2015

	<u>2016</u>	<u>2015</u>
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	\$ 2,433,787	\$ 263,644
Interest and dividends	<u>55,391</u>	<u>50,390</u>
	2,489,178	314,034
Interest income on notes receivable from participants	55,619	44,795
Contributions:		
Employers	451,676	486,448
Participants	2,569,911	2,527,834
Rollovers	<u>190,784</u>	<u>160,343</u>
	<u>3,212,371</u>	<u>3,174,625</u>
Total additions	5,757,168	3,533,454
Deductions from net assets attributed to:		
Benefits paid to participants	2,838,846	3,402,388
Administrative expenses	<u>120,480</u>	<u>114,958</u>
Total deductions	<u>2,959,326</u>	<u>3,517,346</u>
Net increase	2,797,842	16,108
Net assets available for benefits, beginning	<u>32,800,963</u>	<u>32,784,855</u>
Net assets available for benefits, ending	<u><u>\$ 35,598,805</u></u>	<u><u>\$ 32,800,963</u></u>

See notes to financial statements.

THE SCHROER GROUP EMPLOYEES' 401(k) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2016 AND 2015

1. Description of the Plan:

General:

The Schroer Group Employees' 401(k) Profit Sharing Plan & Trust (the "Plan"), established January 1, 1992, is a defined contribution plan covering all employees of Altercare of Ohio, Inc. (aka The Schroer Group) and affiliated entities (the "Company"), who have met the eligibility requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

The Plan is administered by a trustee who is appointed by the Company. The trustee is responsible for oversight of the Plan. The trustee determines the appropriateness of the Plan's investment offerings and monitors investment performance.

Contributions:

Participants can elect to defer a percentage of their eligible compensation subject to limits set by the Plan and the Internal Revenue Service. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollovers) within 60 days of receipt of such distribution. The employers match 25% of participant elective deferrals (limited to 6%). Union employees that entered the Plan effective January 1, 2008 are excluded from the employer matching contributions. The Company's matching contributions were reduced by forfeitures totaling \$37,764 in 2016 and \$43,274 in 2015.

Contributions received from participants and employers are net of payments of \$86,623 in 2016 and \$65,959 in 2015, paid in January 2017 and January 2016, respectively, to certain active participants to return to them excess deferral contributions as required to satisfy the relevant nondiscrimination provisions of the Plan. These amounts are included in the statements of net assets available for benefits as excess contributions payable at December 31, 2016 and 2015.

The Company may make additional discretionary contributions to the Plan. The amount of any discretionary contribution is determined annually by the Company. No discretionary contributions were made in 2016 and 2015.

Vesting:

Participants are 100% vested immediately with respect to their compensation deferrals. Participants vest in employers matching and discretionary contributions in accordance with the following schedule:

<u>Years of Service</u>	<u>Vesting Percentage</u>
Less than 2	0%
2	20%
3	40%
4	60%
5	80%

THE SCHROER GROUP EMPLOYEES' 401(k) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED DECEMBER 31, 2016 AND 2015

1. Description of the Plan (continued):

Vesting (continued):

Forfeitures of nonvested accounts are retained in the Plan may be used to reduce future employer contributions and/or pay administrative expenses. Forfeitures used during 2016 and 2015 were used to reduce employer contributions. Forfeited accounts not allocated to participant accounts amounted to \$40,756 in 2016 and \$7,809 in 2015.

Investment options:

Upon enrollment in the Plan, a participant may direct their contributions, including the employer's portion, into various investment options. Participants may change their investment elections daily.

Income is allocated to participant accounts based on earnings in the respective investment accounts.

Payment of benefits:

Once participants attain age 59-1/2, they may elect to withdraw from their account, any amount not to exceed their vested portion. All accounts are subject to distribution upon the participant's termination, retirement, total disability or death.

On termination of service, participants will receive the vested value of their account as a qualified joint and survivor annuity, or they can elect to receive a lump sum amount.

Notes receivable from participants:

Participants may borrow from their account. The minimum loan is \$1,000 to a maximum equal to the lesser of \$50,000 or 50% of the participant's vested balance reduced by any outstanding loan balance on the date the new loan is made. Repayment of the loan must be made over a period not to exceed five years, unless the loan is used to purchase a principal residence, in which case the loan must be repaid over a reasonable period as determined by the plan administrator. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the plan administrator. The interest rates on the notes ranged from 4.25% to 4.75% at December 31, 2016 and 4.25% to 8.25% at December 31, 2015. Principal and interest are paid through biweekly payroll deductions.

2. Summary of significant accounting policies:

Basis of accounting:

The financial statements of the Plan are prepared using the accrual method of accounting.

THE SCHROER GROUP EMPLOYEES' 401(k) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED DECEMBER 31, 2016 AND 2015

2. Summary of significant accounting policies (continued):

Basis of accounting (continued):

Fully benefit-responsive investment contracts held by a defined contribution plan are required to be reported at contract value. Contract value is the relevant measurement attribute for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Plan's investment contract does not meet the criteria of being fully benefit-responsive and, therefore, the investment contract is recorded on the statements of net assets available for benefits at fair value.

Use of estimates:

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

Investment valuation and income recognition:

The Plan's investments are reported at fair value at December 31, 2016 and 2015, as provided by The Nationwide Financial Services, Inc. including its subsidiary Nationwide Trust Company, FSB (a division of Nationwide Bank) ("Nationwide"). 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. The Custodian determines the Plan's valuation policies, utilizing information provided by the investment advisers and executes transactions as directed by the Plan's participants. See Note 4 for discussion of fair value measurements.

The basis of investments sold is determined by the fair value at the beginning of the year or the purchase price, if acquired during the year. The amounts were provided by Nationwide.

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. These amounts were provided by Nationwide.

Investment contract with insurance company:

The Plan participates in an investment contract with Nationwide Life Insurance Company. Nationwide Life Insurance Company maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract is included in the financial statements at fair value as reported to the plan by Nationwide.

THE SCHROER GROUP EMPLOYEES' 401(k) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED DECEMBER 31, 2016 AND 2015

2. Summary of significant accounting policies (continued):

Investment contract with insurance company (continued):

The Plan's contract with Nationwide Life Insurance Company is recorded at the estimated fair value, as provided by Nationwide. The average yield was 2.6% in 2016 and 2.49% in 2015.

Common trust:

The Plan owns units of participation in the fair value of Nationwide Trust Company, FSB's common trust investment assets at December 31, 2016 and 2015. Nationwide Trust Company, FSB does not own the underlying assets, but only holds them in trust for the plans participating in the trust. Nationwide Trust Company, FSB maintains supporting records for the purpose of allocating net gain or loss of the investment accounts to the various participating plans. The accounts are included in the financial statements at estimated fair market value as reported to the Plan by Nationwide.

Notes receivable from participants:

Notes receivable from participants are measured at the unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2016 or 2015. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant's loan balance is treated as a distribution based on the terms of the Plan document.

Payment of benefits:

Benefits are recorded when paid.

Expenses:

Certain expenses are paid by the Plan with the expense allocated to each participant. Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of notes receivables from participants are charged directly to the participant's account and are included in administrative expenses. Additionally, investment related expenses are included in net appreciation in fair value of investments.

Reclassification:

Certain amounts in the 2015 financial statements have been reclassified to conform to the 2016 presentation.

THE SCHROER GROUP EMPLOYEES' 401(k) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED DECEMBER 31, 2016 AND 2015

2. Summary of significant accounting policies (continued):

Subsequent events:

In preparing these financial statements, the Plan's management has evaluated events and transactions for potential recognition or disclosure through October 10, 2017, the date the Plan's financial statements were available to be issued.

3. Investments:

The following table presents the fair value of investments at December 31, 2016 and 2015. All investments of the Plan were participant directed at December 31, 2016 and 2015.

	<u>2016</u>	<u>2015</u>
Investments as provided by Nationwide:		
Common trust accounts; mutual funds	\$ 32,352,719	\$ 29,417,636
Guaranteed interest account	<u>2,005,457</u>	<u>2,222,184</u>
	<u>\$ 34,358,176</u>	<u>\$ 31,639,820</u>

4. Fair value:

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 – Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in active markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

THE SCHROER GROUP EMPLOYEES' 401(k) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED DECEMBER 31, 2016 AND 2015

4. Fair value (continued):

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2016 and 2015.

The common trust investment assets are based on a unit value as determined by Nationwide. The unit value is calculated based on net asset value (NAV) reported on a daily basis. The unit value also incorporates dividends and capital gains declared. The NAV is used as a practical expedient to estimate fair value.

The guaranteed investment contract is valued at fair value by the insurance company by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the creditworthiness of the issuer. Because the participants transact a contract value, fair value is determined annually for financial statement reporting purposes only. Certain unobservable inputs are assessed through review of contract terms (for example, duration or payout date) while others are substantiated utilizing available market data (for example, swap curve rate).

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2016:

	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Common trust	\$ 32,352,719	-	\$ 32,352,719
Guaranteed interest account	<u>-</u>	<u>\$ 2,005,457</u>	<u>2,005,457</u>
	<u>\$ 32,352,719</u>	<u>\$ 2,005,457</u>	<u>\$ 34,358,176</u>

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

	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Common trust	\$ 29,417,636	-	\$ 29,417,636
Guaranteed interest account	<u>-</u>	<u>\$ 2,222,184</u>	<u>2,222,184</u>
	<u>\$ 29,417,636</u>	<u>\$ 2,222,184</u>	<u>\$ 31,639,820</u>

The following sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the years ended December 31, 2016 and 2015.

	<u>2016</u>	<u>2015</u>
Guaranteed interest account:		
Beginning balance	\$ 2,222,184	\$ 2,010,580
Purchases	151,489	226,461
Interest income	55,391	51,969
Fees	(1,258)	(1,579)
Unrealized gains (losses) relating to instruments still held at the reporting date (A)	16,972	(13,630)
Sales	<u>(439,321)</u>	<u>(51,617)</u>
Ending balance	<u>\$ 2,005,457</u>	<u>\$ 2,222,184</u>

THE SCHROER GROUP EMPLOYEES' 401(k) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED DECEMBER 31, 2016 AND 2015

4. Fair value (continued):

	<u>2016</u>	<u>2015</u>
The amount of total gains (losses) for the period included in changes in net assets attributable in the change in unrealized gains or losses relating to assets still held at the reporting date	<u>\$ 16,972</u>	<u>\$ (13,630)</u>

(A) Unrealized gains/(losses) from the guaranteed account are included in net appreciation in fair value of investments in the statements of changes in net assets available for benefits.

Quantitative information about significant observable inputs used in Level 3 fair value measurements:

The following table represents the Plan's Level 3 financial instrument, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs and the ranges of values for those inputs.

December 31, 2016

<u>Instrument</u>	<u>Fair Value</u>	<u>Valuation Technique</u>	<u>Significant Unobservable Inputs</u>	<u>Significant Input Values</u>
Nationwide Best of America Fixed Rate Account	\$ 2,005,457	Discounted cash flows	Average Yield Rate Payout percentage No maturity date	2.6% 100%

December 31, 2015

<u>Instrument</u>	<u>Fair Value</u>	<u>Valuation Technique</u>	<u>Significant Unobservable Inputs</u>	<u>Significant Input Values</u>
Nationwide Best of America Fixed Rate Account	\$ 2,222,184	Discounted cash flows	Average Yield Rate Payout percentage No maturity date	2.49% 100%

5. Administrative expenses:

Certain expenses of the Plan were paid by the Company and amounted to \$177,825 in 2016 and \$110,068 in 2015. Certain administrative functions are performed by employees of the Company. No such employee, nor the Company, receives compensation from the Plan.

6. Party-in-interest transaction:

The Plan's investments are managed by Nationwide Life Insurance Company and Nationwide Trust Company, FSB. Nationwide is the Custodian, as defined by the Plan and, therefore, these transactions qualify as party-in-interest. Additionally, the Custodian is an affiliated company of Nationwide Insurance Company and Nationwide Trust Company, FSB.

THE SCHROER GROUP EMPLOYEES' 401(k) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED DECEMBER 31, 2016 AND 2015

7. Information certified by the custodian:

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and supplemental schedule, including investments and notes receivable from participants held at December 31, 2016 and 2015, and net appreciation in fair value of investments, interest and dividends for the years ended December 31, 2016 and 2015, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Nationwide (the custodian of the Plan).

8. Income tax status:

The Internal Revenue Service has determined and informed the Company by a letter dated July 16, 2010 the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan is required to operate in conformity with the IRC to maintain its qualification. Although the Plan has been amended since receiving the determination letter, management believes the Plan is designed, and currently being operated in compliance with the applicable requirements of the IRC and, therefore, believe the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service and the Department of Labor. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2013.

9. Plan termination:

The Company expects to continue the Plan, but reserves the right at any time and within its sole discretion to reduce, suspend or discontinue contributions to the Plan or to terminate the Plan. In the event of termination, all affected participants will become 100% vested in their accounts.

10. Risks and uncertainties:

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

THE SCHROER GROUP EMPLOYEES' 401(k) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED DECEMBER 31, 2016 AND 2015

11. Reconciliation of financial statements to Form 5500:

The following is a reconciliation of net assets available for benefits, per the financial statements to Form 5500 at December 31, 2015.

	<u>2015</u>
Net assets available for benefits, per the financial statements	\$ 32,800,963
Amount representing change in fair value to contract value of investment contract	<u>16,972</u>
Net assets available for benefits, per Form 5500	<u>\$ 32,817,935</u>

The following is a reconciliation of total additions, per the financial statements to Form 5500 at December 31, 2016 and 2015.

	<u>2016</u>	<u>2015</u>
Total additions, per the financial statements	\$ 5,757,168	\$ 3,533,454
Unrealized gain (loss) on investment contract	<u>(16,972)</u>	<u>16,972</u>
Total additions, per Form 5500	<u>\$ 5,740,196</u>	<u>\$ 3,550,426</u>

**THE SCHROER GROUP EMPLOYEES' 401(k)
PROFIT SHARING PLAN AND TRUST**

EIN 34-1415116
PLAN NUMBER 001

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2016

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value		Cost	Current Value
Participant directed:				
* Common Trust Accounts (at fair value):				
Nationwide Trust Company, FSB	American Funds American Balanced Fund, Class R6	1,759,105 Units	\$	3,047,559
Nationwide Trust Company, FSB	Janus Forty Fund, Class S	895,738 Units		2,848,544
Nationwide Trust Company, FSB	Fidelity Advisory New Insights A	901,243 Units		2,662,441
Nationwide Trust Company, FSB	Wilmington Equity 500 Index ETF Fund	1,132,936 Units		2,410,671
Nationwide Trust Company, FSB	American Funds Europacific Growth, Class R6	1,339,562 Units		1,763,633
Nationwide Trust Company, FSB	Nationwide Money Market Institutional Fund	1,510,094 Units		1,744,697
Nationwide Trust Company, FSB	Neuberger Berman Genesis TR Fund	262,453 Units		1,738,407
Nationwide Trust Company, FSB	Victory Established Value Fund, Class A	713,083 Units		1,674,260
Nationwide Trust Company, FSB	Pioneer Bond Fund, Class A	823,280 Units		1,359,644
Nationwide Trust Company, FSB	Oppenheimer Global Fund, Class A	417,724 Units		1,311,195
Nationwide Trust Company, FSB	Invesco Van Kampen Growth and Income Fund, Class A	337,698 Units		1,220,877
Nationwide Trust Company, FSB	Franklin Small-Mid Cap Growth Fund, Class A	271,356 Units		974,866
Nationwide Trust Company, FSB	American Funds Income Fund of America, Class R6	623,865 Units		944,214
Nationwide Trust Company, FSB	American Century Equity Income Fund	514,363 Units		539,131
Nationwide Trust Company, FSB	Victory Incore Fund For Income A	323,700 Units		511,778
Nationwide Trust Company, FSB	Black Rock GNMA Bond Fund, Class A	341,127 Units		448,364
Nationwide Trust Company, FSB	Natixis Gateway Fund, Class A	273,738 Units		424,718
Nationwide Trust Company, FSB	American Funds Washington Mutual Investors Fund, Class R6	198,924 Units		396,827
Nationwide Trust Company, FSB	Pioneer Select Mid-Cap Growth Fund, Class A	191,568 Units		391,498
Nationwide Trust Company, FSB	Oppenheimer Gold & Special Minerals Fund, Class A	176,714 Units		383,111
Nationwide Trust Company, FSB	Franklin Utilities Services Advantage Fund	296,505 Units		360,311
Nationwide Trust Company, FSB	Victory INCORE Fund for Income I	328,119 Units		325,605
Nationwide Trust Company, FSB	BlackRock Health Science Opportunity Portfolio Investor A	89,566 Units		295,708
Nationwide Trust Company, FSB	AllianzGI Technology Fund, Class A	97,988 Units		278,778
Nationwide Trust Company, FSB	Franklin Mutual European Fund, Class A	90,341 Units		277,255
Nationwide Trust Company, FSB	American Funds American Balanced Fund, Class R5	134,637 Units		273,574
Nationwide Trust Company, FSB	Franklin Small Cap Growth Fund, Class A	100,646 Units		271,742
Nationwide Trust Company, FSB	Waddell & Reed Ivy Real Estate Fund, Class Y	90,477 Units		270,207
Nationwide Trust Company, FSB	JPMorgan Small Cap Value Fund, Class A	46,774 Units		260,952
Nationwide Trust Company, FSB	Emerald Growth Fund, Class A	72,604 Units		237,521
Nationwide Trust Company, FSB	Diamond Hill Small Cap Fund, Class A	77,935 Units		183,355
Nationwide Trust Company, FSB	Franklin Income Fund Class A	72,502 Units		173,643
Nationwide Trust Company, FSB	American Funds New World R6	134,699 Units		150,774
Nationwide Trust Company, FSB	Oppenheimer Senior Floating Return Fund, Class A	127,162 Units		143,935
Nationwide Trust Company, FSB	Franklin Templeton Global Bond Fund, Class A	126,977 Units		139,222
Nationwide Trust Company, FSB	Goldman Sachs Strategic Income Fund, Class A	133,248 Units		131,619
Nationwide Trust Company, FSB	Vanguard 500 Index Fund	108,351 Units		125,605
Nationwide Trust Company, FSB	PIMCO All Asset Fund, Class A	72,951 Units		118,076
Nationwide Trust Company, FSB	T. Rowe Price Health Sciences Fund	49,816 Units		101,801
Nationwide Trust Company, FSB	American Funds Capital Income Builder, Class R6	65,479 Units		83,493
Nationwide Trust Company, FSB	Eaton Vance Government Obligations Fund, Class A	56,329 Units		82,118
Nationwide Trust Company, FSB	Vanguard Dividend Growth Investor Fund	33,942 Units		73,588
Nationwide Trust Company, FSB	Oppenheimer SteelPath MLP Select 40 Fund	63,528 Units		61,425

(Continued)

**THE SCHROER GROUP EMPLOYEES' 401(k)
PROFIT SHARING PLAN AND TRUST**

EIN 34-1415116
PLAN NUMBER 001

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

DECEMBER 31, 2016

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value		Cost	Current Value
Participant directed (continued):				
* Common Trust Accounts (at fair value):				
Nationwide Trust Company, FSB	DFA Global Real Estate Securities	40,783 Units		55,631
Nationwide Trust Company, FSB	Vanguard Wellington Investor Fund	31,732 Units		55,252
Nationwide Trust Company, FSB	PIMCO Real Return Fund, Class A	32,351 Units		54,283
Nationwide Trust Company, FSB	PIMCO Income Fund, Class A	37,625 Units		48,102
Nationwide Trust Company, FSB	American Funds Income Fund of America, Class R3	16,444 Units		46,374
Nationwide Trust Company, FSB	American Funds Europacific Growth, Class R5	29,081 Units		43,972
Nationwide Trust Company, FSB	Vanguard Equity Income Fund Investor Shares	21,850 Units		43,163
Nationwide Trust Company, FSB	T. Rowe Price Capital Appreciation Fund	22,879 Units		42,113
Nationwide Trust Company, FSB	Principle MidCap Blend Fund Institutional	17,442 Units		41,778
Nationwide Trust Company, FSB	Transamerica High Yield Bond Fund 12	27,086 Units		40,405
Nationwide Trust Company, FSB	Vanguard US Growth Fund, Admiral Class	34,475 Units		34,849
Nationwide Trust Company, FSB	Touchstone Sands Capital Institutional Growth Fund	25,190 Units		34,408
Nationwide Trust Company, FSB	PIMCO Stkplsintdlrhedge, Institutional Class	34,710 Units		33,860
Nationwide Trust Company, FSB	PIMCO Long-Term Credit Institutional	29,947 Units		33,360
Nationwide Trust Company, FSB	Vanguard Small-Cap Index Fund Admiral Shares	26,474 Units		31,810
Nationwide Trust Company, FSB	Black Rock Energy & Resources Investor Fund, Class A	29,846 Units		29,673
Nationwide Trust Company, FSB	Vanguard Total Bond Market Index Adm	27,082 Units		28,171
Nationwide Trust Company, FSB	Vanguard Extended Market Index Admiral	21,815 Units		24,349
Nationwide Trust Company, FSB	American Funds Growth Fund of America, Class R3	7,021 Units		24,296
Nationwide Trust Company, FSB	WFA Adjusted Rate Government Fund, Class A	16,790 Units		18,727
Nationwide Trust Company, FSB	Janus Perkins Mid Cap Value Fund, Class S	7,840 Units		18,369
Nationwide Trust Company, FSB	Vanguard High Yield Corporate Bond Fund	17,035 Units		18,239
Nationwide Trust Company, FSB	Vanguard MidCap Index Admiral Fund	16,373 Units		17,853
Nationwide Trust Company, FSB	American Funds International Growth and Income Fund, Class R	15,641 Units		17,752
Nationwide Trust Company, FSB	Vanguard Engery Investment Fund	15,591 Units		16,684
Nationwide Trust Company, FSB	Oakmark International Fund I	4,156 Units		16,515
Nationwide Trust Company, FSB	Vanguard Developed Markets Index Fund	15,712 Units		15,934
Nationwide Trust Company, FSB	Invesco Dividend Income, Class A	8,372 Units		15,273
Nationwide Trust Company, FSB	Vanguard Dividend Appreciation Index Fund	13,629 Units		14,821
Nationwide Trust Company, FSB	Vanguard Growth Index Admiral Fund	12,715 Units		14,519
Nationwide Trust Company, FSB	Federated Prudent Bear Fund A	44,321 Units		14,333
Nationwide Trust Company, FSB	Sentinel Government Securities Fund, Class A	11,385 Units		13,864
Nationwide Trust Company, FSB	Royce Heritage Fund, Class K	7,261 Units		13,339
Nationwide Trust Company, FSB	Alliance Bernstein Equity Income Fund, Class K	5,534 Units		12,102
Nationwide Trust Company, FSB	American Funds Europacific Growth, Class R1	7,760 Units		11,824
Nationwide Trust Company, FSB	Vanguard Total Intl Stock Index Admiral	11,252 Units		11,027
Nationwide Trust Company, FSB	American Funds Europacific Growth, Class R3	3,314 Units		10,222
Nationwide Trust Company, FSB	Principle High Yield Fund, Class A	5,224 Units		9,628
Nationwide Trust Company, FSB	PIMCO Total Return Fund, Class A	3,894 Units		8,213
Nationwide Trust Company, FSB	PIMCO Low Duration Fund, Class A	5,159 Units		7,831
Nationwide Trust Company, FSB	Oppenheimer International Bond Fund, Class A	2,115 Units		7,480
Nationwide Trust Company, FSB	Wilmington Broad Market Bond Fund, Class A	5,167 Units		7,224
Nationwide Trust Company, FSB	Ridgeworth Core Bond Fund, Class A	5,380 Units		7,180

(Continued)

**THE SCHROER GROUP EMPLOYEES' 401(k)
PROFIT SHARING PLAN AND TRUST**

EIN 34-1415116
PLAN NUMBER 001

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

DECEMBER 31, 2016

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value		Cost	Current Value
Participant directed (continued):				
* Common Trust Accounts (at fair value):				
Nationwide Trust Company, FSB	Federated Total Return Bond Fund, Class A	4,972 Units		7,158
Nationwide Trust Company, FSB	Oppenheimer Developing Markets, Class A	748 Units		6,941
Nationwide Trust Company, FSB	Vanguard Inter-Term Treasury Fund Investor	5,272 Units		6,841
Nationwide Trust Company, FSB	Invesco Small Cap Discovery Fund, Class A	3,525 Units		6,485
Nationwide Trust Company, FSB	American Funds American Mutual Fund, Class R6	2,909 Units		5,455
Nationwide Trust Company, FSB	Calvert Bond Portfolio, Class A	3,218 Units		4,611
Nationwide Trust Company, FSB	Parnassus Core Equity Income Investors Fund	2,175 Units		4,400
Nationwide Trust Company, FSB	Nationwide Government Bond Fund, Class A	2,832 Units		4,133
Nationwide Trust Company, FSB	American Funds Income Fund of America, Class R5	2,173 Units		3,965
Nationwide Trust Company, FSB	Goldman Sachs Short Duration Government Fund, Class A	3,100 Units		3,866
Nationwide Trust Company, FSB	Calvert Equity Portfolio, Class A	1,797 Units		3,749
Nationwide Trust Company, FSB	Columbia Seligman Global Technology Fund, Class A	948 Units		2,486
Nationwide Trust Company, FSB	Fidelity Advisory Equity Income Fund, Class A	1,028 Units		2,420
Nationwide Trust Company, FSB	Vanguard Euro Stock Index, Admiral Class	2,235 Units		2,147
Nationwide Trust Company, FSB	Prudential Jennison Mid-Cap Growth Fund, Class A	413 Units		1,345
Nationwide Trust Company, FSB	Calvert Small Cap Fund, Class A	578 Units		1,191
Nationwide Trust Company, FSB	Eaton Vance Income Fund of Boston, Class A	415 Units		1,090
Nationwide Trust Company, FSB	Calvert International Equity Fund I	739 Units		1,070
Nationwide Trust Company, FSB	Prudential Jennison Natural Resources Fund, Class A	169 Units		562
Nationwide Trust Company, FSB	Eaton Vance Floating Rate Fund, Class A	359 Units		533
Nationwide Trust Company, FSB	American Funds Growth Fund of America, Class R5	213 Units		476
Nationwide Trust Company, FSB	AllianzGI NFJ International Value Fund, Class A	228 Units		221
Nationwide Trust Company, FSB	American Century Mid-Cap Value Index Fund, Class A	20 Units		30
				32,352,719
* Guaranteed Interest account (at contract value):				
Nationwide Life Insurance Company	Nationwide Best of America Fixed Rate Account (annualized effective interest rate of 2.49%)	1,256,034 Units		2,005,457
* Participant loans – interest rates from 4.25% to 4.75%			\$ 0	1,183,937
Total assets held for investments at year end				\$ 35,542,113

* Represents a party-in-interest to the Plan.

The above information has been certified by The Nationwide Financial Services, Inc., including its subsidiary, Nationwide Trust Company, FSB (a division of Nationwide Trust Bank), the custodian, as complete and accurate.