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

2017

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
INTERCARE THERAPY, INC. PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2003

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)
INTERCARE THERAPY, INC.

4221 WILSHIRE BLVD, SUITE 300A
LOS ANGELES, CA 90010

2b Employer Identification Number (EIN) 95-4749616

2c Plan Sponsor's telephone number 323-866-1880

2d Business code (see instructions) 621399

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2018	ARLENE RENALES
	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

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	186
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)**	155
a(2) Total number of active participants at the end of the plan year	**6a(2)**	294
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	39
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	333
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	333
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	116
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
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:

2A 2E 3D

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)	[X]	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)	[X]	Trust
(4)	[ ]	General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

(1)	[X]		**H** (Financial Information)
(2)	[ ]		**I** (Financial Information – Small Plan)
(3)	[ ]	0	**A** (Insurance Information)
(4)	[X]		**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 2017 Form M-1 annual report. If the plan was not required to file the 2017 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2017** **This Form is Open to Public Inspection.**

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
INTERCARE THERAPY, INC. PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
INTERCARE THERAPY, INC.

D Employer Identification Number (EIN)
95-4749616

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
37 60 64 65	RECORDKEEPER	9195	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

ZUCKERMAN CAPITAL MANAGEMENT LLC

26-3456574

(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?
27 61	ADVISOR	7014	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

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

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AF NEW WORLD R5 - AMERICAN FUNDS S 95-2566717	0.05%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AM CENT HERITAGE INV - AMERICAN CE 44-0619208	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMG M F MID CAP I - BNY MELLON INV P.O. BOX 9793 PROVIDENCE, RI 02940	0.10%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMG M LS BOND N - BNY MELLON INVES	P.O. BOX 9793 PROVIDENCE, RI 02940	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BLKRK HI YLD BD INST - BNY MELLON	P.O. BOX 9793 PROVIDENCE, RI 02940	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
EV ATL CAP SMID-CP I - BNY MELLON	P.O. BOX 9793 PROVIDENCE, RI 02940	0.15%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
HTFD CORE EQUITY Y - HARTFORD ADMI 41-0679409	0.05%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
IS MSCI DEV WORLD IS - BNY MELLON P.O. BOX 9793 PROVIDENCE, RI 02940	0.05%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
OPPHMR GLOBAL OPPS Y - OFI GLOBAL 225 LIBERTY STREET NEW YORK, NY 10281	0.25%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
UM BEHAVIORAL VAL I - DST ASSET MA P.O. BOX 8406 BOSTON, MA 02266	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VICTORY S ESTB VAL I - FIS INVESTO 4249 EASTON WAY, SUITE 400 COLUMBUS, OH 43219	0.10%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ZUCKERMAN CAPITAL MANAGEMENT LLC	61	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.
OPPHMR GLOBAL OPPS Y - OPPENHEIMER 13-2953455	$5M+=0.25%

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
INTERCARE THERAPY, INC. PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
INTERCARE THERAPY, INC.

D Employer Identification Number (EIN)
95-4749616

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3464	4448
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	10602	10683
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1443879	2217383
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	**1d(1)**	0	0
	(2) Employer real property	**1d(2)**	0	0
e	Buildings and other property used in plan operation	**1e**	0	0
f	Total assets (add all amounts in lines 1a through 1e)	**1f**	1457945	2232514
	Liabilities			
g	Benefit claims payable	**1g**	0	0
h	Operating payables	**1h**	0	0
i	Acquisition indebtedness	**1i**	0	0
j	Other liabilities	**1j**	0	0
k	Total liabilities (add all amounts in lines 1g through1j)	**1k**	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	**1l**	1457945	2232514

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	**2a(1)(A)**	160378	
	(B) Participants	**2a(1)(B)**	316792	
	(C) Others (including rollovers)	**2a(1)(C)**	0	
	(2) Noncash contributions	**2a(2)**	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	**2a(3)**		477170
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	**2b(1)(A)**	26	
	(B) U.S. Government securities	**2b(1)(B)**	0	
	(C) Corporate debt instruments	**2b(1)(C)**	0	
	(D) Loans (other than to participants)	**2b(1)(D)**	0	
	(E) Participant loans	**2b(1)(E)**	430	
	(F) Other	**2b(1)(F)**	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	**2b(1)(G)**		456
	(2) Dividends: **(A)** Preferred stock	**2b(2)(A)**	0	
	(B) Common stock	**2b(2)(B)**	0	
	(C) Registered investment company shares (e.g. mutual funds)	**2b(2)(C)**	83533	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	**2b(2)(D)**		83533
	(3) Rents	**2b(3)**		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	**2b(4)(A)**	0	
	(B) Aggregate carrying amount (see instructions)	**2b(4)(B)**	0	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	**2b(4)(C)**		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	**2b(5)(A)**	0	
	(B) Other	**2b(5)(B)**	0	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	**2b(5)(C)**		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		263301
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		824460
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	33682	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		33682
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	16209	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		16209
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		49891
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		774569
l Transfers of assets:			
(1) To this plan	2l(1)		0
(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)** [X] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

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

(1) Name: SRG, LLP **(2)** EIN: 95-4476507

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		120000
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		X	

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

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.)

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

2017

This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
INTERCARE THERAPY, INC. PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
INTERCARE THERAPY, INC.

D Employer Identification Number (EIN)
95-4749616

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 04-6568107

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

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): _____

---

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):

T R I A L B A L A N C E

INTERCARE THERAPY, INC. PROFIT
SHARING PLAN

F O R T H E P E R I O D 01/01/2017 T O 12/31/2017

T R I A L B A L A N C E

INTERCARE THERAPY, INC. PROFIT
SHARING PLAN

T A B L E O F C O N T E N T S

SECTION :

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I. MARKET VALUE REPORT

FUND CODE	FUND NAME	SHARES 12/31/2016	SHARES 12/31/2017	PRICE 12/31/2016	PRICE 12/31/2017	MARKET VALUE 12/31/2016	MARKET VALUE 12/31/2017	MKT VALUE ALLOCATION
0458	FID GOVT MMKT	0.000	4,448.460	$1.00	$1.00	$0.00	$4,448.46	00.20%
0630	FMMT RETIRE GOV II	3,464.190	0.000	$1.00	$1.00	$3,464.19	$0.00	00.00%
0648	FA STRAT INCOME I	20.864	109.588	$12.05	$12.49	$251.43	$1,368.75	00.06%
1193	FA FREEDOM 2020 I	1,221.653	1,415.048	$12.80	$13.89	$15,637.15	$19,655.01	00.88%
1198	FA FREEDOM 2030 I	3,977.456	3,832.547	$13.41	$15.11	$53,337.68	$57,909.83	02.61%
1204	FA FREEDOM 2040 I	29,911.126	35,150.787	$13.75	$15.84	$411,277.97	$556,788.45	25.06%
1209	FA FREEDOM INC I	245.104	293.314	$10.72	$11.13	$2,627.50	$3,264.59	00.15%
1295	FA FREEDOM 2005 I	31.047	203.904	$11.53	$12.07	$357.98	$2,461.11	00.11%
1306	FA FREEDOM 2025 I	886.150	1,931.575	$12.62	$13.93	$11,183.20	$26,906.85	01.21%
1311	FA FREEDOM 2035 I	3,618.868	4,047.255	$12.86	$14.81	$46,538.67	$59,939.86	02.70%
1521	FID EXT MKT IDX PR	740.656	917.519	$55.54	$62.05	$41,136.03	$56,932.05	02.56%
1522	FID INTL INDEX PR	2,709.683	3,058.134	$35.32	$43.18	$95,705.99	$132,050.22	05.94%
1523	FID 500 INDEX PR	3,866.652	4,716.460	$78.34	$93.45	$302,913.52	$440,753.20	19.84%
1604	FA FREEDOM 2045 I	9,897.356	12,096.367	$10.63	$12.33	$105,208.90	$149,148.17	06.71%
1609	FA FREEDOM 2050 I	18,546.084	27,564.950	$10.58	$12.30	$196,217.60	$339,048.92	15.26%
2324	FID US BOND IDX PR	173.003	439.677	$11.49	$11.59	$1,987.80	$5,095.87	00.23%
2336	FA FREEDOM 2055 I	4,657.237	8,243.034	$11.49	$13.48	$53,511.65	$111,116.09	05.00%
2359	FID SM CAP IDX PR	3,139.833	4,790.626	$18.36	$20.32	$57,647.35	$97,345.53	04.38%
2712	FA FREEDOM 2060 I	785.473	2,514.917	$10.13	$11.95	$7,956.85	$30,053.26	01.35%
OEIU	VICTORY S ESTB VAL I	35.093	131.096	$36.16	$40.59	$1,268.96	$5,321.19	00.24%
OEPQ	AMG M F MID CAP I	0.000	1.803	$41.70	$43.79	$0.00	$78.96	00.00%
OEUB	EV ATL CAP SMID-CP I	3.303	59.659	$27.85	$33.61	$92.00	$2,005.14	00.09%
OIIN	TRP BLUE CHIP GRTH I	52.716	270.902	$72.62	$96.33	$3,828.23	$26,096.00	01.17%
OINH	TRP INTL DISCOVERY I	0.000	2.183	$53.20	$71.45	$0.00	$155.98	00.01%
OIWN	IS MSCI DEV WORLD IS	102.322	250.834	$9.88	$11.84	$1,010.94	$2,969.88	00.13%
OKCO	OPPHMR GLOBAL OPPS Y	77.874	473.214	$46.41	$69.34	$3,614.12	$32,812.66	01.48%
OKPZ	BLKRK HI YLD BD INST	392.900	1,191.745	$7.64	$7.80	$3,001.77	$9,295.60	00.42%
OMJA	AMG M LS BOND N	14.170	40.001	$26.24	$26.97	$371.83	$1,078.83	00.05%
OQYG	AF NEW WORLD R5	70.460	93.467	$51.54	$67.07	$3,631.50	$6,268.83	00.28%
OSQT	AM CENT HERITAGE INV	323.721	441.266	$20.18	$22.48	$6,532.69	$9,919.67	00.45%
OU9N	OPPHMR INTL GROWTH I	29.119	67.484	$34.68	$43.63	$1,009.85	$2,944.32	00.13%
OV0B	HTFD CORE EQUITY Y	168.056	223.366	$24.78	$29.16	$4,164.44	$6,513.36	00.29%
OVDT	UM BEHAVIORAL VAL I	184.087	316.669	$64.40	$69.74	$11,855.21	$22,084.51	00.99%
						$1,447,343.00	$2,221,831.15	
TOTAL MARKET VALUE :								
NET CHANGE :							$774,488.15	

II. PLAN ACTIVITY SUMMARY

ACCOUNTING ITEM	<-BEGINNING BALANCE-> AS OF 12/31/2016 CASH	<------ACTIVITY-----> FROM 01/01/2017 TO 12/31/2017 CASH	<---ENDING BALANCE---> AS OF 12/31/2017 CASH
CONTRIBUTION	$577,756.61	$477,169.29	$1,054,925.90
DIVIDEND	174,522.26	83,558.96	258,081.22
FORFEITURE CREDIT	972.16	735.76	1,707.92
EXCHANGE IN	443,002.03	74,366.49	517,368.52
REALIZED G/L	(47,332.52)	5,088.51	(42,244.01)
BALANCE FORWARD	1,036,696.87	0.00	1,036,696.87
LOAN WITHDRAWAL	(12,498.00)	(3,500.00)	(15,998.00)
WITHDRAWAL	(232,780.53)	(33,682.15)	(266,462.68)
TRANSFERS	0.00	0.00	0.00
FORFEITURE DEBIT	(972.16)	(735.76)	(1,707.92)
EXCHANGE OUT	(443,002.03)	(74,366.49)	(517,368.52)
FEES	(25,288.81)	(16,209.25)	(41,498.06)
LOAN REPAYMENT	5,769.22	3,419.82	9,189.04
INTEREST ON LOAN	385.38	429.66	815.04
ADJUSTMENT	0.00	0.00	0.00
GRAND TOTAL:	$1,477,230.48	$516,274.84	$1,993,505.32

ENDING MARKET VALUE $2,221,831.15

III. FUND TOTALS

ACCOUNTING ITEM	<-BEGINNING BALANCE-> AS OF 12/31/2016 CASH	SHARES/UNITS	<------ACTIVITY-----> FROM 01/01/2017 TO 12/31/2017 CASH	SHARES/UNITS	<---ENDING BALANCE---> AS OF 12/31/2017 CASH	SHARES/UNITS
0458 FID GOVT MMKT						
CONTRIBUTION	0.00	0.000	60.76	60.760	60.76	60.760
DIVIDEND	0.00	0.000	7.97	7.970	7.97	7.970
FORFEITURE CREDIT	0.00	0.000	735.76	735.760	735.76	735.760
EXCHANGE IN	0.00	0.000	3,645.14	3,645.140	3,645.14	3,645.140
FEES	0.00	0.000	(1.17)	(1.170)	(1.17)	(1.170)
TOTAL	$0.00	0.000	$4,448.46	4,448.460	$4,448.46	4,448.460
ENDING NAV VALUE						$1.00
ENDING MARKET VALUE						$4,448.46

ACCOUNTING ITEM	<-BEGINNING BALANCE-> AS OF 12/31/2016 CASH	SHARES/UNITS	<------ACTIVITY-----> FROM 01/01/2017 TO 12/31/2017 CASH	SHARES/UNITS	<---ENDING BALANCE---> AS OF 12/31/2017 CASH	SHARES/UNITS
0536 FA LARGE CAP I						
CONTRIBUTION	2,665.29	91.327	0.00	0.000	2,665.29	91.327
DIVIDEND	194.75	7.050	0.00	0.000	194.75	7.050
REALIZED G/L	82.10	0.000	0.00	0.000	82.10	0.000
BALANCE FORWARD	2,022.75	66.647	0.00	0.000	2,022.75	66.647
WITHDRAWAL	(1,044.63)	(34.856)	0.00	0.000	(1,044.63)	(34.856)
EXCHANGE OUT	(3,852.13)	(127.808)	0.00	0.000	(3,852.13)	(127.808)
FEES	(68.13)	(2.360)	0.00	0.000	(68.13)	(2.360)
TOTAL	$0.00	0.000	$0.00	0.000	$0.00	0.000

ENDING NAV VALUE	$34.77
ENDING MARKET VALUE	$0.00

ACCOUNTING ITEM	<-BEGINNING BALANCE-> AS OF 12/31/2016 CASH	SHARES/UNITS	<------ACTIVITY-----> FROM 01/01/2017 TO 12/31/2017 CASH	SHARES/UNITS	<---ENDING BALANCE---> AS OF 12/31/2017 CASH	SHARES/UNITS
0630 FMMT RETIRE GOV II						
CONTRIBUTION	127.01	127.010	165.48	165.480	292.49	292.490
DIVIDEND	1.75	1.750	11.35	11.350	13.10	13.100
FORFEITURE CREDIT	972.16	972.160	0.00	0.000	972.16	972.160
BALANCE FORWARD	2,364.90	2,364.900	0.00	0.000	2,364.90	2,364.900
EXCHANGE OUT	0.00	0.000	(3,645.14)	(3,645.140)	(3,645.14)	(3,645.140)
FEES	(1.63)	(1.630)	(3.01)	(3.010)	(4.64)	(4.640)
ADJUSTMENT	0.00	0.000	7.13	7.130	7.13	7.130
TOTAL	$3,464.19	3,464.190	($3,464.19)	(3,464.190)	$0.00	0.000

ENDING NAV VALUE	$1.00
ENDING MARKET VALUE	$0.00

ACCOUNTING ITEM	<-BEGINNING BALANCE-> AS OF 12/31/2016 CASH	SHARES/UNITS	<------ACTIVITY-----> FROM 01/01/2017 TO 12/31/2017 CASH	SHARES/UNITS	<---ENDING BALANCE---> AS OF 12/31/2017 CASH	SHARES/UNITS
0648 FA STRAT INCOME I						
CONTRIBUTION	253.97	20.918	1,083.82	86.961	1,337.79	107.879
DIVIDEND	2.62	0.216	36.80	2.947	39.42	3.163
REALIZED G/L	0.03	0.000	0.35	0.000	0.38	0.000
FEES	(3.27)	(0.270)	(14.79)	(1.184)	(18.06)	(1.454)
TOTAL	$253.35	20.864	$1,106.18	88.724	$1,359.53	109.588
ENDING NAV VALUE						$12.49
ENDING MARKET VALUE						$1,368.75

ACCOUNTING ITEM	<-BEGINNING BALANCE-> AS OF 12/31/2016 CASH	SHARES/UNITS	<------ACTIVITY-----> FROM 01/01/2017 TO 12/31/2017 CASH	SHARES/UNITS	<---ENDING BALANCE---> AS OF 12/31/2017 CASH	SHARES/UNITS
1193 FA FREEDOM 2020 I						
CONTRIBUTION	10,901.99	828.057	1,676.51	122.704	12,578.50	950.761
DIVIDEND	3,216.73	252.247	1,124.36	81.620	4,341.09	333.867
REALIZED G/L	(2,063.24)	0.000	3.50	0.000	(2,059.74)	0.000
BALANCE FORWARD	54,149.33	4,078.798	0.00	0.000	54,149.33	4,078.798
WITHDRAWAL	(49,204.67)	(3,889.697)	0.00	0.000	(49,204.67)	(3,889.697)
FEES	(614.12)	(47.752)	(149.96)	(10.929)	(764.08)	(58.681)
TOTAL	$16,386.02	1,221.653	$2,654.41	193.395	$19,040.43	1,415.048
ENDING NAV VALUE						$13.89
ENDING MARKET VALUE						$19,655.01

ACCOUNTING ITEM	<-BEGINNING BALANCE-> AS OF 12/31/2016 CASH	SHARES/UNITS	<------ACTIVITY-----> FROM 01/01/2017 TO 12/31/2017 CASH	SHARES/UNITS	<---ENDING BALANCE---> AS OF 12/31/2017 CASH	SHARES/UNITS
1198 FA FREEDOM 2030 I						
CONTRIBUTION	22,276.14	1,627.507	8,682.04	601.693	30,958.18	2,229.200
DIVIDEND	8,201.13	605.062	3,095.88	207.707	11,297.01	812.769
REALIZED G/L	(902.93)	0.000	(40.25)	0.000	(943.18)	0.000
BALANCE FORWARD	52,934.31	3,633.103	0.00	0.000	52,934.31	3,633.103
WITHDRAWAL	(17,316.55)	(1,218.617)	0.00	0.000	(17,316.55)	(1,218.617)
EXCHANGE OUT	(8,081.01)	(604.866)	(13,152.49)	(932.140)	(21,233.50)	(1,537.006)
FEES	(880.97)	(64.733)	(320.36)	(21.964)	(1,201.33)	(86.697)
ADJUSTMENT	0.00	0.000	(3.04)	(0.205)	(3.04)	(0.205)
TOTAL	$56,230.12	3,977.456	($1,738.22)	(144.909)	$54,491.90	3,832.547

ENDING NAV VALUE	$15.11
ENDING MARKET VALUE	$57,909.83

ACCOUNTING ITEM	<-BEGINNING BALANCE-> AS OF 12/31/2016 CASH	SHARES/UNITS	<------ACTIVITY-----> FROM 01/01/2017 TO 12/31/2017 CASH	SHARES/UNITS	<---ENDING BALANCE---> AS OF 12/31/2017 CASH	SHARES/UNITS
1204 FA FREEDOM 2040 I						
CONTRIBUTION	114,328.36	8,252.028	52,454.01	3,458.566	166,782.37	11,710.594
DIVIDEND	53,510.66	3,877.529	28,453.72	1,827.750	81,964.38	5,705.279
REALIZED G/L	(4,002.82)	0.000	143.44	0.000	(3,859.38)	0.000
BALANCE FORWARD	313,822.38	21,027.987	0.00	0.000	313,822.38	21,027.987
LOAN WITHDRAWAL	(8,000.00)	(578.453)	0.00	0.000	(8,000.00)	(578.453)
WITHDRAWAL	(36,467.21)	(2,666.934)	0.00	0.000	(36,467.21)	(2,666.934)
FEES	(5,826.62)	(423.171)	(2,882.89)	(190.391)	(8,709.51)	(613.562)
LOAN REPAYMENT	5,668.63	395.646	1,952.56	129.009	7,621.19	524.655
INTEREST ON LOAN	360.27	26.494	224.24	14.894	584.51	41.388
ADJUSTMENT	0.00	0.000	(2.57)	(0.167)	(2.57)	(0.167)
TOTAL	$433,393.65	29,911.126	$80,342.51	5,239.661	$513,736.16	35,150.787

ENDING NAV VALUE	$15.84
ENDING MARKET VALUE	$556,788.45

ACCOUNTING ITEM	<-BEGINNING BALANCE-> AS OF 12/31/2016 CASH	SHARES/UNITS	<------ACTIVITY-----> FROM 01/01/2017 TO 12/31/2017 CASH	SHARES/UNITS	<---ENDING BALANCE---> AS OF 12/31/2017 CASH	SHARES/UNITS
1209 FA FREEDOM INC I						
CONTRIBUTION	2,675.82	246.030	7,651.03	693.439	10,326.85	939.469
DIVIDEND	32.21	3.005	165.23	14.921	197.44	17.926
REALIZED G/L	(0.26)	0.000	124.23	0.000	123.97	0.000
WITHDRAWAL	0.00	0.000	(7,147.22)	(642.158)	(7,147.22)	(642.158)
FEES	(42.61)	(3.931)	(199.34)	(17.949)	(241.95)	(21.880)
ADJUSTMENT	0.00	0.000	(0.48)	(0.043)	(0.48)	(0.043)
TOTAL	$2,665.16	245.104	$593.45	48.210	$3,258.61	293.314

ENDING NAV VALUE	$11.13
ENDING MARKET VALUE	$3,264.59

ACCOUNTING ITEM	<-BEGINNING BALANCE-> AS OF 12/31/2016 CASH	SHARES/UNITS	<------ACTIVITY-----> FROM 01/01/2017 TO 12/31/2017 CASH	SHARES/UNITS	<---ENDING BALANCE---> AS OF 12/31/2017 CASH	SHARES/UNITS
1290 FA EMERG MARKETS I						
CONTRIBUTION	2,067.61	95.601	0.00	0.000	2,067.61	95.601
DIVIDEND	18.21	0.821	0.00	0.000	18.21	0.821
REALIZED G/L	80.01	0.000	0.00	0.000	80.01	0.000
BALANCE FORWARD	2,022.75	86.962	0.00	0.000	2,022.75	86.962
WITHDRAWAL	(518.28)	(22.583)	0.00	0.000	(518.28)	(22.583)
EXCHANGE OUT	(3,616.42)	(158.268)	0.00	0.000	(3,616.42)	(158.268)
FEES	(53.88)	(2.533)	0.00	0.000	(53.88)	(2.533)
TOTAL	$0.00	0.000	$0.00	0.000	$0.00	0.000

ENDING NAV VALUE	$30.30
ENDING MARKET VALUE	$0.00

ACCOUNTING ITEM	<-BEGINNING BALANCE-> AS OF 12/31/2016 CASH	SHARES/UNITS	<------ACTIVITY-----> FROM 01/01/2017 TO 12/31/2017 CASH	SHARES/UNITS	<---ENDING BALANCE---> AS OF 12/31/2017 CASH	SHARES/UNITS
1295 FA FREEDOM 2005 I						
CONTRIBUTION	377.37	32.079	2,050.37	170.541	2,427.74	202.620
DIVIDEND	7.96	0.691	113.15	9.393	121.11	10.084
REALIZED G/L	(0.04)	0.000	1.99	0.000	1.95	0.000
FEES	(20.11)	(1.723)	(85.95)	(7.077)	(106.06)	(8.800)
TOTAL	$365.18	31.047	$2,079.56	172.857	$2,444.74	203.904

ENDING NAV VALUE	$12.07
ENDING MARKET VALUE	$2,461.11

ACCOUNTING ITEM	<-BEGINNING BALANCE-> AS OF 12/31/2016 CASH	SHARES/UNITS	<------ACTIVITY-----> FROM 01/01/2017 TO 12/31/2017 CASH	SHARES/UNITS	<---ENDING BALANCE---> AS OF 12/31/2017 CASH	SHARES/UNITS
1306 FA FREEDOM 2025 I						
CONTRIBUTION	4,490.07	365.965	14,172.69	1,038.396	18,662.76	1,404.361
DIVIDEND	1,105.54	87.031	1,275.02	92.318	2,380.56	179.349
REALIZED G/L	(33.53)	0.000	159.68	0.000	126.15	0.000
BALANCE FORWARD	6,655.83	486.893	0.00	0.000	6,655.83	486.893
FORFEITURE DEBIT	0.00	0.000	(735.76)	(52.256)	(735.76)	(52.256)
FEES	(682.58)	(53.739)	(451.61)	(33.033)	(1,134.19)	(86.772)
TOTAL	$11,535.33	886.150	$14,420.02	1,045.425	$25,955.35	1,931.575
ENDING NAV VALUE						$13.93
ENDING MARKET VALUE						$26,906.85

ACCOUNTING ITEM	<-BEGINNING BALANCE-> AS OF 12/31/2016 CASH	SHARES/UNITS	<------ACTIVITY-----> FROM 01/01/2017 TO 12/31/2017 CASH	SHARES/UNITS	<---ENDING BALANCE---> AS OF 12/31/2017 CASH	SHARES/UNITS
1311 FA FREEDOM 2035 I						
CONTRIBUTION	34,468.80	2,644.917	3,484.06	245.942	37,952.86	2,890.859
DIVIDEND	12,158.44	937.905	3,031.55	208.527	15,189.99	1,146.432
REALIZED G/L	(7,609.48)	0.000	13.56	0.000	(7,595.92)	0.000
BALANCE FORWARD	80,344.13	5,767.704	0.00	0.000	80,344.13	5,767.704
WITHDRAWAL	(65,240.48)	(5,358.950)	0.00	0.000	(65,240.48)	(5,358.950)
EXCHANGE OUT	(3,360.80)	(263.592)	0.00	0.000	(3,360.80)	(263.592)
FEES	(1,407.95)	(109.116)	(369.72)	(26.082)	(1,777.67)	(135.198)
TOTAL	$49,352.66	3,618.868	$6,159.45	428.387	$55,512.11	4,047.255
ENDING NAV VALUE						$14.81
ENDING MARKET VALUE						$59,939.86

ACCOUNTING ITEM	<-BEGINNING BALANCE-> AS OF 12/31/2016 CASH	SHARES/UNITS	<------ACTIVITY-----> FROM 01/01/2017 TO 12/31/2017 CASH	SHARES/UNITS	<---ENDING BALANCE---> AS OF 12/31/2017 CASH	SHARES/UNITS
1521 FID EXT MKT IDX PR						
CONTRIBUTION	1,763.31	31.680	2,037.15	34.357	3,800.46	66.037
DIVIDEND	1,601.35	28.753	2,956.53	48.779	4,557.88	77.532
EXCHANGE IN	37,884.73	690.949	5,676.98	97.344	43,561.71	788.293
REALIZED G/L	(11.40)	0.000	16.71	0.000	5.31	0.000
WITHDRAWAL	(517.26)	(9.519)	0.00	0.000	(517.26)	(9.519)
EXCHANGE OUT	0.00	0.000	0.00	0.000	0.00	0.000
FEES	(67.34)	(1.207)	(215.88)	(3.617)	(283.22)	(4.824)
TOTAL	$40,653.39	740.656	$10,471.49	176.863	$51,124.88	917.519

ENDING NAV VALUE	$62.05
ENDING MARKET VALUE	$56,932.05

ACCOUNTING ITEM	<-BEGINNING BALANCE-> AS OF 12/31/2016 CASH	SHARES/UNITS	<------ACTIVITY-----> FROM 01/01/2017 TO 12/31/2017 CASH	SHARES/UNITS	<---ENDING BALANCE---> AS OF 12/31/2017 CASH	SHARES/UNITS
1522 FID INTL INDEX PR						
CONTRIBUTION	1,000.00	28.052	2,562.65	63.238	3,562.65	91.290
DIVIDEND	2,667.23	75.795	3,192.44	75.467	5,859.67	151.262
EXCHANGE IN	92,607.12	2,609.386	9,700.81	242.593	102,307.93	2,851.979
REALIZED G/L	(0.56)	0.000	137.56	0.000	137.00	0.000
EXCHANGE OUT	0.00	0.000	(810.58)	(20.464)	(810.58)	(20.464)
FEES	(125.34)	(3.550)	(495.47)	(12.383)	(620.81)	(15.933)
TOTAL	$96,148.45	2,709.683	$14,287.41	348.451	$110,435.86	3,058.134
ENDING NAV VALUE						$43.18
ENDING MARKET VALUE						$132,050.22

ACCOUNTING ITEM	<-BEGINNING BALANCE-> AS OF 12/31/2016 CASH	SHARES/UNITS	<------ACTIVITY-----> FROM 01/01/2017 TO 12/31/2017 CASH	SHARES/UNITS	<---ENDING BALANCE---> AS OF 12/31/2017 CASH	SHARES/UNITS
1523 FID 500 INDEX PR						
CONTRIBUTION	40,627.78	535.445	38,362.07	448.847	78,989.85	984.292
DIVIDEND	3,525.15	45.060	7,986.94	91.276	11,512.09	136.336
EXCHANGE IN	251,646.76	3,298.845	30,410.20	357.182	282,056.96	3,656.027
REALIZED G/L	14.08	0.000	375.96	0.000	390.04	0.000
LOAN WITHDRAWAL	(123.25)	(1.631)	0.00	0.000	(123.25)	(1.631)
EXCHANGE OUT	(186.85)	(2.409)	(2,474.86)	(28.145)	(2,661.71)	(30.554)
FEES	(687.90)	(9.056)	(1,910.60)	(22.275)	(2,598.50)	(31.331)
LOAN REPAYMENT	25.15	0.319	206.37	2.408	231.52	2.727
INTEREST ON LOAN	6.28	0.079	45.09	0.527	51.37	0.606
ADJUSTMENT	0.00	0.000	(1.04)	(0.012)	(1.04)	(0.012)
TOTAL	$294,847.20	3,866.652	$73,000.13	849.808	$367,847.33	4,716.460

ENDING NAV VALUE	$93.45
ENDING MARKET VALUE	$440,753.20

ACCOUNTING ITEM	<-BEGINNING BALANCE-> AS OF 12/31/2016 CASH	SHARES/UNITS	<------ACTIVITY-----> FROM 01/01/2017 TO 12/31/2017 CASH	SHARES/UNITS	<---ENDING BALANCE---> AS OF 12/31/2017 CASH	SHARES/UNITS
1604 FA FREEDOM 2045 I						
CONTRIBUTION	98,437.52	9,181.327	63,918.10	5,392.417	162,355.62	14,573.744
DIVIDEND	41,094.96	3,872.006	6,537.22	540.586	47,632.18	4,412.592
REALIZED G/L	(18,053.05)	0.000	1,182.67	0.000	(16,870.38)	0.000
BALANCE FORWARD	258,749.56	22,566.214	0.00	0.000	258,749.56	22,566.214
WITHDRAWAL	0.00	0.000	(11,176.11)	(939.169)	(11,176.11)	(939.169)
EXCHANGE OUT	(265,396.64)	(25,299.967)	(31,316.94)	(2,678.716)	(296,713.58)	(27,978.683)
FEES	(4,475.45)	(422.224)	(1,368.42)	(116.107)	(5,843.87)	(538.331)
TOTAL	$110,356.90	9,897.356	$27,776.52	2,199.011	$138,133.42	12,096.367

ENDING NAV VALUE	$12.33
ENDING MARKET VALUE	$149,148.17

ACCOUNTING ITEM	<-BEGINNING BALANCE-> AS OF 12/31/2016 CASH	SHARES/UNITS	<------ACTIVITY-----> FROM 01/01/2017 TO 12/31/2017 CASH	SHARES/UNITS	<---ENDING BALANCE---> AS OF 12/31/2017 CASH	SHARES/UNITS
1609 FA FREEDOM 2050 I						
CONTRIBUTION	155,624.01	14,610.349	129,478.07	10,944.604	285,102.08	25,554.953
DIVIDEND	40,442.20	3,841.417	13,737.79	1,138.234	54,179.99	4,979.651
REALIZED G/L	(14,730.15)	0.000	2,322.91	0.000	(12,407.24)	0.000
BALANCE FORWARD	245,043.60	21,598.404	0.00	0.000	245,043.60	21,598.404
LOAN WITHDRAWAL	0.00	0.000	(2,200.00)	(177.706)	(2,200.00)	(177.706)
WITHDRAWAL	(59,322.86)	(5,747.486)	(7,720.27)	(625.123)	(67,043.13)	(6,372.609)
FORFEITURE DEBIT	(972.16)	(92.763)	0.00	0.000	(972.16)	(92.763)
EXCHANGE OUT	(155,544.72)	(14,913.204)	(22,436.03)	(1,928.960)	(177,980.75)	(16,842.164)
FEES	(7,900.09)	(750.633)	(3,914.05)	(332.183)	(11,814.14)	(1,082.816)
TOTAL	$202,639.83	18,546.084	$109,268.42	9,018.866	$311,908.25	27,564.950

ENDING NAV VALUE	$12.30
ENDING MARKET VALUE	$339,048.92

ACCOUNTING ITEM	<-BEGINNING BALANCE-> AS OF 12/31/2016 CASH	SHARES/UNITS	<------ACTIVITY-----> FROM 01/01/2017 TO 12/31/2017 CASH	SHARES/UNITS	<---ENDING BALANCE---> AS OF 12/31/2017 CASH	SHARES/UNITS
2324 FID US BOND IDX PR						
CONTRIBUTION	2,000.00	172.889	3,021.25	260.650	5,021.25	433.539
DIVIDEND	4.49	0.391	90.76	7.825	95.25	8.216
REALIZED G/L	(0.02)	0.000	0.15	0.000	0.13	0.000
FEES	(3.19)	(0.277)	(20.90)	(1.801)	(24.09)	(2.078)
TOTAL	$2,001.28	173.003	$3,091.26	266.674	$5,092.54	439.677

ENDING NAV VALUE	$11.59
ENDING MARKET VALUE	$5,095.87

ACCOUNTING ITEM	<-BEGINNING BALANCE-> AS OF 12/31/2016 CASH	SHARES/UNITS	<------ACTIVITY-----> FROM 01/01/2017 TO 12/31/2017 CASH	SHARES/UNITS	<---ENDING BALANCE---> AS OF 12/31/2017 CASH	SHARES/UNITS
2336 FA FREEDOM 2055 I						
CONTRIBUTION	45,368.54	4,013.146	53,569.74	4,194.223	98,938.28	8,207.369
DIVIDEND	2,899.37	257.670	3,462.11	261.149	6,361.48	518.819
EXCHANGE IN	0.00	0.000	224.86	18.538	224.86	18.538
REALIZED G/L	(132.51)	0.000	518.79	0.000	386.28	0.000
BALANCE FORWARD	11,170.57	930.992	0.00	0.000	11,170.57	930.992
LOAN WITHDRAWAL	(4,121.05)	(364.051)	(1,300.00)	(104.083)	(5,421.05)	(468.134)
WITHDRAWAL	0.00	0.000	(7,638.55)	(646.053)	(7,638.55)	(646.053)
TRANSFERS	0.00	0.000	0.00	0.000	0.00	0.000
EXCHANGE OUT	(268.40)	(23.627)	(530.45)	(41.933)	(798.85)	(65.560)
FEES	(1,804.38)	(159.599)	(2,125.80)	(166.436)	(3,930.18)	(326.035)
LOAN REPAYMENT	25.16	2.165	848.26	64.906	873.42	67.071
INTEREST ON LOAN	6.29	0.541	70.27	5.486	76.56	6.027
TOTAL	$53,143.59	4,657.237	$47,099.23	3,585.797	$100,242.82	8,243.034

ENDING NAV VALUE	$13.48
ENDING MARKET VALUE	$111,116.09

ACCOUNTING ITEM	<-BEGINNING BALANCE-> AS OF 12/31/2016 CASH	SHARES/UNITS	<------ACTIVITY-----> FROM 01/01/2017 TO 12/31/2017 CASH	SHARES/UNITS	<---ENDING BALANCE---> AS OF 12/31/2017 CASH	SHARES/UNITS
2359 FID SM CAP IDX PR						
CONTRIBUTION	4,000.00	223.335	6,116.46	318.844	10,116.46	542.179
DIVIDEND	783.80	42.505	3,361.23	168.683	4,145.03	211.188
EXCHANGE IN	50,512.96	2,878.232	21,928.05	1,182.222	72,441.01	4,060.454
REALIZED G/L	2.06	0.000	30.00	0.000	32.06	0.000
FEES	(76.28)	(4.239)	(367.92)	(18.956)	(444.20)	(23.195)
TOTAL	$55,222.54	3,139.833	$31,067.82	1,650.793	$86,290.36	4,790.626

ENDING NAV VALUE	$20.32
ENDING MARKET VALUE	$97,345.53

ACCOUNTING ITEM	<-BEGINNING BALANCE-> AS OF 12/31/2016 CASH	SHARES/UNITS	<------ACTIVITY-----> FROM 01/01/2017 TO 12/31/2017 CASH	SHARES/UNITS	<---ENDING BALANCE---> AS OF 12/31/2017 CASH	SHARES/UNITS
2712 FA FREEDOM 2060 I						
CONTRIBUTION	7,636.00	779.289	19,216.31	1,704.481	26,852.31	2,483.770
DIVIDEND	161.10	16.289	773.67	65.622	934.77	81.911
REALIZED G/L	3.76	0.000	28.32	0.000	32.08	0.000
FEES	(98.98)	(10.105)	(463.17)	(40.659)	(562.15)	(50.764)
TOTAL	$7,701.88	785.473	$19,555.13	1,729.444	$27,257.01	2,514.917

ENDING NAV VALUE	$11.95
ENDING MARKET VALUE	$30,053.26

ACCOUNTING ITEM	<-BEGINNING BALANCE-> AS OF 12/31/2016 CASH	SHARES/UNITS	<------ACTIVITY-----> FROM 01/01/2017 TO 12/31/2017 CASH	SHARES/UNITS	<---ENDING BALANCE---> AS OF 12/31/2017 CASH	SHARES/UNITS
OEIU VICTORY S ESTB VAL I						
CONTRIBUTION	1,258.88	34.866	3,586.66	93.182	4,845.54	128.048
DIVIDEND	15.16	0.418	155.90	3.860	171.06	4.278
EXCHANGE IN	0.00	0.000	0.00	0.000	0.00	0.000
REALIZED G/L	0.17	0.000	2.16	0.000	2.33	0.000
EXCHANGE OUT	0.00	0.000	0.00	0.000	0.00	0.000
FEES	(6.89)	(0.191)	(40.52)	(1.039)	(47.41)	(1.230)
TOTAL	$1,267.32	35.093	$3,704.20	96.003	$4,971.52	131.096

ENDING NAV VALUE	$40.59
ENDING MARKET VALUE	$5,321.19

ACCOUNTING ITEM	<-BEGINNING BALANCE-> AS OF 12/31/2016 CASH	SHARES/UNITS	<------ACTIVITY-----> FROM 01/01/2017 TO 12/31/2017 CASH	SHARES/UNITS	<---ENDING BALANCE---> AS OF 12/31/2017 CASH	SHARES/UNITS
OEPQ AMG M F MID CAP I						
CONTRIBUTION	0.00	0.000	73.98	1.701	73.98	1.701
DIVIDEND	0.00	0.000	4.82	0.110	4.82	0.110
EXCHANGE IN	0.00	0.000	0.00	0.000	0.00	0.000
REALIZED G/L	0.00	0.000	0.06	0.000	0.06	0.000
EXCHANGE OUT	0.00	0.000	0.00	0.000	0.00	0.000
FEES	0.00	0.000	(0.39)	(0.008)	(0.39)	(0.008)
TOTAL	$0.00	0.000	$78.47	1.803	$78.47	1.803

ENDING NAV VALUE	$43.79
ENDING MARKET VALUE	$78.96

ACCOUNTING ITEM	<-BEGINNING BALANCE-> AS OF 12/31/2016 CASH	SHARES/UNITS	<------ACTIVITY-----> FROM 01/01/2017 TO 12/31/2017 CASH	SHARES/UNITS	<---ENDING BALANCE---> AS OF 12/31/2017 CASH	SHARES/UNITS
OEUB EV ATL CAP SMID-CP I						
CONTRIBUTION	92.69	3.259	1,727.25	55.908	1,819.94	59.167
DIVIDEND	1.25	0.044	58.37	1.765	59.62	1.809
EXCHANGE IN	0.00	0.000	0.00	0.000	0.00	0.000
REALIZED G/L	0.00	0.000	2.78	0.000	2.78	0.000
EXCHANGE OUT	0.00	0.000	0.00	0.000	0.00	0.000
FEES	0.00	0.000	(41.31)	(1.317)	(41.31)	(1.317)
TOTAL	$93.94	3.303	$1,747.09	56.356	$1,841.03	59.659

ENDING NAV VALUE	$33.61
ENDING MARKET VALUE	$2,005.14

ACCOUNTING ITEM	<-BEGINNING BALANCE-> AS OF 12/31/2016 CASH	SHARES/UNITS	<------ACTIVITY-----> FROM 01/01/2017 TO 12/31/2017 CASH	SHARES/UNITS	<---ENDING BALANCE---> AS OF 12/31/2017 CASH	SHARES/UNITS
OIIN TRP BLUE CHIP GRTH I						
CONTRIBUTION	1,188.99	16.175	19,036.76	212.847	20,225.75	229.022
DIVIDEND	27.35	0.372	692.37	7.211	719.72	7.583
EXCHANGE IN	2,695.06	36.426	0.00	0.000	2,695.06	36.426
REALIZED G/L	(0.28)	0.000	17.49	0.000	17.21	0.000
EXCHANGE OUT	0.00	0.000	0.00	0.000	0.00	0.000
FEES	(18.66)	(0.257)	(168.59)	(1.872)	(187.25)	(2.129)
TOTAL	$3,892.46	52.716	$19,578.03	218.186	$23,470.49	270.902
ENDING NAV VALUE						$96.33
ENDING MARKET VALUE						$26,096.00

ACCOUNTING ITEM	<-BEGINNING BALANCE-> AS OF 12/31/2016 CASH	SHARES/UNITS	<------ACTIVITY-----> FROM 01/01/2017 TO 12/31/2017 CASH	SHARES/UNITS	<---ENDING BALANCE---> AS OF 12/31/2017 CASH	SHARES/UNITS
OINH TRP INTL DISCOVERY I						
CONTRIBUTION	0.00	0.000	140.24	2.130	140.24	2.130
DIVIDEND	0.00	0.000	5.05	0.072	5.05	0.072
EXCHANGE IN	0.00	0.000	0.00	0.000	0.00	0.000
REALIZED G/L	0.00	0.000	0.28	0.000	0.28	0.000
EXCHANGE OUT	0.00	0.000	0.00	0.000	0.00	0.000
FEES	0.00	0.000	(1.45)	(0.019)	(1.45)	(0.019)
TOTAL	$0.00	0.000	$144.12	2.183	$144.12	2.183

ENDING NAV VALUE	$71.45
ENDING MARKET VALUE	$155.98

ACCOUNTING ITEM	<-BEGINNING BALANCE-> AS OF 12/31/2016 CASH	SHARES/UNITS	<------ACTIVITY-----> FROM 01/01/2017 TO 12/31/2017 CASH	SHARES/UNITS	<---ENDING BALANCE---> AS OF 12/31/2017 CASH	SHARES/UNITS
OIWN IS MSCI DEV WORLD IS						
CONTRIBUTION	1,000.00	102.013	1,584.49	144.784	2,584.49	246.797
DIVIDEND	4.71	0.475	54.47	4.788	59.18	5.263
EXCHANGE IN	0.00	0.000	0.00	0.000	0.00	0.000
REALIZED G/L	0.03	0.000	1.04	0.000	1.07	0.000
FEES	(1.61)	(0.166)	(11.70)	(1.060)	(13.31)	(1.226)
TOTAL	$1,003.13	102.322	$1,628.30	148.512	$2,631.43	250.834

ENDING NAV VALUE	$11.84
ENDING MARKET VALUE	$2,969.88

ACCOUNTING ITEM	<-BEGINNING BALANCE-> AS OF 12/31/2016 CASH	SHARES/UNITS	<------ACTIVITY-----> FROM 01/01/2017 TO 12/31/2017 CASH	SHARES/UNITS	<---ENDING BALANCE---> AS OF 12/31/2017 CASH	SHARES/UNITS
OKCO OPPHMR GLOBAL OPPS Y						
CONTRIBUTION	3,484.33	72.048	20,773.25	339.568	24,257.58	411.616
DIVIDEND	225.35	4.854	618.19	9.176	843.54	14.030
EXCHANGE IN	186.85	3.751	2,780.45	45.712	2,967.30	49.463
REALIZED G/L	7.90	0.000	23.57	0.000	31.47	0.000
LOAN WITHDRAWAL	(130.44)	(2.568)	0.00	0.000	(130.44)	(2.568)
EXCHANGE OUT	0.00	0.000	0.00	0.000	0.00	0.000
FEES	(41.78)	(0.857)	(213.89)	(3.508)	(255.67)	(4.365)
LOAN REPAYMENT	25.13	0.517	206.32	3.599	231.45	4.116
INTEREST ON LOAN	6.26	0.129	45.04	0.793	51.30	0.922
TOTAL	$3,763.60	77.874	$24,232.93	395.340	$27,996.53	473.214

ENDING NAV VALUE	$69.34
ENDING MARKET VALUE	$32,812.66

ACCOUNTING ITEM	<-BEGINNING BALANCE-> AS OF 12/31/2016 CASH	SHARES/UNITS	<------ACTIVITY-----> FROM 01/01/2017 TO 12/31/2017 CASH	SHARES/UNITS	<---ENDING BALANCE---> AS OF 12/31/2017 CASH	SHARES/UNITS
OKPZ BLKRK HI YLD BD INST						
CONTRIBUTION	2,958.65	390.609	5,922.30	761.155	8,880.95	1,151.764
DIVIDEND	33.17	4.361	354.38	45.428	387.55	49.789
REALIZED G/L	0.21	0.000	1.27	0.000	1.48	0.000
FEES	(15.59)	(2.070)	(60.36)	(7.738)	(75.95)	(9.808)
TOTAL	$2,976.44	392.900	$6,217.59	798.845	$9,194.03	1,191.745

ENDING NAV VALUE	$7.80
ENDING MARKET VALUE	$9,295.60

ACCOUNTING ITEM	<-BEGINNING BALANCE-> AS OF 12/31/2016 CASH	SHARES/UNITS	<------ACTIVITY-----> FROM 01/01/2017 TO 12/31/2017 CASH	SHARES/UNITS	<---ENDING BALANCE---> AS OF 12/31/2017 CASH	SHARES/UNITS
OKXX TRP BLUE CHIP GR ADV						
CONTRIBUTION	3,652.36	51.751	0.00	0.000	3,652.36	51.751
DIVIDEND	39.58	0.566	0.00	0.000	39.58	0.566
REALIZED G/L	111.12	0.000	0.00	0.000	111.12	0.000
WITHDRAWAL	(1,059.67)	(14.687)	0.00	0.000	(1,059.67)	(14.687)
EXCHANGE OUT	(2,695.06)	(36.944)	0.00	0.000	(2,695.06)	(36.944)
FEES	(48.33)	(0.686)	0.00	0.000	(48.33)	(0.686)
TOTAL	$0.00	0.000	$0.00	0.000	$0.00	0.000

ENDING NAV VALUE	$95.02
ENDING MARKET VALUE	$0.00

ACCOUNTING ITEM	<-BEGINNING BALANCE-> AS OF 12/31/2016 CASH	SHARES/UNITS	<------ACTIVITY-----> FROM 01/01/2017 TO 12/31/2017 CASH	SHARES/UNITS	<---ENDING BALANCE---> AS OF 12/31/2017 CASH	SHARES/UNITS
OMJA AMG M LS BOND N						
CONTRIBUTION	1,399.66	50.850	678.74	25.175	2,078.40	76.025
DIVIDEND	63.24	2.370	30.56	1.133	93.80	3.503
REALIZED G/L	2.73	0.000	0.03	0.000	2.76	0.000
WITHDRAWAL	(1,054.59)	(38.113)	0.00	0.000	(1,054.59)	(38.113)
FEES	(25.38)	(0.937)	(12.84)	(0.477)	(38.22)	(1.414)
TOTAL	$385.66	14.170	$696.49	25.831	$1,082.15	40.001

ENDING NAV VALUE	$26.97
ENDING MARKET VALUE	$1,078.83

ACCOUNTING ITEM	<-BEGINNING BALANCE-> AS OF 12/31/2016 CASH	SHARES/UNITS	<------ACTIVITY-----> FROM 01/01/2017 TO 12/31/2017 CASH	SHARES/UNITS	<---ENDING BALANCE---> AS OF 12/31/2017 CASH	SHARES/UNITS
OQYG AF NEW WORLD R5						
CONTRIBUTION	190.65	3.675	1,320.62	21.562	1,511.27	25.237
DIVIDEND	44.90	0.880	131.44	1.976	176.34	2.856
EXCHANGE IN	3,616.42	66.041	0.00	0.000	3,616.42	66.041
REALIZED G/L	(0.44)	0.000	3.29	0.000	2.85	0.000
EXCHANGE OUT	0.00	0.000	0.00	0.000	0.00	0.000
FEES	(6.99)	(0.136)	(32.46)	(0.531)	(39.45)	(0.667)
TOTAL	$3,844.54	70.460	$1,422.89	23.007	$5,267.43	93.467
ENDING NAV VALUE						$67.07
ENDING MARKET VALUE						$6,268.83

ACCOUNTING ITEM	<-BEGINNING BALANCE-> AS OF 12/31/2016 CASH	SHARES/UNITS	<------ACTIVITY-----> FROM 01/01/2017 TO 12/31/2017 CASH	SHARES/UNITS	<---ENDING BALANCE---> AS OF 12/31/2017 CASH	SHARES/UNITS
OSQT AM CENT HERITAGE INV						
CONTRIBUTION	3,933.62	168.445	1,850.32	82.587	5,783.94	251.032
DIVIDEND	1,703.28	79.898	837.14	37.239	2,540.42	117.137
REALIZED G/L	(102.88)	0.000	(2.65)	0.000	(105.53)	0.000
BALANCE FORWARD	3,371.26	126.217	0.00	0.000	3,371.26	126.217
WITHDRAWAL	(1,034.33)	(45.787)	0.00	0.000	(1,034.33)	(45.787)
EXCHANGE OUT	0.00	0.000	0.00	0.000	0.00	0.000
FEES	(115.55)	(5.052)	(51.35)	(2.281)	(166.90)	(7.333)
TOTAL	$7,755.40	323.721	$2,633.46	117.545	$10,388.86	441.266

ENDING NAV VALUE	$22.48
ENDING MARKET VALUE	$9,919.67

ACCOUNTING ITEM	<-BEGINNING BALANCE-> AS OF 12/31/2016 CASH	SHARES/UNITS	<------ACTIVITY-----> FROM 01/01/2017 TO 12/31/2017 CASH	SHARES/UNITS	<---ENDING BALANCE---> AS OF 12/31/2017 CASH	SHARES/UNITS
OU9N OPPHMR INTL GROWTH I						
CONTRIBUTION	1,000.00	28.827	1,510.54	37.954	2,510.54	66.781
DIVIDEND	11.56	0.338	30.06	0.698	41.62	1.036
EXCHANGE IN	0.00	0.000	0.00	0.000	0.00	0.000
REALIZED G/L	0.00	0.000	1.35	0.000	1.35	0.000
EXCHANGE OUT	0.00	0.000	0.00	0.000	0.00	0.000
FEES	(1.58)	(0.046)	(11.59)	(0.287)	(13.17)	(0.333)
TOTAL	$1,009.98	29.119	$1,530.36	38.365	$2,540.34	67.484

ENDING NAV VALUE	$43.63
ENDING MARKET VALUE	$2,944.32

ACCOUNTING ITEM	<-BEGINNING BALANCE-> AS OF 12/31/2016 CASH	SHARES/UNITS	<------ACTIVITY-----> FROM 01/01/2017 TO 12/31/2017 CASH	SHARES/UNITS	<---ENDING BALANCE---> AS OF 12/31/2017 CASH	SHARES/UNITS
OV0B HTFD CORE EQUITY Y						
CONTRIBUTION	229.55	9.187	1,336.49	48.656	1,566.04	57.843
DIVIDEND	65.92	2.632	234.91	7.967	300.83	10.599
EXCHANGE IN	3,852.13	156.591	0.00	0.000	3,852.13	156.591
REALIZED G/L	0.04	0.000	3.50	0.000	3.54	0.000
FEES	(8.70)	(0.354)	(36.03)	(1.313)	(44.73)	(1.667)
TOTAL	$4,138.94	168.056	$1,538.87	55.310	$5,677.81	223.366

ENDING NAV VALUE	$29.16
ENDING MARKET VALUE	$6,513.36

ACCOUNTING ITEM	<-BEGINNING BALANCE-> AS OF 12/31/2016 CASH	SHARES/UNITS	<------ACTIVITY-----> FROM 01/01/2017 TO 12/31/2017 CASH	SHARES/UNITS	<---ENDING BALANCE---> AS OF 12/31/2017 CASH	SHARES/UNITS
OVDT UM BEHAVIORAL VAL I						
CONTRIBUTION	6,277.64	105.643	7,865.08	117.764	14,142.72	223.407
DIVIDEND	657.14	10.984	937.58	13.507	1,594.72	24.491
REALIZED G/L	6.83	0.000	14.77	0.000	21.60	0.000
BALANCE FORWARD	4,045.50	71.678	0.00	0.000	4,045.50	71.678
LOAN WITHDRAWAL	(123.26)	(2.067)	0.00	0.000	(123.26)	(2.067)
FEES	(156.93)	(2.626)	(165.76)	(2.461)	(322.69)	(5.087)
LOAN REPAYMENT	25.15	0.380	206.31	3.097	231.46	3.477
INTEREST ON LOAN	6.28	0.095	45.02	0.675	51.30	0.770
TOTAL	$10,738.35	184.087	$8,903.00	132.582	$19,641.35	316.669

ENDING NAV VALUE	$69.74
ENDING MARKET VALUE	$22,084.51

IV. SUMMARY OF LOAN ACTIVITY

BEGINNING BALANCE AS OF: 12/31/2016		$10,602.44
PRINCIPAL ACTIVITY		
LESS PRINCIPAL REPAID	(3,419.82)	
LESS NON-MONETARY		
LOAN TRANSFER -PRINCIPAL PAYOFF	(1,141.03)	
LOAN PRINCIPAL CONVERTED -PRIOR RK	(158.97)	
SUBTOTAL		($4,719.82)
PLUS LOAN WITHDRAWALS	3,500.00	
PLUS NON-MONETARY		
LOAN AMOUNT CONVERTED -PRIOR RK	1,300.00	
SUBTOTAL		$4,800.00
OUTSTANDING PRINCIPAL BALANCE AS OF: 12/31/2017		$10,682.62
INTEREST ACTIVITY		
INTEREST PAYMENTS	429.66	
TOTAL INTEREST		$429.66
TOTAL LOANS OUTSTANDING AS OF 12/31/2017:		4

V. RECONCILIATION

	<-----BEGINNING BALANCE-----> AS OF 12/31/2016 CASH	<-----CURRENT ACTIVITY-----> 01/01/2017 TO 12/31/2017 CASH	<------ENDING BALANCE------> AS OF 12/31/2017 CASH
PARTICIPANT TOTALS	$1,477,230.48	$516,274.84	$1,993,505.32
PLAN TOTALS	$1,477,230.48	$516,274.84	$1,993,505.32
	$0.00	$0.00	$0.00

INTERCARE THERAPY, INC.
PROFIT SHARING PLAN

FINANCIAL STATEMENTS
WITH SUPPLEMENTARY INFORMATION
AND INDEPENDENT AUDITORS' REPORT

AS OF DECEMBER 31, 2017 AND 2016 AND
FOR THE YEAR ENDED DECEMBER 31, 2017

INTERCARE THERAPY, INC. PROFIT SHARING PLAN

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YEARS ENDED DECEMBER 31, 2017 AND 2016

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Independent Auditors' Report

To the Participants and Plan Administrator of
Intercare Therapy, Inc. Profit Sharing Plan

Report on the financial statements

We were engaged to audit the accompanying financial statements of Intercare Therapy, Inc. Profit Sharing Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, and the related statement of changes in net assets available for benefits for the year ended December 31, 2017, and the related notes to the financial statements.

Management's responsibility for the financial statements

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

Auditors' responsibility

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

Basis for disclaimer of opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Fidelity Management Trust Company ("Fidelity Management"), the Trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan administrator that trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the year ended December 31, 2017 and 2016, that the information provided to the Plan administrator by the Trustee is complete and accurate.

Disclaimer of opinion

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

Other matter

The supplemental schedule of delinquent contributions for the year ended December 31, 2017, and the schedule of assets (held at end of year) as of December 31, 2017, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the basis for disclaimer of opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

Report on form and content in compliance with DOL rules and regulations

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

SRG, LLP

SRG, LLP
October 12, 2018

INTERCARE THERAPY, INC. PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2017 AND 2016

	2017	2016
Assets		
Investments, at fair value	$ 2,221,831	$ 1,447,343
Receivables		
Notes receivable from participants	10,683	10,602
Total receivables	10,683	10,602
Net assets available for benefits	$ 2,232,514	$ 1,457,945

See notes to the financial statements.

INTERCARE THERAPY, INC. PROFIT SHARING PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEAR ENDED DECEMBER 31, 2017

Additions to net assets attributed to:	
Investment income:	
Net appreciation in fair value of investments	$ 263,301
Dividends and interest	83,559
Total investment income	346,860
Interest income on notes receivable from participants	430
Contributions:	
Employer	160,378
Participants	316,792
Total contributions	477,170
Total additions to net assets	824,460
Deductions from net assets attributed to:	
Benefits paid to participants	(33,682)
Administrative expenses	(16,209)
Total deductions from net assets	(49,891)
Net change	774,569
Net assets available for benefits, beginning of year	1,457,945
Net assets available for benefits, end of year	$ 2,232,514

See notes to the financial statements.

1. Description of the Plan and benefits

The following description of the Intercare Therapy, Inc. Profit Sharing Plan (the "Plan"), is provided only for general information. Participants should refer to the Plan Agreement or Summary Plan Description for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan under Section 401(a) of the Internal Revenue Code (the "IRC"). The Plan was established as a profit sharing plan on January 1, 2003, and restated in 2010 as a defined contribution plan, for the benefit of Intercare Therapy, Inc. (the "Company" or the "Employer"). Fidelity Management Trust Company ("Fidelity Management"), the trustee, is responsible for administering and holding participant directed Plan investments. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Eligibility

Eligible employees of the Plan have completed at least six (6) months of service. The entry date is the first day of every month after the completion of the eligibility requirement.

Contributions

Under the terms of the Plan, eligible employees may elect to defer up to 50% of their annual compensation, limited to a maximum amount specified by the Internal Revenue Service ($18,000 for employees under age 50, and $24,000 for employees age 50 and over for 2017 and 2016). Participants may also elect to contribute after-tax contributions to the Plan. Participants may contribute amounts representing distributions from other qualified defined benefit or contribution plans (rollovers). Participants direct the investment of their accounts into a variety of investment options offered by the Plan. A participant may authorize transfers among investment options at any time.

The Company made a Safe Harbor non-elective contribution equal to 100% of the first 3% and 50% of the next 2% of the elective deferral contributions made by a participant. For the year ended December 31, 2017, the Company made contributions totaling $160,378.

The Company may make profit sharing contributions, at the discretion of the Company's Board of Directors. No profit sharing contributions were made during the year ended December 31, 2017.

1. Description of the Plan and benefits - continued

Participant accounts

Each participant's account is credited with the participant's voluntary contributions, Employer's non-elective contributions, and allocation of the Plan earnings. Allocations are based on participant earnings or account balances as defined. The benefit, to which a participant ultimately is entitled, is the value of the participant's account, upon separation from the Plan or retirement. Participants select the fund(s) in which they invest.

Vesting

Participants are immediately vested in their account balances. Vesting in the Company's matching is based on years of continuous service. A participant is 20% vested after two (2) years of service, 40% vested after three (3) years of service, 60% vested after four (4) years of service, 80% vested after five (5) years of service, and fully vested after six (6) years of continuous service. Safe Harbor non-elective contributions are 100% vested regardless of the participant's number of years of service.

Notes receivable from participants

Participants may borrow a portion of their 401(k) contributions, subject to the IRC regulations. Loans to a participant are secured by the participant's account and may not exceed the lesser of fifty percent of the participant's vested account balance, or $50,000, in the aggregate, for a period not to exceed five years unless the funds are used to purchase a principal residence. Funds used to purchase a principal residence must be repaid within thirty years.

Benefit payments and withdrawals

If a participant's employment ceases as a result of death, the entire account becomes fully vested, and the participant or the participant's beneficiaries, are entitled to receive the contents of the account. If a participant terminates for any other reason, participants or their beneficiaries may elect to leave their account balances in the Plan or receive benefits in a single lump sum amount. The Plan may immediately distribute terminated participant account balances that do not exceed $1,000. Benefits are recorded when paid.

1. Description of the Plan and benefits - continued

Benefit payments and withdrawals - continued

In-service distributions may be made from any of the participant's vested accounts at any time for a hardship. Events that qualify for a hardship withdrawal are as follows: to cover necessary medical expenses, for costs directly related to the purchase of the participant's primary residence, for expenses related to post-secondary education, for payments necessary to prevent the participant's eviction from, or foreclosure of the primary residence, for payments for funeral or burial expenses for the participant's deceased parent, spouse, child or dependent, and for costs to repair damage to the participant's principal residence that would qualify for a casualty loss deduction.

Investment options and management

The Plan provides a variety of investment options with differing risk and growth characteristics. As of December 31, 2017, substantially all of the Plan's net assets available for benefits were invested in investment funds under the management of Fidelity Management. Participants may change their investment allocation and/or transfer their account balances among the various funds.

Plan termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of termination, all amounts contributed to the Plan shall become 100% vested and shall not thereafter be subject to forfeiture.

Administrative expenses

For the year ended December 31, 2017, the Company incurred administrative expenses of $16,209. These expenses were paid by the Plan and are included in administrative expenses on the accompanying Statement of Changes in Net Assets Available for Benefits. Substantially all other out-of-pocket costs are paid by the Employer.

Forfeitures

Forfeitures of terminated participants' nonvested accounts arising from Company matching and profit sharing contributions can be used to reduce future Company contributions. During the Plan year ended December 31, 2017, there were no forfeitures used to reduce Employer contributions. At December 31, 2017 and 2016, the forfeiture balance was $4,100 and $3,339, respectively.

2. Summary of significant accounting policies

Basis of accounting

The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Valuation of investments

The Plan's investments are reported at 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 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 and liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted market prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation by 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 or liability’s fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

2. Summary of significant accounting policies - continued

Valuation of investments - continued

If available, quoted market prices are used to value investments. Shares of money market funds and units in registered investment companies are valued at the net asset value of shares held by the Plan at year-end.

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.

Unrealized gains and losses on investments are calculated from fair value as of the previous Plan year-end, or from cost if acquired during the Plan year, and are included in appreciation in fair value of investments.

See Note 5 for details on the Plan's fair value measurements.

Notes receivable from participants

Notes receivable from participants are measured at their unpaid principal balance plus accrued interest.

Contributions

Contributions from the employer are accrued in the period when earned.

Payment of benefits

Benefits are recorded when paid.

Estimates

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

3. Information certified by the trustee

The Plan administrator has elected the method of annual reporting compliance permitted by Section 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the trustee of the Plan has certified that the following data included in the accompanying financial statements and supplemental schedule are complete and accurate:

- Investments, as reflected on the accompanying Statements of Net Assets Available for Benefits as of December 31, 2017 and 2016;
- Net appreciation in fair value of investments, as reflected in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2017;
- Investment values and changes for 2017 and 2016 disclosed in Note 5 - Fair value measurements;
- Current values, as reflected in Form 5500 - Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2017.

The Plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to this certified information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

4. Notes receivable from participants

At December 31, 2017 and 2016, the Plan has made loans to participants totaling $10,683 and $10,602, respectively. At December 31, 2017 and 2016, the outstanding loans bear interest from 4.25% to 5.25%, respectively, and mature at various dates through 2021. The unpaid balance of any loan is immediately payable upon termination of employment and may be offset against the participant's vested account.

5. Fair value measurements

The Plan uses fair value measurements to record fair value adjustments to certain assets and liabilities and to determine fair value disclosures. For additional information on how the Plan measures fair value refer to Note 2 - Summary of significant accounting policies.

The following table summarizes the assets and liabilities of the Plan for which fair values are determined on a recurring basis:

Investment Assets at Fair Value as of December 31, 2017

	Level 1	Level 2	Level 3	Total
Assets:				
Money market funds	$ 4,448	$ -	$ -	$ 4,448
Investments in registered investment companies:				
Balanced funds	1,356,292	-	-	1,356,292
Diversified bonds	7,544	-	-	7,544
High yield bonds	9,296	-	-	9,296
International / global equity	170,933	-	-	170,933
Large blend equity	447,266	-	-	447,266
Large growth equity	26,096	-	-	26,096
Mid blend equity	57,011	-	-	57,011
Mid growth equity	11,925	-	-	11,925
Mid value equity	5,321	-	-	5,321
Multi-asset / other	6,269	-	-	6,269
Small blend equity	97,346	-	-	97,346
Small value equity	22,084	-	-	22,084
Total investments in registered investment companies:	2,217,383	-	-	2,217,383
Total investments at fair value	$ 2,221,831	$ -	$ -	$ 2,221,831

Level 3 assets were zero at December 31, 2017.

5. Fair value measurements – continued

Investment Assets at Fair Value as of December 31, 2016

	Level 1	Level 2	Level 3	Total
Assets:				
Money market funds	$ 3,464	$ -	$ -	$ 3,464
Investments in registered investment companies:				
Balanced funds	903,857	-	-	903,857
Diversified bonds	2,611	-	-	2,611
High yield bonds	3,002	-		3,002
Large blend equity	307,077	-	-	307,077
Large growth equity	3,828	-	-	3,828
Mid value equity	1,269	-	-	1,269
Mid blend equity	41,136	-	-	41,136
Mid growth equity	6,625	-	-	6,625
Small blend equity	57,647	-	-	57,647
International / global equity	101,341	-	-	101,341
Multi-asset / other	3,631	-	-	3,631
Small value equity	11,855	-	-	11,855
Total investments in registered investment companies:	1,443,879	-	-	1,443,879
Total investments at fair value	$ 1,447,343	$ -	$ -	$ 1,447,343

Level 3 assets were zero at December 31, 2016.

6. Income tax status

The Plan is designed to constitute a qualified trust under the applicable sections of the IRC and is, therefore, considered to be exempt from federal income taxes. Participating employees are not subject to federal and state income taxes on Employer contributions or on income accruing to their accounts, until they receive distributions from the Plan.

6. Income tax status - continued

Under a plan qualified pursuant to Sections 401(a) and (k) of the IRC, participants generally will not be taxed on contributions or matching contributions, or earnings thereon, until such amounts are distributed to participants or their beneficiaries under the Plan. The tax-deferred contributions and matching contributions are deductible by the Company for tax purposes when those contributions are made, subject to certain limitations set forth in Section 404 of the IRC.

Participants or their beneficiaries will be taxed, at ordinary income tax rates; on the amount they receive as a distribution from the Plan at the time they receive the distribution. However, if the participant or beneficiary receives a lump sum payment of the balance under the Plan in a single taxable year, and the distribution is made by reason of death, disability or termination of employment of the participant, or after the participant has attained age 59-1/2, then certain special tax rules may be applicable.

The IRS has determined and informed the Plan sponsor by a letter dated March 31, 2014, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the opinion letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan, and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the taxing authorities. The Plan administrator analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2017, there are no uncertain positions, taken or expected to be taken, that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2013.

7. Prohibited transaction

Participant contributions and loan repayments of $12,051 were withheld from participants' pay during the year ended December 31, 2017, but were not remitted to the Plan timely. Profits or lost earnings were restored to the Plan in 2018.

8. Party-in-interest transactions

The Plan's investment assets represent funds invested in, or maintained by Fidelity Management. Fidelity Management is the trustee as defined by the Plan; and therefore, these transactions qualify as exempt party-in-interest transactions.

9. Risks and uncertainties

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

10. Subsequent events

The Company has evaluated subsequent events through October 12, 2018, the date which the financial statements were available to be issued.

SUPPLEMENTARY INFORMATION

INTERCARE THERAPY, INC. PROFIT SHARING PLAN

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
SCHEDULE H, LINE 4a

DECEMBER 31, 2017

EIN: 95-4749616
Plan No.: 001

Participant Contributions Transferred Late to Plan	Totals that Constitute Non-exempt Prohibited			
☑ Check Here If Late Participant Loan Repayments are included	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
$12,051	None	None	$12,051	None

INTERCARE THERAPY, INC. PROFIT SHARING PLAN

SCHEDULE OF ASSETS (HELD AT THE END OF YEAR)
SCHEDULE H, LINE 4i

DECEMBER 31, 2017

EIN: 95-4749616
Plan No.: 001

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investments, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
*	FMMT Retirement Government Money Market II	Money market funds	**	$ 4,448
	American Century Heritage Fund Investor Class	Registered investment company	**	$ 9,920
	American Funds New World Fund R5	Registered investment company	**	6,269
	AMG Managers Fairpointe Mid Cap I	Registered investment company	**	79
	AMG Managers Loomis Sayles Bond Fund S	Registered investment company	**	1,079
	BlackRock High Yield Bond Institutional Shares	Registered investment company	**	9,296
	BlackRock MSCI World Index Fund Institutional Shs	Registered investment company	**	2,970
	Eaton Vance Atlanta Capital SMID-Cap I	Registered investment company	**	2,005
*	Fidelity 500 Index Premium	Registered investment company	**	440,753
*	Fidelity Advisor Freedom 2005 I	Registered investment company	**	2,461
*	Fidelity Advisor Freedom 2020 I	Registered investment company	**	19,655
*	Fidelity Advisor Freedom 2025 I	Registered investment company	**	26,907
*	Fidelity Advisor Freedom 2030 I	Registered investment company	**	57,910
*	Fidelity Advisor Freedom 2035 I	Registered investment company	**	59,940
*	Fidelity Advisor Freedom 2040 I	Registered investment company	**	556,788
*	Fidelity Advisor Freedom 2045 I	Registered investment company	**	149,148
*	Fidelity Advisor Freedom 2050 I	Registered investment company	**	339,049
*	Fidelity Advisor Freedom 2055 I	Registered investment company	**	111,116
*	Fidelity Advisor Freedom 2060 I	Registered investment company	**	30,053
*	Fidelity Advisor Freedom Income I	Registered investment company	**	3,265
*	Fidelity Advisor Strategic Income I	Registered investment company	**	1,369
*	Fidelity Extended Market Index Premium	Registered investment company	**	56,932
*	Fidelity International Index Premium	Registered investment company	**	132,050
*	Fidelity Small Cap Index Premium	Registered investment company	**	97,346
*	Fidelity US Bond Index Premium	Registered investment company	**	5,096
	Hartford Core Equity Yield	Registered investment company	**	6,513
	Oppenheimer Global Opportunities Y	Registered investment company	**	32,813
	Oppenheimer International Growth I	Registered investment company	**	2,944
	T. Rowe Price Blue Chip Growth I	Registered investment company	**	26,096

* Party-in-interest
** Information is not required as investments are participant directed

INTERCARE THERAPY, INC. PROFIT SHARING PLAN

SCHEDULE OF ASSETS (HELD AT THE END OF YEAR) - Continued
SCHEDULE H, LINE 4i

DECEMBER 31, 2017

EIN: 95-4749616
Plan No.: 001

	(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investments, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
		T. Rowe Price International Discovery	Registered investment company	**	156
		Undiscovered Managers Behavioral Value Select	Registered investment company	**	22,084
		Victory Sycamore Established Value I	Registered investment company	**	5,321
					$ 2,217,383
*		Notes receivable from participants	Loans (interest rates from 4.25% to 5.25% per annum, maturing at various dates through 2021)	-	$ 10,683

* Party-in-interest
** Information is not required as investments are participant directed