

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
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Part I	Annual Report Identification Information
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>ABSOLUTE CARE LLC 401(K) PROFIT SHARING PLAN & TRUST</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2006</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/2006</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/2006</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>ABSOLUTE CARE LLC</u> <u>4618 SAWMILL ROAD</u> <u>COLUMBUS, OH 43220</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>31-1657601</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>614-846-8053</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>624100</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>31-1657601</u>	2c Plan Sponsor's telephone number <u>614-846-8053</u>	2d Business code (see instructions) <u>624100</u>	
2b Employer Identification Number (EIN) <u>31-1657601</u>					
2c Plan Sponsor's telephone number <u>614-846-8053</u>					
2d Business code (see instructions) <u>624100</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2018	MARK KING
	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

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Form 5500 (2017)
v. 170203

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor 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	5 137
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) 119
a(2) Total number of active participants at the end of the plan year	6a(2) 119
b Retired or separated participants receiving benefits	6b 0
c Other retired or separated participants entitled to future benefits	6c 19
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 138
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e	6f 138
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 46
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:

2E 2F 2G 2J 2K 2T 3H 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) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ 0 **A** (Insurance Information)
- (4)** ☐ **C** (Service Provider Information)
- (5)** ☐ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 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 <u>01/01/2017</u> and ending <u>12/31/2017</u>		
A Name of plan <u>ABSOLUTE CARE LLC 401(K) PROFIT SHARING PLAN & TRUST</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ABSOLUTE CARE LLC</u>	D Employer Identification Number (EIN) <u>31-1657601</u>	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
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)	4987	0
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)	0	
(8) Participant loans	1c(8)	1042	5574
(9) Value of interest in common/collective trusts.....	1c(9)	0	0
(10) Value of interest in pooled separate accounts.....	1c(10)		
(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)	262525	310311
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		0

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities	1d(1)	
(2)	Employer real property	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	268554 315885
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	268554 315885

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	
	(B) Participants	2a(1)(B)	13769
	(C) Others (including rollovers)	2a(1)(C)	3076
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	16845
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	5
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans	2b(1)(E)	142
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	147
(2)	Dividends: (A) Preferred stock	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	7982
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	7982
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		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)		40857
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		65831

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	13678	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		13678
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		1841
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	2606	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	375	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		2981
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		18500

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		47331
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

(1) Name: **TOUKAN & COMPANY, CPAS**

(2) EIN: **31-1081751**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		300000
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			

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 ABSOLUTE CARE LLC 401(K) PROFIT SHARING PLAN & TRUST		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ABSOLUTE CARE LLC		D Employer Identification Number (EIN) 31-1657601
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): 16-1470238		
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		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2017 v. 170203		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
- b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

**ABSOLUTE CARE, LLC
401(k) PROFIT SHARING PLAN**

FINANCIAL REPORT

December 31, 2017 and 2016

ABSOLUTE CARE, LLC
401(k) PROFIT SHARING PLAN

Financial Statements
and Supplemental Schedules

Years Ended December 31, 2017 and 2016

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CERTIFIED PUBLIC ACCOUNTANTS & BUSINESS ADVISORS

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Independent Auditor's Report

Mr. Mark King
Absolute Care, LLC
401(k) Profit Sharing Plan
600 Lakeview Plaza Blvd., Ste. D
Worthington, OH 43085

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Absolute Care, LLC 401(k) Profit Sharing Plan, which comprise the statement 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 years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we are 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 4, which was certified by Mid-Atlantic Trust Company and Nationwide Financial Retirement Plans, the trustees of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustees hold the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the trustees as of and for the years ended December 31, 2017 and 2016, that the information provided to the plan administrator by the trustees is complete and accurate.

"GOING BEYOND THE NUMBERS"

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

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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.



Westerville, Ohio
October 13, 2018

**Absolute Care, LLC 401(k) Profit Sharing Plan
Statements of Net Assets Available for Plan Benefits
December 31, 2017 and 2016**

Assets	2017	2016
Investments		
Money Market Funds	\$ -	\$ 4,987
Mutual Funds	310,311	262,525
Total Investments	<u>310,311</u>	<u>267,512</u>
Receivables:		
Note Receivable from Participants	5,574	1,042
Total Receivables	<u>5,574</u>	<u>1,042</u>
Total Assets	315,885	268,554
Net Assets Available For Plan Benefits	\$ <u>315,885</u>	\$ <u>268,554</u>

See accompanying notes to the financial statements.

Absolute Care, LLC 401(k) Profit Sharing Plan
Statements of Changes in Net Assets Available for Plan Benefits
For the Years Ended December 31, 2017 and 2016

	2017	2016
Additions (Reductions) to plan assets attributed to:		
Investment Income:		
Net appreciation (depreciation) in fair value of investments	\$ 40,857	\$ 14,945
Interest and dividend income	8,129	-
Total Investment Income	<u>48,986</u>	<u>14,945</u>
Contributions		
Participant contributions	13,769	20,198
Rollover contributions	3,076	-
Total Contributions	<u>16,845</u>	<u>20,198</u>
 Total additions	 65,831	 35,143
Deductions from plan assets attributed to:		
Distributions paid or payable to participants	15,519	24,016
Administrative fees	2,981	2,578
Total deductions	<u>18,500</u>	<u>26,594</u>
 Net Increase (Decrease)	 47,331	 8,549
Net Assets		
Beginning of Year	268,554	260,005
End of Year	<u>\$ 315,885</u>	<u>\$ 268,554</u>

See accompanying notes to the financial statements.

ABSOLUTE CARE, LLC 401(K) PROFIT SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS

1. Description of Plan

The following description of the Absolute Care, LLC 401(k) Profit Sharing Plan ("Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all full time employees of Absolute Care, LLC and Absolute Care Management, LLC that have completed one year of service, 1,000 service hours, and has attained age 21. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), the Economic Growth and Tax Relief Reconciliation Act of 2001 (EGTRAA), the Pension Protection Act of 2006 (PPA), the Heroes Earnings Assistance and Relief Tax Act of 2008 (HEART), and the Worker, Retiree, and Employer Recovery Act of 2008 (WRERA). The assets of the Plan are maintained in a trust fund for which Mid-Atlantic Trust Company is the current trustee. The Plan was originally adopted as of January 1, 2006 and last restated as of October 5, 2017. The October 2017 restatement had no effect on plan features.

Contributions

Participants may contribute a discretionary percentage of their compensation each year and may separately elect to defer up to 100% of any bonuses paid during the year. Total deferrals for the year may not exceed the amount designated by the Secretary of the Treasury pursuant to the limits on Elective Deferrals under Internal Revenue Code Section 402(q). Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans.

The Company may elect to make an annual discretionary matching contribution equal to a uniform percentage of salary deferrals. The Company has the option to disregard salary deferrals made each payroll period that exceed a certain dollar amount or certain percentage of compensation for such period.

The Company may also elect to make a discretionary profit sharing contribution to the Plan. The contribution is allocated among participants eligible to share in the contribution for the Plan Year. The contribution is allocated to participant's accounts in the same proportion that compensation in excess of the Social Security Taxable Wage Base ("excess compensation") bears to the total compensation plus "excess compensation" of all eligible participants. The maximum amount that can be allocated to any one participant is 5.7% of compensation plus "excess compensation". For the years ended December 31, 2017 and 2016, the Company elected to not make a contribution.

Plan Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

ABSOLUTE CARE, LLC 401(K) PROFIT SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS

1. Description of Plan (cont.)

Participant Accounts

The administrator has established and maintains an account for each participant. Each participant's account is credited with their elective deferral contribution, Company match, and share of the Company's discretionary profit sharing contribution. In addition, each account is charged or credited with the participant's respective share of plan earnings, losses and administrative expenses. Allocations of plan earnings, losses and expenses are based on the respective share of each participant account balances, as defined in the plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Participants direct the investment of all deferral, matching, and profit sharing contributions into various options including various mutual funds and a money market fund offered by the Plan.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is 20% vested each year and becomes fully vested after five years of credited service.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50 percent of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at 1 percent above prime rate. The maximum repayment period is five years which may be extended for a reasonably longer period if the loan is used to acquire a principal residence. Principal and interest is paid ratably through bi-weekly payroll deductions.

Payment of Benefits

Upon termination of employment service due to death, disability, retirement, voluntary or involuntary termination; a participant will receive a single lump-sum payment in an amount equal to the value of the participant's vested interest in his or her account.

Forfeitures

Forfeited balances of terminated participants are used to reduce future Plan Sponsor contributions and pay Plan administrative expenses.

At December 31, 2017 and 2016 the amounts forfeited and unallocated assets were \$0 and \$4,987, respectively. During 2017 and 2016, no forfeited amounts were used to reduce the Plan Sponsor's contributions.

ABSOLUTE CARE, LLC 401(K) PROFIT SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS

2. Summary of Significant Accounting Policies

Basis of Accounting

The Plan prepares its financial statements on the accrual basis of accounting and presents the fair value of net assets available for benefits and changes in net assets in conformity with accounting principles generally accepted in the United States of America.

Estimates

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

Investment Valuation and Fair Value Measurements

Plan investments are carried at fair value on an annual recurring basis, see Note 3. Interest and dividend income are recorded as earned. Plan purchases and sales of securities are recorded on a trade date basis.

In September 2006, the Financial Accounting Standards Board (FASB) issued FASB ASC 820-10 (formerly SFAS No. 157 “Fair Value Measurements”) in order to establish a single definition of fair value and a framework for measuring fair value in generally accepted accounting principles (GAAP) that is intended to result in increased consistency and comparability in fair value measurements. FASB ASC 820-10 also expands disclosures about fair value measurements. FASB ASC 820-10 applies whenever other authoritative literature requires (or permits) certain assets or liabilities to be measured at fair value, but does not expand the use of fair value. FASB ASC 820-10 was originally effective for financial statements issued for fiscal years beginning after November 15, 2007.

In May 2015, the FASB issued ASU 2015-07, *Fair Value Measurement (Topic 820): Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)*, which exempts investments measured using the net asset value (NAV) practical expedient in ASC 820, *Fair Value Measurement*, from categorization within the fair value hierarchy. The guidance amends FASB 820-10 and requires retrospective application. For all non-public entities, the guidance is effective for fiscal years, and interim periods within those years, beginning after December 15, 2016. As permitted, plan management adopted this FASB prior to 2016.

In July 2015, the FASB issued ASU 2015-12, *Plan Accounting: Defined Benefit Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), and Health and Welfare Benefit Plans (Topic 965): Part (I) Fully Benefit-Responsive Investment Contracts, Part (II) Plan Investment Disclosures, Part (III) Measurement Date Practical Expedient*. This three-part standard simplifies employee benefit plan reporting with respect to fully benefit-responsive investment contracts and plan investment disclosures, and provides for a measurement-date practical expedient. All parts were effective for fiscal years beginning after December 15, 2015. Plan management adopted Parts I and II in 2016. Part III is not applicable to the Plan.

ABSOLUTE CARE, LLC 401(K) PROFIT SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS

2. Summary of Significant Accounting Policies

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses have been recorded as of December 31, 2017. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document.

Payments of Benefits

Benefits are recorded when paid.

3. Fair Value Measurements

Effective January 1, 2008, the Plan adopted FASB ASC 820-10 (formerly Statement of Financial Accounting Standards No. 157, *Fair Value Measurements*), which provides a framework for measuring fair value under GAAP. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value into three broad levels. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under FASB ASC 820-10 are as follows:

- Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan has the ability to access at the measurement date.
- Level 2 inputs are inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly. Level 2 inputs include: quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in markets that are not active; inputs other than quoted prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means.
- Level 3 inputs are unobservable inputs for the asset or liability for which there is little, if any, market activity at measurement date. Unobservable inputs reflect the Plan's own assumptions about what market participants would use to price the asset or liability. The inputs are developed based on the best information available in the circumstances, which might include the Plan's own financial data such as internally developed pricing models, discounted cash flow methodologies, as well as instruments for which the fair value determination requires significant management judgment.

Under the Fair Value Measurements Topic of the FASB Accounting Standards Codification, the Plan bases its fair value on the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The asset 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. It is the Plan's policy to maximize the use of observable inputs and minimize the use of unobservable inputs when developing fair value measurements, in accordance with the fair value hierarchy.

ABSOLUTE CARE, LLC 401(K) PROFIT SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS

3. Fair Value Measurements (cont.)

The following is a description of the valuation methodologies used for assets measured at fair value. Valuation methodologies utilized to determine fair value are consistently applied.

Money Market & Mutual Funds: Valued at the quoted market value of shares held by the Plan at year.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2017 and 2016:

Assets at Fair Value as of December 31, 2017

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money Market Funds	-	-	-	-
Mutual Funds	<u>\$310,311</u>	<u>-</u>	<u>-</u>	<u>\$310,311</u>
Total assets at fair value	<u><u>\$310,311</u></u>	<u><u>-</u></u>	<u><u>-</u></u>	<u><u>\$310,311</u></u>

Assets at Fair Value as of December 31, 2016

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money Market Funds	\$4,987	-	-	\$4,987
Mutual Funds	<u>262,525</u>	<u>-</u>	<u>-</u>	<u>262,525</u>
Total assets at fair value	<u><u>\$267,512</u></u>	<u><u>-</u></u>	<u><u>-</u></u>	<u><u>\$267,512</u></u>

4. Information Supplied by Trustee

All information included in the accompanying financial statements, except information concerning employer and employee contributions and receivables, benefit payments, and administrative expenses is unaudited and has been prepared by or summarized from reports prepared by the current trustee, Mid-Atlantic Trust Company, and prior trustee, Nationwide Financial Retirement Plans, and furnished to the plan administrator. The plan administrator has obtained certification from the trustees that such information is complete and accurate.

ABSOLUTE CARE, LLC 401(K) PROFIT SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS

5. Plan Termination

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

6. Tax Status

The Plan has adopted a non-standardized form of a prototype plan sponsored by Paychex, Inc. The prototype plan has received an opinion letter from the Internal Revenue Service as to the prototype plan's qualified status. The prototype plan opinion letter has been relied upon by the Plan. The Plan adopted the prototype plan effective January 1, 2016. The Plan obtained its latest determination letter on April 10, 2014, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has not been amended since receiving the determination letter. Therefore, no provision for income taxes has been included in the Plan's financial statements.

The Plan does file an annual report (Form 5500) in the U.S. federal jurisdiction. The plan administrator believes it is no longer subject to U.S. federal income tax examinations for years before 2014.

7. Related-Party and Party-In-Interest Transactions

During 2016, certain plan investments were shares of money market funds managed by Nationwide Financial. Nationwide Financial Retirement Plans was the trustee and record keeper as defined by the Plan until July 1, 2016 and, therefore, these transactions qualify as exempt party-in-interest transactions.

8. Risks and Uncertainties

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

9. Reconciliation of Financial Statement to Form 5500

For 2017 and 2016, there are no material differences between net assets available for benefits and net increase in net assets available for benefits per the financial statement and the Form 5500.

10. Subsequent Events

Subsequent events were evaluated through October 13, 2018, the date the financial statements were available to be issued. Subsequent to year-end, the Plan was restated to include a matching company contribution. The matching company contribution is 50% of the employee contribution up to a maximum of 6% of their eligible compensation.

**ABSOLUTE CARE, LLC
401(k) PROFIT SHARING PLAN**

SUPPLEMENTAL SCHEDULES
YEAR ENDED DECEMBER 31, 2017

Absolute Care, LLC 401(k) Profit Sharing Plan
(EIN 31-1657601)
Plan #001
Supplemental Schedules

Schedule I - (Schedule H, line 4i) Schedule of Assets Held at End of Plan Year 2017

(a)	Identity of Issue (b)	Description of Investment (c)	Cost (d)	Current Value (e)
	Money Market Accounts			
	JPMorgan Federal Money Market Fund	Money Market Fund	\$ -	\$ -
	Mutual Funds			
	American Funds 2010 Target Date Retirement Fund	Registered Investment Company	\$ 184	\$ 184
	American Funds 2015 Target Date Retirement Fund	Registered Investment Company	235	235
	American Funds 2025 Target Date Retirement Fund	Registered Investment Company	150,973	150,973
	American Funds 2030 Target Date Retirement Fund	Registered Investment Company	1,230	1,230
	American Funds 2035 Target Date Retirement Fund	Registered Investment Company	22,734	22,734
	American Funds 2040 Target Date Retirement Fund	Registered Investment Company	9,543	9,543
	American Funds 2045 Target Date Retirement Fund	Registered Investment Company	65,808	65,808
	American Funds 2050 Target Date Retirement Fund	Registered Investment Company	48,818	48,818
	American Funds 2055 Target Date Retirement Fund	Registered Investment Company	10,786	10,786
			<u>310,311</u>	<u>\$ 310,311</u>
	Participant Loans	5-5.25%	<u>-</u>	<u>5,574</u>

Schedule II - (Schedule H, line 4i) Assets Acquired and Disposed of Within the Plan Year

Identity of Issue (a)	Description of Investment (b)	Cost of Acquisitions (c)	Proceeds of Dispositions (d)
None			

Schedule III - Party in Interest Transaction

No nonexempt transactions were entered into by the Plan with persons defined as Party-in-interest within the Plan year.

Schedule IV - Obligations in Default

No loans were in default as of the close of the end of the Plan year.

Absolute Care, LLC 401(k) Profit Sharing Plan
(EIN 31-1657601)
Plan #001
Supplemental Schedules

Schedule V - Leases in Default

No leases were in default as of the close of the end of the Plan year.

Schedule VI - (Schedule H, line 4j) Schedule of Reportable Transactions

Single Transactions in excess of 5% of plan assets:

None

(a) Identity of Party Involved	(b) Description of Asset
-----------------------------------	--------------------------

None

Series of Transactions with a single person

None

Series of Transactions in excess of 5% of plan assets:

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred	(g) Cost of Asset	(h) Value on Trans Date	(i) Net gain or (loss)
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None

**ABSOLUTE CARE, LLC
401(k) PROFIT SHARING PLAN**

FINANCIAL REPORT

December 31, 2017 and 2016

ABSOLUTE CARE, LLC
401(k) PROFIT SHARING PLAN

Financial Statements
and Supplemental Schedules

Years Ended December 31, 2017 and 2016

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CERTIFIED PUBLIC ACCOUNTANTS & BUSINESS ADVISORS

An Independent Member of the
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Independent Auditor's Report

Mr. Mark King
Absolute Care, LLC
401(k) Profit Sharing Plan
600 Lakeview Plaza Blvd., Ste. D
Worthington, OH 43085

Report on the Financial Statements

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Other Matter

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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.



Westerville, Ohio
October 13, 2018

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December 31, 2017 and 2016

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Total Assets	315,885	268,554
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Contributions		
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Net Assets		
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ABSOLUTE CARE, LLC 401(K) PROFIT SHARING PLAN
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The Plan is a defined contribution plan covering all full time employees of Absolute Care, LLC and Absolute Care Management, LLC that have completed one year of service, 1,000 service hours, and has attained age 21. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), the Economic Growth and Tax Relief Reconciliation Act of 2001 (EGTRAA), the Pension Protection Act of 2006 (PPA), the Heroes Earnings Assistance and Relief Tax Act of 2008 (HEART), and the Worker, Retiree, and Employer Recovery Act of 2008 (WRERA). The assets of the Plan are maintained in a trust fund for which Mid-Atlantic Trust Company is the current trustee. The Plan was originally adopted as of January 1, 2006 and last restated as of October 5, 2017. The October 2017 restatement had no effect on plan features.

Contributions

Participants may contribute a discretionary percentage of their compensation each year and may separately elect to defer up to 100% of any bonuses paid during the year. Total deferrals for the year may not exceed the amount designated by the Secretary of the Treasury pursuant to the limits on Elective Deferrals under Internal Revenue Code Section 402(q). Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans.

The Company may elect to make an annual discretionary matching contribution equal to a uniform percentage of salary deferrals. The Company has the option to disregard salary deferrals made each payroll period that exceed a certain dollar amount or certain percentage of compensation for such period.

The Company may also elect to make a discretionary profit sharing contribution to the Plan. The contribution is allocated among participants eligible to share in the contribution for the Plan Year. The contribution is allocated to participant's accounts in the same proportion that compensation in excess of the Social Security Taxable Wage Base ("excess compensation") bears to the total compensation plus "excess compensation" of all eligible participants. The maximum amount that can be allocated to any one participant is 5.7% of compensation plus "excess compensation". For the years ended December 31, 2017 and 2016, the Company elected to not make a contribution.

Plan Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

ABSOLUTE CARE, LLC 401(K) PROFIT SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS

1. Description of Plan (cont.)

Participant Accounts

The administrator has established and maintains an account for each participant. Each participant's account is credited with their elective deferral contribution, Company match, and share of the Company's discretionary profit sharing contribution. In addition, each account is charged or credited with the participant's respective share of plan earnings, losses and administrative expenses. Allocations of plan earnings, losses and expenses are based on the respective share of each participant account balances, as defined in the plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Participants direct the investment of all deferral, matching, and profit sharing contributions into various options including various mutual funds and a money market fund offered by the Plan.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is 20% vested each year and becomes fully vested after five years of credited service.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50 percent of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at 1 percent above prime rate. The maximum repayment period is five years which may be extended for a reasonably longer period if the loan is used to acquire a principal residence. Principal and interest is paid ratably through bi-weekly payroll deductions.

Payment of Benefits

Upon termination of employment service due to death, disability, retirement, voluntary or involuntary termination; a participant will receive a single lump-sum payment in an amount equal to the value of the participant's vested interest in his or her account.

Forfeitures

Forfeited balances of terminated participants are used to reduce future Plan Sponsor contributions and pay Plan administrative expenses.

At December 31, 2017 and 2016 the amounts forfeited and unallocated assets were \$0 and \$4,987, respectively. During 2017 and 2016, no forfeited amounts were used to reduce the Plan Sponsor's contributions.

ABSOLUTE CARE, LLC 401(K) PROFIT SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS

2. Summary of Significant Accounting Policies

Basis of Accounting

The Plan prepares its financial statements on the accrual basis of accounting and presents the fair value of net assets available for benefits and changes in net assets in conformity with accounting principles generally accepted in the United States of America.

Estimates

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

Investment Valuation and Fair Value Measurements

Plan investments are carried at fair value on an annual recurring basis, see Note 3. Interest and dividend income are recorded as earned. Plan purchases and sales of securities are recorded on a trade date basis.

In September 2006, the Financial Accounting Standards Board (FASB) issued FASB ASC 820-10 (formerly SFAS No. 157 “Fair Value Measurements”) in order to establish a single definition of fair value and a framework for measuring fair value in generally accepted accounting principles (GAAP) that is intended to result in increased consistency and comparability in fair value measurements. FASB ASC 820-10 also expands disclosures about fair value measurements. FASB ASC 820-10 applies whenever other authoritative literature requires (or permits) certain assets or liabilities to be measured at fair value, but does not expand the use of fair value. FASB ASC 820-10 was originally effective for financial statements issued for fiscal years beginning after November 15, 2007.

In May 2015, the FASB issued ASU 2015-07, *Fair Value Measurement (Topic 820): Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)*, which exempts investments measured using the net asset value (NAV) practical expedient in ASC 820, *Fair Value Measurement*, from categorization within the fair value hierarchy. The guidance amends FASB 820-10 and requires retrospective application. For all non-public entities, the guidance is effective for fiscal years, and interim periods within those years, beginning after December 15, 2016. As permitted, plan management adopted this FASB prior to 2016.

In July 2015, the FASB issued ASU 2015-12, *Plan Accounting: Defined Benefit Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), and Health and Welfare Benefit Plans (Topic 965): Part (I) Fully Benefit-Responsive Investment Contracts, Part (II) Plan Investment Disclosures, Part (III) Measurement Date Practical Expedient*. This three-part standard simplifies employee benefit plan reporting with respect to fully benefit-responsive investment contracts and plan investment disclosures, and provides for a measurement-date practical expedient. All parts were effective for fiscal years beginning after December 15, 2015. Plan management adopted Parts I and II in 2016. Part III is not applicable to the Plan.

ABSOLUTE CARE, LLC 401(K) PROFIT SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS

2. Summary of Significant Accounting Policies

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses have been recorded as of December 31, 2017. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document.

Payments of Benefits

Benefits are recorded when paid.

3. Fair Value Measurements

Effective January 1, 2008, the Plan adopted FASB ASC 820-10 (formerly Statement of Financial Accounting Standards No. 157, *Fair Value Measurements*), which provides a framework for measuring fair value under GAAP. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value into three broad levels. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under FASB ASC 820-10 are as follows:

- Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan has the ability to access at the measurement date.
- Level 2 inputs are inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly. Level 2 inputs include: quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in markets that are not active; inputs other than quoted prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means.
- Level 3 inputs are unobservable inputs for the asset or liability for which there is little, if any, market activity at measurement date. Unobservable inputs reflect the Plan's own assumptions about what market participants would use to price the asset or liability. The inputs are developed based on the best information available in the circumstances, which might include the Plan's own financial data such as internally developed pricing models, discounted cash flow methodologies, as well as instruments for which the fair value determination requires significant management judgment.

Under the Fair Value Measurements Topic of the FASB Accounting Standards Codification, the Plan bases its fair value on the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The asset 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. It is the Plan's policy to maximize the use of observable inputs and minimize the use of unobservable inputs when developing fair value measurements, in accordance with the fair value hierarchy.

ABSOLUTE CARE, LLC 401(K) PROFIT SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS

3. Fair Value Measurements (cont.)

The following is a description of the valuation methodologies used for assets measured at fair value. Valuation methodologies utilized to determine fair value are consistently applied.

Money Market & Mutual Funds: Valued at the quoted market value of shares held by the Plan at year.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2017 and 2016:

Assets at Fair Value as of December 31, 2017

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money Market Funds	-	-	-	-
Mutual Funds	<u>\$310,311</u>	<u>-</u>	<u>-</u>	<u>\$310,311</u>
Total assets at fair value	<u><u>\$310,311</u></u>	<u><u>-</u></u>	<u><u>-</u></u>	<u><u>\$310,311</u></u>

Assets at Fair Value as of December 31, 2016

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money Market Funds	\$4,987	-	-	\$4,987
Mutual Funds	<u>262,525</u>	<u>-</u>	<u>-</u>	<u>262,525</u>
Total assets at fair value	<u><u>\$267,512</u></u>	<u><u>-</u></u>	<u><u>-</u></u>	<u><u>\$267,512</u></u>

4. Information Supplied by Trustee

All information included in the accompanying financial statements, except information concerning employer and employee contributions and receivables, benefit payments, and administrative expenses is unaudited and has been prepared by or summarized from reports prepared by the current trustee, Mid-Atlantic Trust Company, and prior trustee, Nationwide Financial Retirement Plans, and furnished to the plan administrator. The plan administrator has obtained certification from the trustees that such information is complete and accurate.

ABSOLUTE CARE, LLC 401(K) PROFIT SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS

5. Plan Termination

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

6. Tax Status

The Plan has adopted a non-standardized form of a prototype plan sponsored by Paychex, Inc. The prototype plan has received an opinion letter from the Internal Revenue Service as to the prototype plan's qualified status. The prototype plan opinion letter has been relied upon by the Plan. The Plan adopted the prototype plan effective January 1, 2016. The Plan obtained its latest determination letter on April 10, 2014, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has not been amended since receiving the determination letter. Therefore, no provision for income taxes has been included in the Plan's financial statements.

The Plan does file an annual report (Form 5500) in the U.S. federal jurisdiction. The plan administrator believes it is no longer subject to U.S. federal income tax examinations for years before 2014.

7. Related-Party and Party-In-Interest Transactions

During 2016, certain plan investments were shares of money market funds managed by Nationwide Financial. Nationwide Financial Retirement Plans was the trustee and record keeper as defined by the Plan until July 1, 2016 and, therefore, these transactions qualify as exempt party-in-interest transactions.

8. Risks and Uncertainties

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

9. Reconciliation of Financial Statement to Form 5500

For 2017 and 2016, there are no material differences between net assets available for benefits and net increase in net assets available for benefits per the financial statement and the Form 5500.

10. Subsequent Events

Subsequent events were evaluated through October 13, 2018, the date the financial statements were available to be issued. Subsequent to year-end, the Plan was restated to include a matching company contribution. The matching company contribution is 50% of the employee contribution up to a maximum of 6% of their eligible compensation.

**ABSOLUTE CARE, LLC
401(k) PROFIT SHARING PLAN**

SUPPLEMENTAL SCHEDULES
YEAR ENDED DECEMBER 31, 2017

Absolute Care, LLC 401(k) Profit Sharing Plan
(EIN 31-1657601)
Plan #001
Supplemental Schedules

Schedule I - (Schedule H, line 4i) Schedule of Assets Held at End of Plan Year 2017

(a)	Identity of Issue (b)	Description of Investment (c)	Cost (d)	Current Value (e)
	Money Market Accounts			
	JPMorgan Federal Money Market Fund	Money Market Fund	\$ -	\$ -
	Mutual Funds			
	American Funds 2010 Target Date Retirement Fund	Registered Investment Company	\$ 184	\$ 184
	American Funds 2015 Target Date Retirement Fund	Registered Investment Company	235	235
	American Funds 2025 Target Date Retirement Fund	Registered Investment Company	150,973	150,973
	American Funds 2030 Target Date Retirement Fund	Registered Investment Company	1,230	1,230
	American Funds 2035 Target Date Retirement Fund	Registered Investment Company	22,734	22,734
	American Funds 2040 Target Date Retirement Fund	Registered Investment Company	9,543	9,543
	American Funds 2045 Target Date Retirement Fund	Registered Investment Company	65,808	65,808
	American Funds 2050 Target Date Retirement Fund	Registered Investment Company	48,818	48,818
	American Funds 2055 Target Date Retirement Fund	Registered Investment Company	10,786	10,786
			<u>310,311</u>	<u>\$ 310,311</u>
	Participant Loans	5-5.25%	<u>-</u>	<u>5,574</u>

Schedule II - (Schedule H, line 4i) Assets Acquired and Disposed of Within the Plan Year

Identity of Issue (a)	Description of Investment (b)	Cost of Acquisitions (c)	Proceeds of Dispositions (d)
None			

Schedule III - Party in Interest Transaction

No nonexempt transactions were entered into by the Plan with persons defined as Party-in-interest within the Plan year.

Schedule IV - Obligations in Default

No loans were in default as of the close of the end of the Plan year.

**Absolute Care, LLC 401(k) Profit Sharing Plan
(EIN 31-1657601)
Plan #001
Supplemental Schedules**

Schedule V - Leases in Default

No leases were in default as of the close of the end of the Plan year.

Schedule VI - (Schedule H, line 4j) Schedule of Reportable Transactions

Single Transactions in excess of 5% of plan assets:

None

(a) Identity of Party Involved	(b) Description of Asset
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None

Series of Transactions with a single person

None

Series of Transactions in excess of 5% of plan assets:

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred	(g) Cost of Asset	(h) Value on Trans Date	(i) Net gain or (loss)
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None