

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 2018 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</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>NETCARE CORPORATION EMPLOYEE RETIREMENT PROGRAM</u>	1b Three-digit plan number (PN) ▶	001	
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>NETCARE CORPORATION</u> <u>199 SOUTH CENTRAL AVENUE</u> <u>COLUMBUS, OH 43223-1399</u>	1c Effective date of plan <u>10/01/1980</u>		
	2b Employer Identification Number (EIN) <u>31-0814079</u>		
	2c Plan Sponsor's telephone number <u>614-278-0111</u>		
	2d Business code (see instructions) <u>623000</u>		

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2019	AUSTIN KING STUMPP
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2018)
v. 171027

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	5 219
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 175 6a(2) 165 6b 0 6c 48 6d 213 6e 1 6f 214 6g 104 6h 2
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2K 2T b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☒ 1 **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 2018 Form M-1 annual report. If the plan was not required to file the 2018 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2018 This Form is Open to Public Inspection
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
A Name of plan NETCARE CORPORATION EMPLOYEE RETIREMENT PROGRAM	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 NETCARE CORPORATION	D Employer Identification Number (EIN) 31-0814079	

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

(a) Name of insurance carrier AMERICAN UNITED LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0145825	60895	G93208	104	01/01/2018	12/31/2018

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.
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(a) Total amount of commissions paid 7347	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid RAYMOND JAMES INS GRP 880 CARILLON PARKWAY ST PETERSBURG, FL 33716
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7347	0 N/A		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 729190**5** Current value of plan's interest under this contract in separate accounts at year end **5** 1895472**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **GROUP ANNUITY CONTRACT****b** Balance at the end of the previous year **7b** 633708**c** Additions: (1) Contributions deposited during the year **7c(1)** 2448
(2) Dividends and credits **7c(2)** 0
(3) Interest credited during the year **7c(3)** 25215
(4) Transferred from separate account **7c(4)** 95176
(5) Other (specify below) **7c(5)** 6093
▶ **LOAN REPAYMENT**(6) Total additions **7c(6)** 128932**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 762640**e** Deductions:
(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 32579
(2) Administration charge made by carrier **7e(2)** 60
(3) Transferred to separate account **7e(3)** 176
(4) Other (specify below) **7e(4)** 635
▶ **LOANS ISSUED**(5) Total deductions **7e(5)** 33450**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 729190

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2018
		This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
A Name of plan NETCARE CORPORATION EMPLOYEE RETIREMENT PROGRAM	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 NETCARE CORPORATION	D Employer Identification Number (EIN) 31-0814079	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
AMERICAN UNITED LIFE INSURANCE CO
35-0145825

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

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

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

AMERICAN UNITED LIFE INSURANCE CO

35-0145825

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 50 52 59 60 63 66 67	NONE	351	Yes ☒ No ☐	Yes ☐ No ☒	12603	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 ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	66 67	13826
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN UNITED LIFE INSURANCE CO 35-0145825	ASSET CHARGE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ALGER 13-2510833	REVENUE SHARING FORMULA - SEE ATTACHED	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN FUNDS 95-1411037	REVENUE SHARING FORMULA - SEE ATTACHED	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BLACKROCK 32-0174431	REVENUE SHARING FORMULA - SEE ATTACHED	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CALVERT 52-6228948	REVENUE SHARING FORMULA - SEE ATTACHED	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FIDELITY 04-2270522	REVENUE SHARING FORMULA - SEE ATTACHED	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
GOLDMAN SACHS 13-4166989	REVENUE SHARING FORMULA - SEE ATTACHED	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
INVESCO 74-1881364	REVENUE SHARING FORMULA - SEE ATTACHED	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
OPPENHEIMER 13-2527171	REVENUE SHARING FORMULA - SEE ATTACHED	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PIMCO 06-1349805	REVENUE SHARING FORMULA - SEE ATTACHED	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
RUSSELL 91-1175092	REVENUE SHARING FORMULA - SEE ATTACHED	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
STATE STREET 04-2456637	REVENUE SHARING FORMULA - SEE ATTACHED	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T. ROWE PRICE 52-1184650	REVENUE SHARING FORMULA - SEE ATTACHED	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
THORNBURG 85-0301299	REVENUE SHARING FORMULA - SEE ATTACHED	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

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

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

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

SCHEDULE H (Form 5500) 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 2018 This Form is Open to Public Inspection
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

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

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other.....	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common.....	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property).....	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans.....	1c(8)	68782	42035
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	2402510	1895472
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	633708	729190
(15) Other	1c(15)	0	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(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	3105000	2666697

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 through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	3105000	2666697
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)	0	
(C) Others (including rollovers)	2a(1)(C)	2449	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2449
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	2484	
(F) Other	2b(1)(F)	25214	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		27698
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-80525
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		-50378

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	387727	
(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)		387727
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)	198	
(3) Investment advisory and management fees.....	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		198
j Total expenses. Add all expense amounts in column (b) and enter total	2j		387925

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-438303
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan.....	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

(1) Name: MARY M. ULBRICH, CPA

(2) EIN: 31-0883100

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

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

Part IV Compliance Questions

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

During the plan year:

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.)		X	
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.).....		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		2000000
4e	X		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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?.....		X	
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?.....		X	
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.)	X		
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.)		X	
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?.....		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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 2018 This Form is Open to Public Inspection.
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>35-0145825</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

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

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

Schedule R (Form 5500) 2018
v. 171027

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

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****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

b The corresponding number for the second preceding plan year

15a**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

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

16a**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):

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NETCARE CORPORATION
EMPLOYEE RETIREMENT PROGRAM AND TAX DEFERRED ANNUITY PLAN
REPORT ON AUDIT OF FINANCIAL STATEMENTS
For the Years Ended December 31, 2018 and 2017

Prepared by:

MARY M. ULBRICH, CPA
NEW ALBANY, OH 43054

INDEX

	<u>Pages</u>
INDEPENDENT AUDITOR'S REPORT.....	1
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits at December 31, 2018 and 2017.....	3
Statements of Changes in Net Assets Available for Benefits Years Ended December 31, 2018 and 2017.....	4
Notes to Financial Statements.....	5-18
SUPPLEMENTAL INFORMATION	
Schedule of Assets Held For Investment at December 31, 2018.....	19

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INDEPENDENT AUDITOR'S REPORT

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

I was engaged to audit the accompanying financial statements of Netcare Corporation Employees Retirement Program and Tax Deferred Annuity Plan, which comprise the statements of net assets available for benefits as of December 31, 2018 and 2017, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed me not to perform, and I did not perform, any auditing procedures with respect to the information summarized in Note C, which was certified by American United Life Insurance Company, the third party administrator of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. I have been informed by the plan administrator that the third party administrator holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the third party administrator as of and for the years ended December 31, 2018 and 2017, that the information provided to the plan administrator by the third party administrator and trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedule of Schedule of Assets Held at December 31, 2018 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, I do not express an opinion on the supplemental schedule referred to above.

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

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

Mary M. Ulbrich, CPA

New Albany, OH
October 9, 2019

NETCARE CORPORATION EMPLOYEE RETIREMENT PROGRAM AND TAX DEFERRED ANNUITY PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2018 and 2017

	<u>2018</u>	<u>2017</u>
ASSETS		
Investments at fair value	\$6,975,707	\$7,344,089
Receivables:		
Employer's contribution	6,748	6,003
Participants' contributions	10,890	9,915
Notes receivable from participants	<u>89,611</u>	<u>136,100</u>
	<u>107,249</u>	<u>152,018</u>
 TOTAL ASSETS	 7,082,956	 7,496,107
 LIABILITIES	 <u>0</u>	 <u>0</u>
 NET ASSETS AVAILABLE FOR BENEFITS	 <u>\$7,082,956</u>	 <u>\$7,496,107</u>

See accompanying notes.

NETCARE CORPORATION EMPLOYEE RETIREMENT PROGRAM AND TAX DEFERRED ANNUITY PLAN
 STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
 Years ended December 31, 2018 and 2017

	<u>2018</u>	<u>2017</u>
ADDITIONS		
Additions to net asset attributed to:		
Investment income:		
Net appreciation (depreciation)		
in fair value of investments	\$ (257,285)	\$ 977,892
Interest	<u>59,767</u>	<u>52,881</u>
	<u>(197,518)</u>	<u>1,030,773</u>
Interest income on notes receivable from		
participants	<u>4,932</u>	<u>6,664</u>
Contributions:		
Employer	154,850	119,979
Participants	284,939	270,122
Rollover contributions	<u>2,449</u>	<u>1,388</u>
	<u>442,238</u>	<u>391,489</u>
TOTAL ADDITIONS	<u>249,652</u>	<u>1,428,926</u>
DEDUCTIONS		
Deductions from net assets attributed to:		
Benefits paid to participants	652,629	398,519
Corrective distributions	9,185	3,702
Deemed distributions	581	0
Fees paid	<u>408</u>	<u>1,000</u>
TOTAL DEDUCTIONS	<u>662,803</u>	<u>403,221</u>
NET INCREASE	(413,151)	1,025,705
NET ASSETS AVAILABLE FOR BENEFITS		
BEGINNING OF YEAR	<u>7,496,107</u>	<u>6,470,402</u>
END OF YEAR	<u>\$7,082,956</u>	<u>\$7,496,107</u>

See accompanying notes.

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

NOTE A - DESCRIPTION OF PLAN:

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

General: The Netcare Corporation Employee Retirement Program and Tax Deferred Annuity Plan is a defined contribution plan which is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and Internal Revenue Code Section 401(a). The Netcare Corporation Tax Deferred Annuity Plan allows the employees the exclusive benefit under the Internal Revenue Code Section 403(b). The Plan was amended on April 9, 2017 so that participants may designate all or a portion of their elective deferrals as Roth elective deferrals. Amendment Number 3 to the Netcare Corporation Employee Retirement Program and Amendment Number 4 to the Netcare Corporation Tax Deferred Annuity Plan were made to the Plan, effective January 1, 2018, included the change that compensation excludes the reimbursement contributions. Plan Amendment 5 stated that the Entry Date means the Effective Date, and it becomes effective the first day of each Plan Year quarter.

Plan Amendment Number 6, with an effective date of January 1, 2018, contained an amendment that removes the requirement that a participant be employed on the last day of the plan year to be entitled to an employer contribution. Effective January 1, 2018, a participant who completes 1,000 hours of service during the plan year will be entitled to receive an employer matching contribution. The 1,000 hours of service requirement will be waived if the participant dies, retires, or becomes disabled during the plan year.

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

Contributions: Netcare Corporation shall contribute to the Netcare Corporation Employee Retirement Program and Tax Deferred Annuity Plan for each plan year an amount equal to 5% of the participant's annual compensation for each participant if the Netcare Corporation has the funds to do so. For the years 2018 and 2017, Netcare Corporation did not make a contribution to the profit sharing plan. The Plan has a non-integrated contribution and allocation formula. Netcare Corporation can match the participant's contribution up to five percent to the Tax Deferred Annuity. In 2018, Netcare Corporation contributed a matching percent of up to four percent and in 2017, Netcare Corporation provided a match up to three percent.

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

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

NOTE A - DESCRIPTION OF PLAN (Continued):

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

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

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

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

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

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

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

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

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

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

NOTE A - DESCRIPTION OF PLAN (Continued):

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

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

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

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

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

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

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

Forfeitures: Forfeitures are accumulated and used to reduce future contributions of the Employer. In instances where there will not be employer contributions, the forfeitures will be distributed among the eligible participants or to pay for various Plan expenses. For 2018, the forfeitures were \$11,747.61 which were used to reduce the amount of the employer's contribution. For 2017, the forfeitures were \$8,842.29 of which \$400 was used to reduce the amount of the employer's contribution and \$100 was used to pay for expenses.

Date of Management's Review of Subsequent Events

Subsequent events were evaluated through October 9, 2019, which is the date the financial statements were available to be issued. The matching percentage has been increased to five percent as of February 1, 2019.

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

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Use of Estimates

The preparation of financial statements in accordance 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 of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Basis of Accounting

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

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. As of December 31, 2018 and 2017, no allowance for credit losses has been recorded. If a participant does not make loan repayments and the plan administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant loan receivable is recorded as a benefit payment based on the terms of the Plan document.

Excess Contributions Payable

Excess Contributions Payable totaling \$9,185 for contributions in excess of amounts allowed by the IRS have been returned to the participants before the end of the year.

Investments Valuation and Income Recognition

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

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the plan's gains and losses on investments bought and sold as well as held during the year.

Contributions

Contributions are recognized on the accrual basis.

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

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Payments of Benefits

Benefits are recorded when paid.

Expenses

All operating expenses of the Plan are paid by Netcare Corporation and are therefore excluded from these financial statements except for the parts of the expenses paid from the forfeitures.

NOTE C - FAIR VALUE MEASUREMENTS

The Plan's investments are reported in the accompanying statement of net assets available for benefits, except for the Plan's Note Receivable-Participants. The methods used to measure fair value may produce an amount 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 fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority. Level 2 inputs consist of observable inputs other than quoted prices for identical assets (Level 1). Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs are used for investments for which Level 1 inputs were not available. Level 3 inputs would only be used if Level 1 or Level 2 inputs were not available.

There are no plan assets requiring the use of Level 2 and Level 3 inputs for the periods presented.

Level 1 Fair Value Measurements

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

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

NOTE C - FAIR VALUE MEASUREMENTS (Continued)

Level 2 Fair Value Measurements

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

All investments of the Plan are in Level 1. The following tables set forth the Plan's investments at fair value as of December 31, 2018 and 2017:

	Fair Value Measurement at the end of the Reporting Period
-	Quoted Prices In Active Markets for Identical Assets (Level 1)
	<u>December 31, 2018</u>
Money market funds	\$1,872,088
Mutual funds	4,853,622
U.S. government securities	249,997
Total Investments at fair value	<u>\$6,975,707</u>
	<u>December 31, 2017</u>
Money market funds	\$1,431,674
Mutual funds	5,758,570
U.S. government securities	153,845
Total Investments at fair value	<u>\$7,344,089</u>

Gains and losses(realized and unrealized) included in changes in net assets available for benefits for the years ended December 31,2018 and 2017, are reported in net depreciation or appreciation in fair value of investments.

The Plan's policy is to recognize transfers between Level 1 and Level 2 and into and out of Level 3 at the end of the reporting period. For the years ended December 31, 2018 and 2017, there were no transfers into or out of Level 1, Level 2 and Level 3.

NOTE D - NOTES RECEIVABLE

In 2018, four notes were made totaling \$25,075 and there were repayments of \$71,493. There was a balance of \$89,453 and accrued interest added to the Notes in the amount of \$158 for a total due of \$89,611 as of December 31, 2018. In 2017, five notes were made totaling \$53,527 and there were repayments of \$91,091. There was a balance of \$135,871 and accrued interest added to the Notes in the amount of \$229 for a total of \$136,100 as of December 31, 2017.

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

NOTE E - RELATED PARTY TRANSACTIONS

Netcare Corporation, sponsor of the Plans, paid for the preparation of the audit cost, insurance, and bond costs.

There was an investment option available to the participants which was under the management of the third party administrator. The investment vehicle is AUL Fixed Account, which had a balance of \$1,757,569 as of December 31, 2018 and \$1,431,674 as of December 31, 2017. All of these party-in-interest transactions are exempt from the prohibited transactions of ERISA.

As of December 31, 2018, the chief financial officer of the Plan had two notes of which one was obtained in 2016 for \$15,075 and one was obtained in 2014 in the amount of \$12,000. The total amount of notes due was \$9,549 and \$15,122 as of December 31, 2018 and 2017 respectively.

NOTE F - PLAN TERMINATION

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

NOTE G - INVESTMENT CONTRACT WITH THIRD PARTY ADMINISTRATOR:

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

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

NOTE H - TAX STATUS

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

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

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

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

NOTE H - TAX STATUS (Continued)

The changes to the Plan as of January 1, 2014 were reported to the Internal Revenue Service. A favorable determination was received from the Internal Revenue Service in a letter dated July 2017.

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

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

NOTE I - PLAN AMENDMENT

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

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

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

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

On October 31, 2016, an amendment to the Plan was signed which changes the Entry Date, which means the Effective Date, was changed from the semi-annual to the first day of each Plan Year quarter.

On September 7, 2017, an amendment to the Plan was signed which removes the requirement that a participant be employed on the last day of the plan year to be entitled to an employer contribution effective January 1, 2018, a participant who completes 1,000 hours of service during the plan year will be entitled to receive an employer matching contribution. The 1,000 hours of service requirement will be waived if the participant dies, retires or becomes disabled during the plan year.

NOTE J - SECTION 403(b) ADOPTION AGREEMENT

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

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

NOTE K - RISKS AND UNCERTAINTIES

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

NOTE L - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500, SCHEDULE H

The following is a reconciliation of receivables-employer contributions per the financial statements for the year ended December 31, 2018 to Form 5500:

Contribution receivable from employer per the financial statement	\$6,748
Accrual of contributions receivable from employer for 2018 paid in 2019	(6,748)
Receivable-Employer contribution per Part I, Line 1b(1)	\$ <u>0</u>

The following is a reconciliation of receivables-participants' contributions per the financial statements for the year ended December 31, 2018 to Form 5500:

Contribution receivable from participants per the financial statement	\$ 10,890
Accrual of contributions receivable from participants for 2018 paid in 2019	(10,890)
Receivable-Participant contributions per Part I, Line 1b(2)	\$ <u>0</u>

The following is a reconciliation of Participant Notes Receivable per the financial statements for the year ended December 31, 2018 to Form 5500:

Participant Notes receivable per the financial statements	\$ 89,611
Accrued interest receivable as of December 31, 2018	(158)
Notes made from funds of Netcare Corporation Tax Deferred Annuity Plan per Part I Line 1c(8)	(47,418)
Participant Loans per Part I, Line 1c(8)	\$ <u>42,035</u>

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

The following is a reconciliation of value of interest in registered investment companies and value of funds held in insurance company general account per the financial statements for the year ended December 31, 2018 to Form 5500:

Investments per the financial statements	\$6,975,707
Value of interest held in registered companies in Netcare Corporation Tax Deferred Annuity Plan per Part 1, Line 1c(13)	\$3,322,666
Value of interest held in insurance companies in Netcare Corporation Tax Deferred Annuity Plan per Part 1, Line 1c(14)	<u>1,028,379</u>
Total	<u>4,351,045</u>
Value of interest held in registered investments in Netcare Corporation Employee Retirement Program per Part I, Line 1c(13)	\$1,895,472
Value of interest held in insurance companies in Netcare Corporation Employee Retirement Program per Part I, Line 1c(14)	<u>729,190</u>
Investments per Part I, Lines 1c(13) and 1c(14)	<u>\$2,624,662</u>
The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2018 to Form 5500:	
Net assets available for benefits Per the financial statements	\$7,082,956
Net assets available for Benefits Attributable to Netcare Corporation Tax Deferred Annuity Part I Line 1f	(4,398,463)
Accrual of employer's contribution due for 2018 paid in 2019 for the Netcare Corporation Employee Retirement Program	(6,748)
Accrual of participants' contributions due for 2017 paid in 2019 for the Netcare Corporation Employee Retirement Program	(10,890)
Accrued interest receivable on Participants' Notes receivable for 2018 paid in 2019	<u>(158)</u>
Net Assets Available for Benefits per Part I, Line 1	<u>\$2,666,697</u>

NETCARE CORPORATION EMPLOYEE RETIREMENT PRO
GRAM AND TAX DEFERRED ANNUITY PLAN
NOTES TO THE FINANCIAL STATEMENTS, Continued

The following is a reconciliation of contributions received from the employer per the financial statements for the year ended December 31, 2018 to Form 5500:

Contribution received from employer per the financial statements	\$154,850
Accrual of employer's contribution due for 2018 paid in 2019	(6,748)
Accrual of employer's contribution due for 2017 paid in 2018	6,003
Accrued Contributions due for 2017 and paid in 2018	(69)
Contributions Received in cash from Employers to Netcare Corporation Tax Deferred Annuity per Part II, Line 1(A)	(154,036)
Contributions Received From Employer, per Part II, Line 2a(1) (A)	\$ <u>0</u>

The following is a reconciliation of participants' contributions per the financial statements for the year ended December 31, 2018 to Form 5500:

Contribution received from participants per the financial statements	\$ 284,939
Accrual of participants' contribution for 2018 paid in January 2019	(10,890)
Accrual of participants' contribution for 2017 paid in January 2018	9,915
Accrual of contributions from participants of 2017 paid in 2018	(69)
Contributions from participants to Netcare Corporation Tax Deferred Annuity, Part II, Line 2a(1) (B)	(283,895)
Contributions received from Participants per Part II, Line 2a(1) (B)	\$ <u>0</u>

The following is a reconciliation of Contributions Others (including Rollovers) per the financial statements for the year December 31, 2018 to Form 5500:

Rollover contributions received from participants per the financial statement	\$2,449
Contributions of Contributions-Other to Netcare Corporation Tax Deferred Annuity, Part II, Line 2a(1) (C)	(2,449)
Contribution Received from Others Per Part II, Line 2a(1) (C)	\$ <u>0</u>

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

Participant Notes per the financial statements for
the year ended December 31, 2018 to Form 5500:

Interest on Participant Notes per financial statements	\$4,932
Less: Accrued interest at 12-31-18	(158)
Add: Accrued interest at 12-31-17	229
Interest on Notes receivable made from participant funds of the Netcare Corporation Tax Deferred Annuity Part II, Line 2b(1) (E)	(2,519)
Interest on Participant Notes per Part II, Line 2b(1) (E)	<u>\$2,484</u>

The following is a reconciliation of interest earned on investments
per the financial statements for the year ended December 31, 2018
to Form 5500:

Interest earned on investments per financial statement	\$59,767
Interest allocated on Netcare Corporation Tax Deferred Annuity, Part II, Line 2b(1) (F)	(34,553)
Interest earned on interest-bearing cash Per Part II, Line 2b(1) (F)	<u>\$25,214</u>

The following is a reconciliation of Net Investment gain (loss)
from registered investment entities per the financial statements for the
year ended December 31, 2018 to Form 5500:

Net depreciation in fair value of investments	\$(257,285)
Net depreciation allocated to Netcare Corporation Tax Deferred Annuity per Line 2b(10)	<u>176,760</u>
Net investment loss from registered investment companies per Part II, Line 2b(10)	<u>\$ (80,525)</u>

The following is a reconciliation of benefit payments to participants
or beneficiaries including rollovers per financial statements for
the year ended December 31, 2018 to Form 5500:

Benefits paid to participants	\$652,629
Benefits paid from Netcare Corporation Tax Deferred Annuity, Part II, Line 2e(1)	<u>(264,902)</u>
Benefits payments paid directly to participants or beneficiaries per Part II, Line 2e(1)	<u>\$387,727</u>

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

Following is a reconciliation of Corrective distributions
per financial statements for the year ended December 31, 2018
to Form 5500:

Corrective Distributions per Part II, Line 2f	\$ 9,185
Corrective distributions from Netcare Corporation Tax Deferred Annuity per Part II, Line 2f	(9,185)
Corrective Distributions per Part II, Line 2f	\$ <u>0</u>

The following is a reconciliation of Certain Deemed
Distributions of participant loans per the financial statement
for the year ended December 31, 2018 to Form 5500:

Deemed Distributions per financial statement	\$ 581
Certain deemed distributions of participant loans of the Netcare Corporation Tax Deferred annuity Part II, Line 2g	(581)
Certain deemed distributions of participant loans Line 2g	\$ <u>0</u>

*The following is a reconciliation of Administrative expenses:
Contract administrator fees per the financial statement
for the year ended December 31, 2018 to Form 5500:*

Fees Paid	\$ 408
Contractor Administrator Fees paid from participant accounts of the Netcare Corporation Tax Deferred Annuity Part II, Line 2i(2)	(210)
Contractor Administrator Fees Paid per Part II, i Line 2i(2)	\$ <u>198</u>

The following is a reconciliation of Net Increase per financial
statements for the year ended December 31, 2018 to Form 5500:

Net decrease per financial statement	\$ (413,151)
Net Income per Netcare Corporation Tax Deferred Annuity Part II, Line 2k of Plan 002	(23,365)
2018 ACCRUALS	
Employer's contribution	(6,748)
Contributions receivable-Netcare Corporation Tax Deferred Annuity	(10,890)
Accrued interest receivable on Notes receivable	(158)

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

The following is a reconciliation of Net Increase per financial statements for the year ended December 31, 2018 to Form 5500 (Continued):

2017 ACCRUALS

Contributions receivable-Employer	\$ 5,935
Contributions receivable-Netcare Corporation Tax Deferred Premiums Annuity for 2017 paid in 2018	9,846
Accrued interest receivable for 2017 paid in 2018	<u>228</u>
Net income (Loss)per Part II, Line 2k	\$ <u>(438,303)</u>

NOTE M QUESTION 4(j)

There were no reportable transactions during 2018 according to Schedule H, Question 4(j).

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SUPPLEMENTARY INFORMATION

NETCARE CORPORATION EMPLOYEE RETIREMENT PROGRAM AND TAX DEFERRED ANNUITY
PLAN

EIN: 31-0814079

PLAN 001 AND 002

SCHEDULE H, LINE 4I SCHEDULE OF ASSETS HELD
at December 31, 2018

Contract No.	Description	Current Value
	Group Retirement Annuity	
*93208	AUL Fixed Account	\$1,757,569
93208	Alger Large Cap Growth Portfolio I-2	686,930
93208	American Funds Growth Port 1-2	3,116
93208	Blackrock Global Allocation I	58,464
93208	Calvert Income A	42,505
93208	Calvert VP Sri Midcap Growth Prt	121,243
93208	Fidelity (VIP II) Asset Manager Init	249,997
93208	Fidelity (VIP) Growth Fund Init	938,233
93208	Fidelity (VIP) Equity Income Init	40,612
93208	Fidelity Advance Freedom 2010	901
93208	Fidelity advance Freedom, 2025	484
93208	Fidelity Advance Freedom 2030	43
93208	Fidelity Advance Freedom 2035	30,637
93208	Fidelity Advance Freedom 2040	57,184
93208	Fidelity Advance Freedom 2045	276
93208	Fidelity Advance Freedom 2050	24,330
93208	Fidelity Advance Freedom 2055	2,003
93208	Fidelity Advance Freedom 2060	904
93208	GoldmanSachs Money Market Gvt AD	114,519
93208	GoldmanSachs	45,420
93208	Invesco International Growth R5	196,694
93208	Invesco Small Cap Growth A	11,106
93208	Oppenheimer Mid Cap Value A	45,230
93208	Pimco All Asset Adm	53,240
93208	State Street Equity 500 Index Adm	860,802
93208	Russell Lifepoints Growth Strategy R1	167,116
93208	Thornburg Core Growth R5	275,502
93208	T Rowe Price Equity Income Ins	725,482
93208	T. Rowe Price Ret 2005	451
93208	T. Rowe Price Ret 2015	44
93208	T. Rowe Price Ret 2020	30,554
93208	T. Rowe Price Ret 2040	38,624
93208	T Rowe Price Ret 2050	3,063
93208	T. Rowe Price Ret 2055	1,948
93208	T. Rowe Price Ret 2060	272
93208	T. Rowe Price Ret Bal Adv	1,889
93208	Vanguard Short-Term Federal Inv	388,320
	TOTAL	<u>\$6,975,707</u>
Participant Notes		<u>\$ 89,611</u>
Interest at 4.25 to 5.50 percent.		

*Indicates party-in-interest to the Plan.

Schedule C Attachment for Line Item 3(e)

Plan Name **G93208 NETCARE CORPORATION TAX DEFERRED ANNUITY**

Plan Number **001** **Plan Year End** **12/31/2018**

EIN **31-0814079**

Revenue Sharing Formula:

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

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

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

Investment Company	Investment Portfolio	Annual Percentage
ALGER	Alger LgCap Grth Port I-2	0.20
AMERICAN FUNDS	AmerFds Grth Fd of America R4	0.35
BLACKROCK	BlackRock Global Alloc I	0.25
CALVERT	Calvert VP SRI MidCap Grth Prt	0.10
CALVERT	Calvert Inc A	0.50
FIDELITY	Fidelity Adv Freedom 2010 I	0.25
FIDELITY	Fidelity Adv Freedom 2015 I	0.25
FIDELITY	Fidelity Adv Freedom 2020 I	0.25
FIDELITY	Fidelity Adv Freedom 2025 I	0.25
FIDELITY	Fidelity Adv Freedom 2030 I	0.25
FIDELITY	Fidelity Adv Freedom 2035 I	0.25
FIDELITY	Fidelity Adv Freedom 2040 I	0.25
FIDELITY	Fidelity Adv Freedom 2045 I	0.25
FIDELITY	Fidelity Adv Freedom 2050 I	0.25
FIDELITY	Fidelity Adv Freedom 2055 I	0.25
FIDELITY	Fidelity Adv Freedom 2060 I	0.25
FIDELITY	Fidelity Adv Freedom Inc I	0.25
FIDELITY	Fidelity Adv Freedom 2010 M	0.75
FIDELITY	Fidelity Adv Freedom 2015 M	0.75
FIDELITY	Fidelity Adv Freedom 2020 M	0.75
FIDELITY	Fidelity Adv Freedom 2025 M	0.75

Investment Company	Investment Portfolio	Annual Percentage
FIDELITY	Fidelity Adv Freedom 2030 M	0.75
FIDELITY	Fidelity Adv Freedom 2035 M	0.75
FIDELITY	Fidelity Adv Freedom 2040 M	0.75
FIDELITY	Fidelity Adv Freedom 2035 Fd A	0.50
FIDELITY	Fidelity Adv Freedom 2040 Fd A	0.50
FIDELITY	Fidelity Adv Freedom 2010 Fd A	0.50
FIDELITY	Fidelity Adv Freedom 2015 Fd A	0.50
FIDELITY	Fidelity Adv Freedom 2020 Fd A	0.50
FIDELITY	Fidelity Adv Freedom 2025 Fd A	0.50
FIDELITY	Fidelity Adv Freedom 2030 Fd A	0.50
FIDELITY	Fidelity VIP Eqty-Inc Init	0.15
FIDELITY	Fidelity VIP Grth Init	0.15
FIDELITY	Fidelity VIP Asset Mngr Init	0.15
GOLDMAN SACHS	GoldmanSachs Money Mkt Gvt Ad	0.30
GOLDMAN SACHS	GoldmanSachs SmCapVal Inst	0.10
INVESCO	Invesco Intl Grth R5	0.20
INVESCO	Invesco SmCap Grth A	0.50
OPPENHEIMER	Oppenheimer Mid Cap Value A	0.50
OPPENHEIMER	Oppenheimer Mid Cap Value R	0.60
PIMCO	PIMCO All Asset Adm	0.25
RUSSELL	Russell LP Grth Strat R5	0.70
RUSSELL	Russell LP In Ret R1	0.20
RUSSELL	Russell LifePoints® 2010 Strat	0.70
RUSSELL	Russell LP 2020 Strat R5	0.70
RUSSELL	Russell LP 2030 Strat R5	0.70
RUSSELL	Russell LP 2040 Strat R5	0.70
RUSSELL	Russell LifePoints® 2010 Strat	0.20
RUSSELL	Russell LP 2020 Strat R1	0.20
RUSSELL	Russell LP 2030 Strat R1	0.20
RUSSELL	Russell LP 2040 Strat R1	0.20
RUSSELL	Russell LP 2050 Strat R1	0.20
RUSSELL	Russell LP 2055 Strat R1	0.20
RUSSELL	Russell LP 2025 Strat R1	0.20
RUSSELL	Russell LP 2035 Strat R1	0.20
RUSSELL	Russell LP 2045 Strat R1	0.20
RUSSELL	Russell LP Grth Strat R1	0.20
STATE STREET	State Street Equity 500 Idx Adm	0.15
T. ROWE PRICE	TRowePrice Ret 2005 Adv	0.40
T. ROWE PRICE	TRowePrice Ret 2010 Adv	0.40
T. ROWE PRICE	TRowePrice Ret 2015 Adv	0.40

Investment Company	Investment Portfolio	Annual Percentage
T. ROWE PRICE	TRowePrice Ret 2020 Adv	0.40
T. ROWE PRICE	TRowePrice Ret 2025 Adv	0.40
T. ROWE PRICE	TRowePrice Ret 2030 Adv	0.40
T. ROWE PRICE	TRowePrice Ret 2035 Adv	0.40
T. ROWE PRICE	TRowePrice Ret 2040 Adv	0.40
T. ROWE PRICE	TRowePrice Ret 2045 Adv	0.40
T. ROWE PRICE	TRowePrice Ret 2050 Adv	0.40
T. ROWE PRICE	TRowePrice Ret 2055 Adv	0.40
T. ROWE PRICE	TRowePrice Ret 2060 Adv	0.40
T. ROWE PRICE	TRowePrice Ret Bal Adv	0.40
T. ROWE PRICE	TRowePrice Eqty Inc Ins	0.25
THORNBURG	Thornburg Core Grth R3	0.70
THORNBURG	Thornburg Core Grth R5	0.25

Plan Type 3 403ER

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

Name of Plan:	NETCARE CORPORATION EMPLOYEE RETIREMENT PROGRAM		
Employer Identification Number:	31-0814079		
For plan year (beginning/ending):	01-01-2018 TO 12-31-2018	Plan number:	001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	ALGER	ALGER LGCAP GRTH PORT I-2 MUTUAL FUND SHARES	0	353,754
*	AMERICAN UNITED LIFE INS CO	AUL FIXED ACCOUNT	0	729,190
	BLACKROCK	BLACKROCK GLOBAL ALLOC I MUTUAL FUND SHARES	0	8,761
	CALVERT	CALVERT INC A MUTUAL FUND SHARES	0	21,168
	CALVERT	CALVERT VP SRI MIDCAP GRTH PRT MUTUAL FUND SHARES	0	63,238
	FIDELITY	FIDELITY ADV FREEDOM 2050 I MUTUAL FUND SHARES	0	3,754
	FIDELITY	FIDELITY ADV FREEDOM 2040 I MUTUAL FUND SHARES	0	10,343
	FIDELITY	FIDELITY ADV FREEDOM 2035 I MUTUAL FUND SHARES	0	2,416
	FIDELITY	FIDELITY VIP ASSET MNGR INIT MUTUAL FUND SHARES	0	181,658
	FIDELITY	FIDELITY VIP EQTY-INC INIT MUTUAL FUND SHARES	0	14,992
	FIDELITY	FIDELITY VIP GRTH INIT MUTUAL FUND SHARES	0	363,061
	GOLDMAN SACHS	GOLDMANSACHS MONEY MKT GVT AD MUTUAL FUND SHARES	0	30,796
	GOLDMAN SACHS	GOLDMANSACHS SMCAPVAL INST MUTUAL FUND SHARES	0	6,898
	INVESCO	INVESCO INTL GRTH R5 MUTUAL FUND SHARES	0	21,333
	INVESCO	INVESCO SMCAP GRTH A MUTUAL FUND SHARES	0	3,941
	PARTICIPANTS	LOANS 4.25% TO 5.5%	0	42,035
	OPPENHEIMER	OPPENHEIMER MID CAP VALUE A MUTUAL FUND SHARES	0	3,189
	PIMCO	PIMCO ALL ASSET ADM MUTUAL FUND SHARES	0	17,334
	RUSSELL	RUSSELL LP GRTH STRAT R1 MUTUAL FUND SHARES	0	35,210
	STATE STREET	STATE STREET EQUITY 500 IDX ADM MUTUAL FUND SHARES	0	161,462
	THORNBURG	THORNBURG CORE GRTH R5 MUTUAL FUND SHARES	0	62,950
	T. ROWE PRICE	TROWEPRICE EQTY INC INS MUTUAL FUND SHARES	0	403,713
	T. ROWE PRICE	TROWEPRICE RET 2020 ADV MUTUAL FUND SHARES	0	466
	T. ROWE PRICE	TROWEPRICE RET 2040 ADV MUTUAL FUND SHARES	0	1,010
	VANGUARD	VANGUARD ST FEDERAL INV MUTUAL FUND SHARES	0	124,025