

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 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2012 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>12/31/2012</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ 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>GASTROENTEROLOGY CENTER OF THE MID-SOUTH, PC PROFIT SHARING PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>006</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>07/19/1971</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>006</u>	1c Effective date of plan <u>07/19/1971</u>	
1b Three-digit plan number (PN) ▶	<u>006</u>				
1c Effective date of plan <u>07/19/1971</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>GASTROENTEROLOGY CENTER OF THE MID-SOUTH, PC</u> <u>2020 EXETER</u> <u>GERMANTOWN, TN 38138</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>62-1094933</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>901-682-1233</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>621111</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>62-1094933</u>	2c Sponsor's telephone number <u>901-682-1233</u>	2d Business code (see instructions) <u>621111</u>	
2b Employer Identification Number (EIN) <u>62-1094933</u>					
2c Sponsor's telephone number <u>901-682-1233</u>					
2d Business code (see instructions) <u>621111</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. Signature of plan administrator	10/07/2013 Date	DAVID HARANO Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature. Signature of employer/plan sponsor	10/07/2013 Date	DAVID HARANO Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN
		3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		4b EIN 4c PN
5 Total number of participants at the beginning of the plan year		5 218
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	171
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	27
d Subtotal. Add lines 6a , 6b , and 6c	6d	198
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	198
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	198
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	14
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 2G 2J 2K 2A 2R 2F		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

SCHEDULE A (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	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 <hr/> 2012 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan <u>GASTROENTEROLOGY CENTER OF THE MID-SOUTH, PC PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ►	<u>006</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GASTROENTEROLOGY CENTER OF THE MID-SOUTH, PC</u>	D Employer Identification Number (EIN) <u>62-1094933</u>	

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

ING LIFE INSURANCE AND ANNUITY 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
<u>71-0294708</u>	<u>86509</u>	<u>GH3735</u>	<u>218</u>	<u>01/01/2012</u>	<u>12/31/2012</u>

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
<u>71020</u>	<u>1956</u>

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

STEPHENS INSURANCE AGENCY, LLC 111 CENTER ST.
LITTLE ROCK, AR 72201

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
<u>71020</u>			<u>3</u>

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

RETIREMENT PLAN ADMINISTRATORS, LLC 780 JOHNSON FERRY RD., SUITE 375
ATLANTA, GA 30342

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	<u>1956</u>	<u>TPA PARTNERSHIP PROGRAM</u>	<u>5</u>

(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	1896350
5 Current value of plan's interest under this contract in separate accounts at year end	5	17444686

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. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☒ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	1167970
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c Additions: (1) Contributions deposited during the year	7c(1)	2015235	
(2) Dividends and credits	7c(2)	0	
(3) Interest credited during the year	7c(3)	45143	
(4) Transferred from separate account	7c(4)	1105435	
(5) Other (specify below)	7c(5)	55480	

▶ TRANSFERS

(6) Total additions	7c(6)	3221293
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d Total of balance and additions (add lines 7b and 7c(6))	7d	4389263
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	574625	
(2) Administration charge made by carrier	7e(2)	0	
(3) Transferred to separate account	7e(3)	1910034	
(4) Other (specify below)	7e(4)	8254	

▶ TRANSFERS

(5) Total deductions	7e(5)	2492913
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	1896350
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2012
		This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan <u>GASTROENTEROLOGY CENTER OF THE MID-SOUTH, PC PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶ <u>006</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GASTROENTEROLOGY CENTER OF THE MID-SOUTH, PC</u>	D Employer Identification Number (EIN) <u>62-1094933</u>

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

ING MUTUAL FUNDS

95-4516049

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 27 60 64 65	SERVICE PROVIDER	0	Yes ☒ No ☐	Yes ☒ No ☐	54579	Yes ☐ No ☒

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

T. ROWE PRICE

52-2264646

(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?
52 63	INVESTMENT PRODUCT PROVIDER		Yes ☒ No ☐	Yes ☐ No ☒	53784	Yes ☐ No ☒

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

ING FINANCIAL ADVISERS

06-1375177

(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?
63	BROKER DEALER	0	Yes ☒ No ☐	Yes ☐ No ☒	48508	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)

ING MUTUAL FUNDS

95-4516049

(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?
28 52 63	INVEST. PRODU CT PROVI	0	Yes ☒ No ☐	Yes ☐ No ☒	46485	Yes ☐ No ☒

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

AMERICAN FUNDS

95-1411037

(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?
28 52 63	INVEST. PRODU CT PROVI	0	Yes ☒ No ☐	Yes ☐ No ☒	22087	Yes ☐ No ☒

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

LAZARD FUNDS

20-4571006

(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?
28 52 63	INVEST. PRODU CT PROVI	0	Yes ☒ No ☐	Yes ☐ No ☒	15209	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)

MORNINGSTAR

36-3297908

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 27	SERVICE PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	9033	Yes ☐ No ☒

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

TEMPLETON FUNDS

13-2670991

(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?
28 52 63	INVEST. PRODUCT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	7881	Yes ☐ No ☒

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

PAX FUNDS

02-0280580

(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?
28 52 63	INVEST. PRODUCT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	7752	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
(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.	

(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.	

(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

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:

<p style="text-align: center;">SCHEDULE D (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p>	<p style="text-align: center;">DFE/Participating Plan Information</p> <p style="text-align: center; font-size: small;">This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p style="text-align: center; font-weight: bold;">▶ File as an attachment to Form 5500.</p>	<p style="text-align: center; font-size: small;">OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: large; font-weight: bold;">2012</p> <hr/> <p style="text-align: center; font-size: small; font-weight: bold;">This Form is Open to Public Inspection.</p>
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

<p>A Name of plan <u>GASTROENTEROLOGY CENTER OF THE MID-SOUTH, PC PROFIT SHARING PLAN</u></p>	<p>B Three-digit plan number (PN) ▶ <u>006</u></p>
<p>C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GASTROENTEROLOGY CENTER OF THE MID-SOUTH, PC</u></p>	<p>D Employer Identification Number (EIN) <u>62-1094933</u></p>

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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<p>a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MAP CONTRACT</u></p>		
<p>b Name of sponsor of entity listed in (a): <u>ING LIFE INSURANCE & ANNUITY CO.</u></p>		
<p>c EIN-PN <u>71-0294708-000</u></p>	<p>d Entity code <u>P</u></p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>17444686</u></p>
<p>a Name of MTIA, CCT, PSA, or 103-12 IE:</p>		
<p>b Name of sponsor of entity listed in (a):</p>		
<p>c EIN-PN</p>	<p>d Entity code</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</p>
<p>a Name of MTIA, CCT, PSA, or 103-12 IE:</p>		
<p>b Name of sponsor of entity listed in (a):</p>		
<p>c EIN-PN</p>	<p>d Entity code</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</p>
<p>a Name of MTIA, CCT, PSA, or 103-12 IE:</p>		
<p>b Name of sponsor of entity listed in (a):</p>		
<p>c EIN-PN</p>	<p>d Entity code</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</p>
<p>a Name of MTIA, CCT, PSA, or 103-12 IE:</p>		
<p>b Name of sponsor of entity listed in (a):</p>		
<p>c EIN-PN</p>	<p>d Entity code</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</p>
<p>a Name of MTIA, CCT, PSA, or 103-12 IE:</p>		
<p>b Name of sponsor of entity listed in (a):</p>		
<p>c EIN-PN</p>	<p>d Entity code</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</p>
<p>a Name of MTIA, CCT, PSA, or 103-12 IE:</p>		
<p>b Name of sponsor of entity listed in (a):</p>		
<p>c EIN-PN</p>	<p>d Entity code</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</p>

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
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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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 2012 This Form is Open to Public Inspection
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012		
A Name of plan GASTROENTEROLOGY CENTER OF THE MID-SOUTH, PC PROFIT SHARING PLAN	B Three-digit plan number (PN) ►	006
C Plan sponsor's name as shown on line 2a of Form 5500 GASTROENTEROLOGY CENTER OF THE MID-SOUTH, PC	D Employer Identification Number (EIN) 62-1094933	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	839968	844640
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)	14448979	17444686
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	1167970	1896350
(15) Other	1c(15)	0	

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	16456917	20185676

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	16456917	20185676
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1249987	
(B) Participants	2a(1)(B)	764816	
(C) Others (including rollovers)	2a(1)(C)	55073	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2069876

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	45143	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		45143

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		2191107
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		4306126

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	574217	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		574217
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	3150	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		3150
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		577367

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		3728759
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: DIXON HUGHES GOODMAN, LLP

(2) EIN: 56-0747981

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	
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	
e Was this plan covered by a fidelity bond?.....	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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	
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	
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		
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	
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	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		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.			

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

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

5b(1) Name of plan(s)

5b(2) EIN(s)	5b(3) PN(s)

Part V Trust Information (optional)

6a Name of trust

6b Trust's EIN

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 section 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 2012 This Form is Open to Public Inspection.
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan <u>GASTROENTEROLOGY CENTER OF THE MID-SOUTH, PC PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶ <u>006</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GASTROENTEROLOGY CENTER OF THE MID-SOUTH, PC</u>	D Employer Identification Number (EIN) <u>62-1094933</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
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>71-0294708</u>	
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Gastroenterology Center of the MidSouth, P.C.
Profit Sharing Plan

Financial Statements and Supplemental Schedule

December 31, 2012 and 2011



DIXON HUGHES GOODMAN LLP
Certified Public Accountants and Advisors

Gastroenterology Center of the MidSouth, P.C. Profit Sharing Plan

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December 31, 2012 and 2011

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Independent Auditors' Report

The Trustees and Plan Administrator
Gastroenterology Center of the MidSouth, P.C.
Profit Sharing Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Gastroenterology Center of the MidSouth, P.C. Profit Sharing Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2012 and 2011, and the related statement of changes in net assets available for benefits for the year ended December 31, 2012, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by ING Life Insurance and Annuity Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan Administrator that ING Life Insurance and Annuity Company holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the custodian as of December 31, 2012 and 2011, and for the year ended December 31, 2012, that the information provided to the Plan Administrator by the custodian is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedule as of December 31, 2012, is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on the supplemental schedule.

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

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

Dixon Hughes Goodman LLP

September 24, 2013

Gastroenterology Center of the MidSouth, P.C. Profit Sharing Plan

Statements of Net Assets Available for Benefits

December 31, 2012 and 2011

	<u>2012</u>	<u>2011</u>
Assets		
Investments at fair value	\$ 19,533,594	\$ 15,703,319
Employer contributions receivable	<u>844,640</u>	<u>839,968</u>
Net assets reflecting investments at fair value	20,378,234	16,543,287
Adjustment from fair value to contract value for fully benefit-responsive investment contract	<u>(192,558)</u>	<u>(86,370)</u>
Net assets available for benefits	<u><u>\$ 20,185,676</u></u>	<u><u>\$ 16,456,917</u></u>

See accompanying notes to financial statements.

Gastroenterology Center of the MidSouth, P.C.
Profit Sharing Plan

Statement of Changes in Net Assets Available for Benefits

For the Year Ended December 31, 2012

Additions

Investment income	
Net appreciation in fair value of investments	\$ 2,191,107
Interest and dividends	45,143

Contributions

Employer	1,249,987
Employee	764,816
Rollover	55,073

Total additions	<u>4,306,126</u>
------------------------	------------------

Deductions

Benefits paid to participants	574,217
Administrative expenses	3,150

Total deductions	<u>577,367</u>
-------------------------	----------------

Net change	3,728,759
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Net assets available for benefits, beginning of year	<u>16,456,917</u>
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Net assets available for benefits, end of year	<u><u>\$ 20,185,676</u></u>
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Gastroenterology Center of the MidSouth, P.C. Profit Sharing Plan

Notes to Financial Statements

December 31, 2012 and 2011

1. Description of Plan

The following description of the Gastroenterology Center of the MidSouth, P.C. Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all employees of Gastroenterology Center of the MidSouth, P.C. (the "Company"), who are age twenty-one and older and have completed one year of service, defined as the completion of 1,000 hours of service within a 12-month period. ING Life Insurance and Annuity Company ("ING") serves as the custodian of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Contributions

Each year, participants may voluntarily defer between 1% and 100% of pretax compensation as defined in the Plan document, subject to certain Internal Revenue Code ("IRC") limitations. Participants who have attained the age of 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified plans and certain individual retirement accounts. The Plan also allows participants to make Roth 401(k) contributions.

The Company provides a safe harbor matching contribution of 100% on the first 3% of participant deferrals and 50% on the next 2% of participant deferrals. Total matching contributions for 2012 were \$405,347.

Contributions – Profit Sharing Feature

Each year the Company makes a profit sharing contribution to the Plan in an amount decided upon by the Company's board of directors. The profit sharing contribution for 2012 was \$844,640.

1. Description of Plan (continued)

Investment Options

Participants direct the investment of their contributions into various investment options offered by the Plan. Company contributions are invested in the funds selected by the participant. The Plan currently offers pooled separate accounts and a guaranteed investment contract as investment options for participants. In addition, participants may utilize an individual self-directed brokerage option, through which participants are able to invest in a variety of securities including stocks, bonds, mutual funds and government securities in accordance with the Plan document. At December 31, 2012 and 2011, no participants were invested in the self-directed brokerage accounts.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of the Company's matching and discretionary contributions, Plan earnings, and is charged with an allocation of administrative expenses and Plan losses. Allocations for the Company's profit sharing contribution and non-vested accounts are based upon eligible compensation, as defined, while investment earnings are allocated to each account based upon participant account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their voluntary deferral contributions plus actual earnings thereon and the safe harbor matching contribution portion made by the Company. Participants' vesting in the discretionary profit sharing contribution is based on years of continuous service. A participant's profit sharing contribution is 100% vested after six years of credited service.

Forfeitures

At December 31, 2012 and 2011, forfeited non-vested accounts totaled \$12,180 and \$12,906, respectively. These accounts will be used to reduce future Company contributions. During 2012, forfeitures of \$12,180 were used to reduce Company contributions.

Payment of Benefits

On termination of service, due to death, disability or retirement, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in either a lump-sum amount or various installment and annuity options as provided by the Plan. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. Amounts contributed on a before-tax basis may only be withdrawn upon demonstration of financial hardship, disability, or after the participants reach the age of 59.5 years.

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America ("GAAP").

Estimates

The preparation of financial statements in conformity with GAAP requires the Plan Administrator to make estimates and assumptions that affect reported amounts of assets, liabilities, and changes therein and, disclosure of contingent assets and liabilities. Accordingly, actual results could differ from those estimates and assumptions.

Investment Valuation and Income Recognition

Investments are reported at fair 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 4 for discussion of fair value measurements.

In accordance with GAAP, the investment contract held by a defined-contribution plan is required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The statement of net assets available for benefits presents the fair value of the investment contract as the adjustment to the fully benefit-responsive investment contract from fair value to contract value. The statement of changes in net assets available for benefits is prepared on a contract value basis.

Purchase 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.

Benefits

Benefits are recorded upon distribution.

Administrative Expenses

The Plan's administrative expenses are paid by the Plan, as provided by the Plan document. Certain administrative functions are performed by employees of the Company. No such employee receives compensation from the Plan. Expenses relating to specific participant transactions (distributions) are charged directly to the participant's account.

2. Summary of Significant Accounting Policies (continued)

Subsequent Events

The Plan has evaluated subsequent events through September 24, 2013, the date the financial statements were available to be issued.

3. Unaudited Information Certified by the Custodian

The accompanying financial statements include the following unaudited information as of December 31, 2012 and 2011, and for the year ended December 31, 2012, that was obtained from data prepared and certified to be complete and accurate by the Plan's custodian:

	2012	2011
Investments	\$ 19,341,036	\$ 15,616,949
Net appreciation in fair value of investments	\$ 2,191,107	
Interest and dividends	\$ 45,143	

All investments are certified at fair value except the investment contract, which is certified at contract value.

The following table presents investments that represent more than 5% of the Plan's net assets at December 31:

	2012	2011
<i>Pooled Separate Accounts:</i>		
ING VP Intermediate Bond Portfolio	\$ *	\$ 1,288,838
ING Solution 2015	*	1,930,337
ING Solution 2025	*	1,576,203
ING Solution 2035	*	1,265,954
Lazard Emerging Markets	1,139,086	834,596
T. Rowe Price Retirement 2020 Fund	1,903,716	*
T. Rowe Price Retirement 2025 Fund	1,652,660	*
<i>Guaranteed Investment Contract:</i>		
ING Fixed Account, at contract value	1,896,350	1,167,970

*Amount represents less than 5% of net assets.

During the year ended December 31, 2012, the Plan's investments in pooled separate accounts (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by \$2,191,107.

4. Fair Value Measurements

Fair value as defined under GAAP is an exit price, representing 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. GAAP establishes a three-tier fair value hierarchy, which prioritizes the inputs used in measuring fair value.

These tiers include:

- Level 1: Observable inputs such as quoted prices in active markets.
- Level 2: Inputs other than quoted prices in active markets that are either directly or indirectly observable.
- Level 3: Unobservable inputs about which little or no market data exists, therefore requiring an entity to develop its own assumptions.

Assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The Plan's assessment of the significance of a particular input to the fair value measurement requires judgment, and may affect the valuation of fair value assets and liabilities and their placement within the fair value hierarchy levels.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2012 and 2011.

Level 2 investment securities include pooled separate accounts for which quoted prices are not available in active markets for identical instruments. These accounts are valued at the net asset value ("NAV") provided by the administrator of the account. The NAV is based on the value of the underlying assets owned by the account minus its liabilities, and divided by the number of units outstanding. Because quoted prices in active markets for identical assets are not available, these prices are determined using observable market information such as quotes from less active markets and/or quoted prices of securities with similar characteristics. There are no unfunded commitments, redemption frequency restrictions, or other redemption restrictions on the pooled separate accounts.

Due to significant unobservable inputs included in the valuation model for the guaranteed investment contract, the resulting fair value of this security is classified as Level 3. The fair value of the guaranteed investment contract was estimated by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer (See Note 5).

4. Fair Value Measurements (continued)

The following tables set forth by level within the fair value hierarchy the Plan's assets accounted for at fair value on a recurring basis as of December 31, 2012 and 2011.

	December 31, 2012			
	Level 1	Level 2	Level 3	Total
Pooled separate accounts:				
Equity	\$ -	\$ 6,523,048	\$ -	\$ 6,523,048
Balanced ^(a)	-	7,889,400	-	7,889,400
Fixed income ^(b)	-	2,317,690	-	2,317,690
International	-	702,368	-	702,368
Money market	-	12,180	-	12,180
Guaranteed investment contract	-	-	2,088,908	2,088,908
Total assets	<u>\$ -</u>	<u>\$ 17,444,686</u>	<u>\$ 2,088,908</u>	<u>\$ 19,533,594</u>

	December 31, 2011			
	Level 1	Level 2	Level 3	Total
Pooled separate accounts:				
Equity	\$ -	\$ 4,943,797	\$ -	\$ 4,943,797
Balanced ^(a)	-	6,300,722	-	6,300,722
Fixed income ^(b)	-	2,570,259	-	2,570,259
International	-	628,711	-	628,711
Money market	-	5,490	-	5,490
Guaranteed investment contract	-	-	1,254,340	1,254,340
Total assets	<u>\$ -</u>	<u>\$ 14,448,979</u>	<u>\$ 1,254,340</u>	<u>\$ 15,703,319</u>

^(a) These investments seek a total return consisting of long-term growth of capital and current income, designed to remain appropriate for investors in terms of risk throughout a variety of life circumstances. The accounts invest in underlying domestic and foreign equity, hybrid, and fixed-income mutual funds.

^(b) These pooled separate accounts invest mainly in fixed income securities such as domestic and foreign corporate bonds, asset-backed securities, commercial and residential mortgage-backed securities, and government bonds.

4. Fair Value Measurements (continued)

The following table illustrates the activity of Level 3 assets measured at fair value on a recurring basis from December 31, 2011 to December 31, 2012:

	Guaranteed Investment Contract
Fair value at December 31, 2011	\$ 1,254,340
Realized gains	45,143
Unrealized gains	106,188
Purchases	755,746
Sales	(72,509)
Fair value at December 31, 2012	<u>\$ 2,088,908</u>

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future 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.

5. Investment Contract with Insurance Company

The Plan has a fully benefit-responsive guaranteed investment contract ("GIC") with ING. ING maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The GIC issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Since the participants transact at contract value, fair value is determined annually for financial statement reporting purposes only. In determining the reasonableness of the methodology, Plan management evaluates a variety of factors including review of existing contracts, economic conditions, industry and market developments, and overall credit ratings. Certain unobservable inputs are assessed through review of contract terms (for example, duration or payout date) while others are substantiated utilizing available market data (for example, swap curve rate.) Disclosure of unobservable inputs to fair value measurement has not been included for the GIC because quantitative unobservable inputs are not developed by the Plan when measuring fair value and have not been made available to the Plan by the insurance company.

The GIC is included in the financial statements at fair value and then adjusted to contract value. As described in Note 2, because the GIC is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the GIC. Contract value, as reported to the Plan by the custodian, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

5. Investment Contract with Insurance Company (continued)

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan document (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan Administrator does not believe that the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants, is probable.

The GIC does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer, but it may not be less than three percent. Such interest rates are reviewed on a quarterly basis for resetting. The crediting rate of the contract will track current market yields on a trailing basis.

	December 31, 2012	December 31, 2011
Average yields:		
Based on actual earnings	3.00%	3.00%
Based on interest rate credited to participants	3.00%	3.00%

6. Exempt Party-In-Interest Transactions

Certain Plan investments are managed by an affiliate of the custodian. These transactions qualify as exempt party-in-interest transactions. Fees paid by the Plan for investment management services were included as a reduction of the return earned on each fund.

7. Plan Termination

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

8. Tax Status

The Plan has not obtained a determination letter from the Internal Revenue Service ("IRS") stating that the Plan was in compliance with the applicable requirement of the IRC. The Plan is relying on the IRS approval of the standardized prototype plan that it is utilizing. The IRS has determined and informed the Plan Administrator by a letter dated March 31, 2008, that the prototype plan document was designed in accordance with applicable sections of the IRC. The Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, the Plan Administrator believes that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2012, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2009.

9. Risks and Uncertainties

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

Gastroenterology Center of the MidSouth, P.C.
Profit Sharing Plan

(EIN 62-0604405, PN 001)

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2012

(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
	<i>Pooled separate accounts</i>			
*	ING Life Insurance and Annuity Company	ING Money Market Fund		\$ 12,180
*	ING Life Insurance and Annuity Company	ING Large Cap Growth Portfolio		636,266
*	ING Life Insurance and Annuity Company	ING Stock Index Portfolio		535,279
*	ING Life Insurance and Annuity Company	ING Clarion Real Estate		365,522
*	ING Life Insurance and Annuity Company	ING Russell Small Cap Index Portfolio		380,892
*	ING Life Insurance and Annuity Company	ING SmallCap Opportunities Portfolio - Class I		369,238
*	ING Life Insurance and Annuity Company	ING VP Intermediate Bond Portfolio		794,618
*	ING Life Insurance and Annuity Company	T. Rowe Price Retirement 2005 Fund		50,377
*	ING Life Insurance and Annuity Company	T. Rowe Price Retirement 2010 Fund		398,979
*	ING Life Insurance and Annuity Company	T. Rowe Price Retirement 2015 Fund		724,533
*	ING Life Insurance and Annuity Company	T. Rowe Price Retirement 2020 Fund		1,903,716
*	ING Life Insurance and Annuity Company	T. Rowe Price Retirement 2025 Fund		1,652,660
*	ING Life Insurance and Annuity Company	T. Rowe Price Retirement 2030 Fund		791,179
*	ING Life Insurance and Annuity Company	T. Rowe Price Retirement 2035 Fund		691,423
*	ING Life Insurance and Annuity Company	T. Rowe Price Retirement 2040 Fund		345,505
*	ING Life Insurance and Annuity Company	T. Rowe Price Retirement 2045 Fund		103,842
*	ING Life Insurance and Annuity Company	T. Rowe Price Retirement 2050 Fund		66,332
*	ING Life Insurance and Annuity Company	T. Rowe Price Retirement 2055 Fund		3,805
*	ING Life Insurance and Annuity Company	T. Rowe Price Retirement Income Fund - R Class		294,270
*	ING Life Insurance and Annuity Company	Allianz NFJ Dividend Value Fund		664,446
*	ING Life Insurance and Annuity Company	Ariel Appreciation Fund		106,885
*	ING Life Insurance and Annuity Company	American Funds Fundamental InvestorsSM - Class R-3		577,991
*	ING Life Insurance and Annuity Company	MFS® Value Fund - Class R2		375,310
*	ING Life Insurance and Annuity Company	American Funds Europacific Growth Fund		702,368
*	ING Life Insurance and Annuity Company	American Funds New Perspective Fund		463,062
*	ING Life Insurance and Annuity Company	American Funds The Growth Fund of America		450,030
*	ING Life Insurance and Annuity Company	Wagner Select		358,696
*	ING Life Insurance and Annuity Company	Columbia Mid Cap Value		226,060
*	ING Life Insurance and Annuity Company	Franklin Sm Cap Val Sec Fund		239,807
*	ING Life Insurance and Annuity Company	Lazard Emerging Markets		1,139,086
*	ING Life Insurance and Annuity Company	Pax World Balanced Fund		862,779
*	ING Life Insurance and Annuity Company	PIMCO VIT Real Return		618,514
*	ING Life Insurance and Annuity Company	Templeton Growth Bond Fund		539,036
	<i>Guaranteed investment contract</i>			
*	ING Life Insurance and Annuity Company	ING Fixed Accounts		1,896,350
				<u>\$ 19,341,036</u>

* Party-in-interest

**Cost information omitted for participant-directed investments

5500 Electronic Filing Authorization

Plan Name: GASTROENTEROLOGY CENTER OF THE MID-SOUTH, PC PROFIT SHARING PLAN
EIN/PN: 62-1094933/006
Plan Year: 01/01/2012 - 12/31/2012

I hereby authorize Retirement Plan Administrators, LLC to electronically file the above return with the US Department of Labor's Electronic Filing Acceptance System (EFAST).

I have signed Form 5500 for this return and understand a scanned copy of this return bearing my manual signature will be included in the electronic filing and posted on the US Department of Labor's internet site for public disclosure.

Plan Administrator



(sign)

10/2/2013

(date)

Plan Sponsor

(sign)

(date)

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 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the Instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2012 This Form is Open to Public Inspection
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Part I Annual Report Identification Information		
For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012		
A This return/report is for:	☐ a multiemployer plan; ☒ a single-employer plan;	☐ a multiple-employer plan; or ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ an amended return/report;	☐ the final 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; ☐ special extension (enter description) _____	☐ automatic extension; ☐ the DFVC program;

Part II Basic Plan Information --- enter all requested information		
1a Name of plan GASTROENTEROLOGY CENTER OF THE MID-SOUTH, PC PROFIT SHARING PLAN	1b Three-digit plan number (PN) ▶	006
	1c Effective date of plan 07/19/1971	
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) GASTROENTEROLOGY CENTER OF THE MID-SOUTH, PC 2020 EXETER US GERMANTOWN TN 38138	2b Employer Identification Number (EIN) 62-1094933 2c Sponsor's telephone number (901) 682-1233 2d Business code (see instructions) 621111	

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	<i>David M. Harano</i>	10/2/2013	DAVID HARANO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			DAVID HARANO
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 20px; width: 100%;"></div>
---	--

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	218
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants	6a	171
b Retired or separated participants receiving benefits	6b	0
c Other retired or separated participants entitled to future benefits	6c	27
d Subtotal. Add lines 6a , 6b , and 6c	6d	198
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	0
f Total. Add lines 6d and 6e	6f	198
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	198
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	14

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2E 2G 2J 2K 2A 2R 2F

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

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

a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information - Small Plan) (3) ☒ 1 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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Schedule C, Line 3 Summary - Service Provider Information

Entity - Service Provider Name as it appears on Line 2(a)	Suggested Service Codes(b)	Amount(c)	Name of Source of Indirect Comp.(d)	EIN #(d)	Description of Comp. (e)
American Funds	28	\$7,584.96	American Funds EuroPacific R3	95-1411037	INVESTMENT MANAGEMENT
	52				INVESTMENT MANAGEMENT FEES
	63				12B-1 DISTRIBUTION FEES
	28	\$5,144.82	American Funds Fdmntl Inv R3	22-1557722	INVESTMENT MANAGEMENT
	52				INVESTMENT MANAGEMENT FEES
	63				12B-1 DISTRIBUTION FEES
	28	\$4,089.08	American Funds Growth Fnd R3	52-0792143	INVESTMENT MANAGEMENT
	52				INVESTMENT MANAGEMENT FEES
	63				12B-1 DISTRIBUTION FEES
	28	\$5,268.58	American Funds Nw Prspctv R3	95-2817150	INVESTMENT MANAGEMENT
	52				INVESTMENT MANAGEMENT FEES
	63				12B-1 DISTRIBUTION FEES
ING Financial Advisers	63	\$3,344.09	American Funds EuroPacific R3	95-1411037	12B-1 DISTRIBUTION FEES
	63	\$2,699.99	American Funds Fdmntl Inv R3	22-1557722	12B-1 DISTRIBUTION FEES
	63	\$2,103.96	American Funds Growth Fnd R3	52-0792143	12B-1 DISTRIBUTION FEES
	63	\$2,371.65	American Funds Nw Prspctv R3	95-2817150	12B-1 DISTRIBUTION FEES
	63	\$1,770.36	ING Solution 2015 Portfolio Adv	20-2456044	12B-1 DISTRIBUTION FEES
	63	\$1,492.76	ING Solution 2025 Portfolio Adv	47-0951928	12B-1 DISTRIBUTION FEES



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Schedule C, Line 3 Summary - Service Provider Information

(Continued..)

Entity - Service Provider Name as it appears on Line 2(a)	Suggested Service Codes(b)	Amount(c)	Name of Source of Indirect Comp.(d)	EIN #(d)	Description of Comp. (e)
	63	\$1,218.71	ING Solution 2035 Portfolio Adv	20-2456104	12B-1 DISTRIBUTION FEES
	63	\$2,605.80	Lazard Emerging Mkts Eqty Port Opn	13-3777242	12B-1 DISTRIBUTION FEES
	63	\$1,766.93	MFS Value Fund R2	04-3158862	12B-1 DISTRIBUTION FEES
	63	\$2,028.02	Pax World Balanced Fund Ind Inv	02-0300920	12B-1 DISTRIBUTION FEES
	63	\$1,281.97	TRowePrc Retirement 2010 Fund R	20-0001631	12B-1 DISTRIBUTION FEES
	63	\$2,256.88	TRowePrc Retirement 2015 Fund R	65-1218396	12B-1 DISTRIBUTION FEES
	63	\$5,990.27	TRowePrc Retirement 2020 Fund R	20-0001634	12B-1 DISTRIBUTION FEES
	63	\$5,512.50	TRowePrc Retirement 2025 Fund R	65-1218398	12B-1 DISTRIBUTION FEES
	63	\$2,359.98	TRowePrc Retirement 2030 Fund R	20-0001636	12B-1 DISTRIBUTION FEES
	63	\$2,193.07	TRowePrc Retirement 2035 Fund R	65-1218399	12B-1 DISTRIBUTION FEES
	63	\$1,059.10	TRowePrc Retirement 2040 Fund R	20-0001638	12B-1 DISTRIBUTION FEES
	63	\$2,572.40	Templeton Global Bond Fund R	59-6865210	12B-1 DISTRIBUTION FEES
ING Life Insurance and Annuity Company	60	\$1,003.18	American Funds EuroPacific R3	95-1411037	SUB-TRANSFER/REIMBURSEMENT FEES
	60	\$2,092.47	ING Clarion Real Estate Port Srv	95-6895628	SUB-TRANSFER/REIMBURSEMENT FEES



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Schedule C, Line 3 Summary - Service Provider Information

(Continued..)

Entity - Service Provider Name as it appears on Line 2(a)	Suggested Service Codes(b)	Amount(c)	Name of Source of Indirect Comp.(d)	EIN #(d)	Description of Comp. (e)
	65				ACCOUNT MAINTENANCE FEES
	64	\$8,968.36	ING Fixed Account	71-0294708	RECORD-KEEPING FEES
	60	\$1,656.52	ING Intermediate Bond Port I	06-0891902	SUB-TRANSFER/REIMBURSEMENT FEES
	60	\$3,023.09	ING Large Cap Growth Portfolio Srv	20-0573935	SUB-TRANSFER/REIMBURSEMENT FEES
	65				ACCOUNT MAINTENANCE FEES
	26	\$4,348.00	ING Life Insurance and Annuity Co.	71-0294708	INVESTMENT ADVISORY (PARTICIPANTS)
	27				INVESTMENT ADVISORY (PLAN)
	60	\$1,040.13	ING SmallCap Opportunities Prt I	06-6397002	SUB-TRANSFER/REIMBURSEMENT FEES
	60	\$4,036.43	ING Solution 2015 Portfolio Adv	20-2456044	SUB-TRANSFER/REIMBURSEMENT FEES
	65				ACCOUNT MAINTENANCE FEES
	60	\$3,403.50	ING Solution 2025 Portfolio Adv	47-0951928	SUB-TRANSFER/REIMBURSEMENT FEES
	65				ACCOUNT MAINTENANCE FEES
	60	\$2,778.67	ING Solution 2035 Portfolio Adv	20-2456104	SUB-TRANSFER/REIMBURSEMENT FEES
	65				ACCOUNT MAINTENANCE FEES
	60	\$1,214.10	ING U.S. Stock Index Portfolio Inst	55-0839540	SUB-TRANSFER/REIMBURSEMENT FEES
	60	\$1,563.46	Lazard Emerging Mkts Eqty Port Opn	13-3777242	SUB-TRANSFER/REIMBURSEMENT FEES
	60	\$1,994.46	PIMCO VIT Real Return Portfolio Adm	33-0821377	SUB-TRANSFER/REIMBURSEMENT FEES
	60	\$1,216.78	Pax World Balanced Fund Ind Inv	02-0300920	SUB-TRANSFER/REIMBURSEMENT FEES
	60	\$1,797.06	TRowePrc Retirement 2020 Fund R	20-0001634	SUB-TRANSFER/REIMBURSEMENT FEES
	60	\$1,653.72	TRowePrc Retirement 2025 Fund R	65-1218398	SUB-TRANSFER/REIMBURSEMENT FEES
	60	\$1,479.14	Wanger Select	36-4262826	SUB-TRANSFER/REIMBURSEMENT FEES
ING Mutual Funds	28	\$3,414.68	ING Clarion Real Estate Port Srv	95-6895628	INVESTMENT MANAGEMENT
	52				INVESTMENT MANAGEMENT FEES
	63				12B-1 DISTRIBUTION FEES
	28	\$4,872.20	ING Intermediate Bond Port I	06-0891902	INVESTMENT MANAGEMENT
	52				INVESTMENT MANAGEMENT FEES



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Schedule C, Line 3 Summary - Service Provider Information

(Continued..)

Entity - Service Provider Name as it appears on Line 2(a)	Suggested Service Codes(b)	Amount(c)	Name of Source of Indirect Comp.(d)	EIN #(d)	Description of Comp. (e)
	28	\$4,672.06	ING Large Cap Growth Portfolio Srv	20-0573935	INVESTMENT MANAGEMENT
	52				INVESTMENT MANAGEMENT FEES
	63				12B-1 DISTRIBUTION FEES
	28	\$1,287.14	ING Russell Sm Cp Index Port I	26-1751874	INVESTMENT MANAGEMENT
	52				INVESTMENT MANAGEMENT FEES
	28	\$3,155.14	ING SmallCap Opportunities Prt I	06-6397002	INVESTMENT MANAGEMENT
	52				INVESTMENT MANAGEMENT FEES
	28	\$8,922.67	ING Solution 2015 Portfolio Adv	20-2456044	INVESTMENT MANAGEMENT
	52				INVESTMENT MANAGEMENT FEES
	63				12B-1 DISTRIBUTION FEES
	28	\$8,060.97	ING Solution 2025 Portfolio Adv	47-0951928	INVESTMENT MANAGEMENT
	52				INVESTMENT MANAGEMENT FEES
	63				12B-1 DISTRIBUTION FEES
	28	\$6,824.86	ING Solution 2035 Portfolio Adv	20-2456104	INVESTMENT MANAGEMENT
	52				INVESTMENT MANAGEMENT FEES
	63				12B-1 DISTRIBUTION FEES
	28	\$2,264.89	ING Solution 2045 Portfolio Adv	20-2456138	INVESTMENT MANAGEMENT
	52				INVESTMENT MANAGEMENT FEES
	63				12B-1 DISTRIBUTION FEES
	28	\$1,791.56	ING Solution Income Portfolio Adv	20-2456008	INVESTMENT MANAGEMENT
	52				INVESTMENT MANAGEMENT FEES
	63				12B-1 DISTRIBUTION FEES
	28	\$1,213.24	ING U.S. Stock Index Portfolio Inst	55-0839540	INVESTMENT MANAGEMENT
Lazard Funds	28	\$15,209.14	Lazard Emerging Mkts Eqty Port Opn	13-3777242	INVESTMENT MANAGEMENT
	52				INVESTMENT MANAGEMENT FEES
	63				12B-1 DISTRIBUTION FEES



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Schedule C, Line 3 Summary - Service Provider Information

(Continued..)

Entity - Service Provider Name as it appears on Line 2(a)	Suggested Service Codes(b)	Amount(c)	Name of Source of Indirect Comp.(d)	EIN #(d)	Description of Comp. (e)
Morningstar	26 27	\$9,032.60	ING Life Insurance and Annuity Co.	71-0294708	INVESTMENT ADVISORY (PARTICIPANTS) INVESTMENT ADVISORY (PLAN)
PAX Funds	28 52 63	\$7,752.30	Pax World Balanced Fund Ind Inv	02-0300920	INVESTMENT MANAGEMENT INVESTMENT MANAGEMENT FEES 12B-1 DISTRIBUTION FEES
T.Rowe Price Funds	52 63 52 63 52 63 52 63 52 63 52 63 52 63 52 63	\$2,845.96 \$5,202.78 \$14,288.27 \$13,478.13 \$5,865.78 \$5,537.94 \$2,680.37 \$2,026.74	TRowePrc Retirement 2010 Fund R TRowePrc Retirement 2015 Fund R TRowePrc Retirement 2020 Fund R TRowePrc Retirement 2025 Fund R TRowePrc Retirement 2030 Fund R TRowePrc Retirement 2035 Fund R TRowePrc Retirement 2040 Fund R TRowePrc Retirement Income Fund R	20-0001631 65-1218396 20-0001634 65-1218398 20-0001636 65-1218399 20-0001638 56-2294396	INVESTMENT MANAGEMENT FEES 12B-1 DISTRIBUTION FEES INVESTMENT MANAGEMENT FEES 12B-1 DISTRIBUTION FEES INVESTMENT MANAGEMENT FEES 12B-1 DISTRIBUTION FEES INVESTMENT MANAGEMENT FEES 12B-1 DISTRIBUTION FEES INVESTMENT MANAGEMENT FEES 12B-1 DISTRIBUTION FEES
Templeton Funds	28 52 63	\$2,003.89	Franklin Small Cap Value Fund 2	13-3151768	INVESTMENT MANAGEMENT INVESTMENT MANAGEMENT FEES 12B-1 DISTRIBUTION FEES



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Schedule C, Line 3 Summary - Service Provider Information

(Continued..)

Entity - Service Provider Name as it appears on Line 2(a)	Suggested Service Codes(b)	Amount(c)	Name of Source of Indirect Comp.(d)	EIN #(d)	Description of Comp. (e)
	28	\$5,876.91	Templeton Global Bond Fund R	59-6865210	INVESTMENT MANAGEMENT
	52				INVESTMENT MANAGEMENT FEES
	63				12B-1 DISTRIBUTION FEES



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Indirect Compensation Received by Allianz Global Investors - EIN # 33-0457728

Source	EIN # (by fund)	Suggested Service Codes(b)	Detail Amount	Total Amount	Description of Compensation
AllianzGI NFJ Dividend Value Fd Inst	33-0902855	28	\$4,002.01		INVESTMENT MANAGEMENT
AllianzGI NFJ Dividend Value Fd Inst	33-0902855	52	\$57.12		INVESTMENT MANAGEMENT FEES
Sub-Total Source				<u>\$4,059.13</u>	
Total Indirect Comp Received:				<u>\$4,059.13</u>	

Indirect Compensation Received by American Funds - EIN # 95-1411037

Source	EIN # (by fund)	Suggested Service Codes(b)	Detail Amount	Total Amount	Description of Compensation
American Funds EuroPacific R3	95-1411037	28	\$2,809.02		INVESTMENT MANAGEMENT
American Funds EuroPacific R3	95-1411037	52	\$1,431.85		INVESTMENT MANAGEMENT FEES
American Funds EuroPacific R3	95-1411037	63	\$3,344.09		12B-1 DISTRIBUTION FEES
Sub-Total Source				<u>\$7,584.96</u>	
American Funds Fdmntl Inv R3	22-1557722	28	\$1,349.97		INVESTMENT MANAGEMENT
American Funds Fdmntl Inv R3	22-1557722	52	\$1,094.86		INVESTMENT MANAGEMENT FEES
American Funds Fdmntl Inv R3	22-1557722	63	\$2,699.99		12B-1 DISTRIBUTION FEES
Sub-Total Source				<u>\$5,144.82</u>	
American Funds Growth Fnd R3	52-0792143	28	\$1,143.58		INVESTMENT MANAGEMENT
American Funds Growth Fnd R3	52-0792143	52	\$841.54		INVESTMENT MANAGEMENT FEES
American Funds Growth Fnd R3	52-0792143	63	\$2,103.96		12B-1 DISTRIBUTION FEES
Sub-Total Source				<u>\$4,089.08</u>	
American Funds Nw Prspctv R3	95-2817150	28	\$1,849.87		INVESTMENT MANAGEMENT
American Funds Nw Prspctv R3	95-2817150	52	\$1,047.06		INVESTMENT MANAGEMENT FEES
American Funds Nw Prspctv R3	95-2817150	63	\$2,371.65		12B-1 DISTRIBUTION FEES



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Indirect Compensation Received by American Funds - EIN # 95-1411037

(Continued..)

Source	EIN # (by fund)	Suggested Service Codes(b)	Detail Amount	Total Amount	Description of Compensation
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Sub-Total Source				<u>\$5,268.58</u>	
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Total Indirect Comp Received:				<u>\$22,087.44</u>	
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Indirect Compensation Received by Ariel Funds - EIN # 31-0721681

Source	EIN # (by fund)	Suggested Service Codes(b)	Detail Amount	Total Amount	Description of Compensation
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Ariel Appreciation Fund Inv	52-1674877	28	\$1,030.15		INVESTMENT MANAGEMENT
Ariel Appreciation Fund Inv	52-1674877	52	\$299.85		INVESTMENT MANAGEMENT FEES
Ariel Appreciation Fund Inv	52-1674877	63	\$367.85		12B-1 DISTRIBUTION FEES

Sub-Total Source				<u>\$1,697.85</u>	
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Total Indirect Comp Received:				<u>\$1,697.85</u>	
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Indirect Compensation Received by Columbia Wanger Asset Management - EIN # 93-0577450

Source	EIN # (by fund)	Suggested Service Codes(b)	Detail Amount	Total Amount	Description of Compensation
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Columbia Mid Cap Value Fund A	13-4195091	28	\$1,347.90		INVESTMENT MANAGEMENT
Columbia Mid Cap Value Fund A	13-4195091	52	\$419.52		INVESTMENT MANAGEMENT FEES
Columbia Mid Cap Value Fund A	13-4195091	63	\$481.35		12B-1 DISTRIBUTION FEES



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Indirect Compensation Received by Columbia Wanger Asset Management - EIN # 93-0577450

(Continued..)

Source	EIN # (by fund)	Suggested Service Codes(b)	Detail Amount	Total Amount	Description of Compensation
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Sub-Total Source				<u>\$2,248.77</u>	
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Total Indirect Comp Received:				<u>\$2,248.77</u>	
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Indirect Compensation Received by Columbia Wanger Asset Management - EIN # 36-4415680

Source	EIN # (by fund)	Suggested Service Codes(b)	Detail Amount	Total Amount	Description of Compensation
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Wanger Select	36-4262826	28	\$2,958.38		INVESTMENT MANAGEMENT
Wanger Select	36-4262826	52	\$465.10		INVESTMENT MANAGEMENT FEES

Sub-Total Source				<u>\$3,423.48</u>	
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Total Indirect Comp Received:				<u>\$3,423.48</u>	
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Indirect Compensation Received by ING Financial Advisers - EIN # 06-1375177

Source	EIN # (by fund)	Suggested Service Codes(b)	Detail Amount	Total Amount	Description of Compensation
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American Funds EuroPacific R3	95-1411037	63	\$3,344.09		12B-1 DISTRIBUTION FEES
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Sub-Total Source				<u>\$3,344.09</u>	
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American Funds Fdmntl Inv R3	22-1557722	63	\$2,699.99		12B-1 DISTRIBUTION FEES
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Indirect Compensation Received by ING Financial Advisers - EIN # 06-1375177

(Continued..)

Source	EIN # (by fund)	Suggested Service Codes(b)	Detail Amount	Total Amount	Description of Compensation
Sub-Total Source				<u>\$2,699.99</u>	
American Funds Growth Fnd R3	52-0792143	63	\$2,103.96		12B-1 DISTRIBUTION FEES
Sub-Total Source				<u>\$2,103.96</u>	
American Funds Nw Prspctv R3	95-2817150	63	\$2,371.65		12B-1 DISTRIBUTION FEES
Sub-Total Source				<u>\$2,371.65</u>	
Ariel Appreciation Fund Inv	52-1674877	63	\$367.85		12B-1 DISTRIBUTION FEES
Sub-Total Source				<u>\$367.85</u>	
Columbia Mid Cap Value Fund A	13-4195091	63	\$481.35		12B-1 DISTRIBUTION FEES
Sub-Total Source				<u>\$481.35</u>	
Franklin Small Cap Value Fund 2	13-3151768	63	\$542.57		12B-1 DISTRIBUTION FEES
Sub-Total Source				<u>\$542.57</u>	
ING Solution 2015 Portfolio Adv	20-2456044	63	\$1,770.36		12B-1 DISTRIBUTION FEES
Sub-Total Source				<u>\$1,770.36</u>	
ING Solution 2025 Portfolio Adv	47-0951928	63	\$1,492.76		12B-1 DISTRIBUTION FEES
Sub-Total Source				<u>\$1,492.76</u>	
ING Solution 2035 Portfolio Adv	20-2456104	63	\$1,218.71		12B-1 DISTRIBUTION FEES
Sub-Total Source				<u>\$1,218.71</u>	
ING Solution 2045 Portfolio Adv	20-2456138	63	\$395.96		12B-1 DISTRIBUTION FEES
Sub-Total Source				<u>\$395.96</u>	
ING Solution 2055 Portfolio Adv	95-4516049	63	\$0.94		12B-1 DISTRIBUTION FEES
Sub-Total Source				<u>\$0.94</u>	
ING Solution Income Portfolio Adv	20-2456008	63	\$379.56		12B-1 DISTRIBUTION FEES
Sub-Total Source				<u>\$379.56</u>	
Lazard Emerging Mkts Eqty Port Opn	13-3777242	63	\$2,605.80		12B-1 DISTRIBUTION FEES
Sub-Total Source				<u>\$2,605.80</u>	
MFS Value Fund R2	04-3158862	63	\$1,766.93		12B-1 DISTRIBUTION FEES
Sub-Total Source				<u>\$1,766.93</u>	
Pax World Balanced Fund Ind Inv	02-0300920	63	\$2,028.02		12B-1 DISTRIBUTION FEES



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Indirect Compensation Received by ING Financial Advisers - EIN # 06-1375177

(Continued..)

Source	EIN # (by fund)	Suggested Service Codes(b)	Detail Amount	Total Amount	Description of Compensation
Sub-Total Source				<u>\$2,028.02</u>	
TRowePrc Retirement 2005 Fund R	65-1218397	63	\$159.57		12B-1 DISTRIBUTION FEES
Sub-Total Source				<u>\$159.57</u>	
TRowePrc Retirement 2010 Fund R	20-0001631	63	\$1,281.97		12B-1 DISTRIBUTION FEES
Sub-Total Source				<u>\$1,281.97</u>	
TRowePrc Retirement 2015 Fund R	65-1218396	63	\$2,256.88		12B-1 DISTRIBUTION FEES
Sub-Total Source				<u>\$2,256.88</u>	
TRowePrc Retirement 2020 Fund R	20-0001634	63	\$5,990.27		12B-1 DISTRIBUTION FEES
Sub-Total Source				<u>\$5,990.27</u>	
TRowePrc Retirement 2025 Fund R	65-1218398	63	\$5,512.50		12B-1 DISTRIBUTION FEES
Sub-Total Source				<u>\$5,512.50</u>	
TRowePrc Retirement 2030 Fund R	20-0001636	63	\$2,359.98		12B-1 DISTRIBUTION FEES
Sub-Total Source				<u>\$2,359.98</u>	
TRowePrc Retirement 2035 Fund R	65-1218399	63	\$2,193.07		12B-1 DISTRIBUTION FEES
Sub-Total Source				<u>\$2,193.07</u>	
TRowePrc Retirement 2040 Fund R	20-0001638	63	\$1,059.10		12B-1 DISTRIBUTION FEES
Sub-Total Source				<u>\$1,059.10</u>	
TRowePrc Retirement 2045 Fund R	65-1253987	63	\$350.34		12B-1 DISTRIBUTION FEES
Sub-Total Source				<u>\$350.34</u>	
TRowePrc Retirement 2050 Fund R	51-0612044	63	\$236.18		12B-1 DISTRIBUTION FEES
Sub-Total Source				<u>\$236.18</u>	
TRowePrc Retirement 2055 Fund R	51-0612048	63	\$11.31		12B-1 DISTRIBUTION FEES
Sub-Total Source				<u>\$11.31</u>	
TRowePrc Retirement Income Fund R	56-2294396	63	\$953.70		12B-1 DISTRIBUTION FEES
Sub-Total Source				<u>\$953.70</u>	
Templeton Global Bond Fund R	59-6865210	63	\$2,572.40		12B-1 DISTRIBUTION FEES
Sub-Total Source				<u>\$2,572.40</u>	
Total Indirect Comp Received:				<u>\$48,507.77</u>	



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Indirect Compensation Received by ING Life Insurance and Annuity Company - EIN # 71-0294708

Source	EIN # (by fund)	Suggested Service Codes(b)	Detail Amount	Total Amount	Description of Compensation
AllianzGI NFJ Dividend Value Fd Inst	33-0902855	60	\$571.65		SUB-TRANSFER/REIMBURSEMENT FEES
Sub-Total Source				<u>\$571.65</u>	
American Funds EuroPacific R3	95-1411037	60	\$1,003.18		SUB-TRANSFER/REIMBURSEMENT FEES
Sub-Total Source				<u>\$1,003.18</u>	
American Funds Fdmntl Inv R3	22-1557722	60	\$809.96		SUB-TRANSFER/REIMBURSEMENT FEES
Sub-Total Source				<u>\$809.96</u>	
American Funds Growth Fnd R3	52-0792143	60	\$631.16		SUB-TRANSFER/REIMBURSEMENT FEES
Sub-Total Source				<u>\$631.16</u>	
American Funds Nw Prspctv R3	95-2817150	60	\$711.46		SUB-TRANSFER/REIMBURSEMENT FEES
Sub-Total Source				<u>\$711.46</u>	
Ariel Appreciation Fund Inv	52-1674877	60	\$147.10		SUB-TRANSFER/REIMBURSEMENT FEES
Sub-Total Source				<u>\$147.10</u>	
Columbia Mid Cap Value Fund A	13-4195091	60	\$481.35		SUB-TRANSFER/REIMBURSEMENT FEES
Sub-Total Source				<u>\$481.35</u>	
Franklin Small Cap Value Fund 2	13-3151768	60	\$434.05		SUB-TRANSFER/REIMBURSEMENT FEES
Sub-Total Source				<u>\$434.05</u>	
ING Clarion Real Estate Port Srv	95-6895628	60	\$1,099.84		SUB-TRANSFER/REIMBURSEMENT FEES
ING Clarion Real Estate Port Srv	95-6895628	65	\$992.63		ACCOUNT MAINTENANCE FEES
Sub-Total Source				<u>\$2,092.47</u>	
ING Fixed Account	71-0294708	64	\$8,968.36		RECORD-KEEPING FEES
Sub-Total Source				<u>\$8,968.36</u>	
ING Intermediate Bond Port I	06-0891902	60	\$1,656.52		SUB-TRANSFER/REIMBURSEMENT FEES
Sub-Total Source				<u>\$1,656.52</u>	
ING Large Cap Growth Portfolio Srv	20-0573935	60	\$1,648.96		SUB-TRANSFER/REIMBURSEMENT FEES
ING Large Cap Growth Portfolio Srv	20-0573935	65	\$1,374.13		ACCOUNT MAINTENANCE FEES
Sub-Total Source				<u>\$3,023.09</u>	
ING Life Insurance and Annuity Co.	71-0294708	26	\$2,142.00		INVESTMENT ADVISORY (PARTICIPANTS)
ING Life Insurance and Annuity Co.	71-0294708	27	\$2,206.00		INVESTMENT ADVISORY (PLAN)



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Indirect Compensation Received by ING Life Insurance and Annuity Company - EIN # 71-0294708

(Continued..)

Source	EIN # (by fund)	Suggested Service Codes(b)	Detail Amount	Total Amount	Description of Compensation
Sub-Total Source				<u>\$4,348.00</u>	
ING Russell Sm Cp Index Port I	26-1751874	60	\$839.45		SUB-TRANSFER/REIMBURSEMENT FEES
Sub-Total Source				<u>\$839.45</u>	
ING SmallCap Opportunities Prt I	06-6397002	60	\$1,040.13		SUB-TRANSFER/REIMBURSEMENT FEES
Sub-Total Source				<u>\$1,040.13</u>	
ING Solution 2015 Portfolio Adv	20-2456044	60	\$2,266.07		SUB-TRANSFER/REIMBURSEMENT FEES
ING Solution 2015 Portfolio Adv	20-2456044	65	\$1,770.36		ACCOUNT MAINTENANCE FEES
Sub-Total Source				<u>\$4,036.43</u>	
ING Solution 2025 Portfolio Adv	47-0951928	60	\$1,910.74		SUB-TRANSFER/REIMBURSEMENT FEES
ING Solution 2025 Portfolio Adv	47-0951928	65	\$1,492.76		ACCOUNT MAINTENANCE FEES
Sub-Total Source				<u>\$3,403.50</u>	
ING Solution 2035 Portfolio Adv	20-2456104	60	\$1,559.96		SUB-TRANSFER/REIMBURSEMENT FEES
ING Solution 2035 Portfolio Adv	20-2456104	65	\$1,218.71		ACCOUNT MAINTENANCE FEES
Sub-Total Source				<u>\$2,778.67</u>	
ING Solution 2045 Portfolio Adv	20-2456138	60	\$506.83		SUB-TRANSFER/REIMBURSEMENT FEES
ING Solution 2045 Portfolio Adv	20-2456138	65	\$395.96		ACCOUNT MAINTENANCE FEES
Sub-Total Source				<u>\$902.79</u>	
ING Solution 2055 Portfolio Adv	95-4516049	60	\$1.21		SUB-TRANSFER/REIMBURSEMENT FEES
ING Solution 2055 Portfolio Adv	95-4516049	65	\$0.94		ACCOUNT MAINTENANCE FEES
Sub-Total Source				<u>\$2.15</u>	
ING Solution Income Portfolio Adv	20-2456008	60	\$485.84		SUB-TRANSFER/REIMBURSEMENT FEES
ING Solution Income Portfolio Adv	20-2456008	65	\$379.56		ACCOUNT MAINTENANCE FEES
Sub-Total Source				<u>\$865.40</u>	
ING U.S. Stock Index Portfolio Inst	55-0839540	60	\$1,214.10		SUB-TRANSFER/REIMBURSEMENT FEES
Sub-Total Source				<u>\$1,214.10</u>	
Lazard Emerging Mkts Eqty Port Opn	13-3777242	60	\$1,563.46		SUB-TRANSFER/REIMBURSEMENT FEES
Sub-Total Source				<u>\$1,563.46</u>	
MFS Value Fund R2	04-3158862	60	\$883.44		SUB-TRANSFER/REIMBURSEMENT FEES



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Indirect Compensation Received by ING Life Insurance and Annuity Company - EIN # 71-0294708

(Continued..)

Source	EIN # (by fund)	Suggested Service Codes(b)	Detail Amount	Total Amount	Description of Compensation
Sub-Total Source				<u>\$883.44</u>	
PIMCO VIT Real Return Portfolio Adm	33-0821377	60	\$1,994.46		SUB-TRANSFER/REIMBURSEMENT FEES
Sub-Total Source				<u>\$1,994.46</u>	
Pax World Balanced Fund Ind Inv	02-0300920	60	\$1,216.78		SUB-TRANSFER/REIMBURSEMENT FEES
Sub-Total Source				<u>\$1,216.78</u>	
TRowePrc Retirement 2005 Fund R	65-1218397	60	\$47.84		SUB-TRANSFER/REIMBURSEMENT FEES
Sub-Total Source				<u>\$47.84</u>	
TRowePrc Retirement 2010 Fund R	20-0001631	60	\$384.55		SUB-TRANSFER/REIMBURSEMENT FEES
Sub-Total Source				<u>\$384.55</u>	
TRowePrc Retirement 2015 Fund R	65-1218396	60	\$677.03		SUB-TRANSFER/REIMBURSEMENT FEES
Sub-Total Source				<u>\$677.03</u>	
TRowePrc Retirement 2020 Fund R	20-0001634	60	\$1,797.06		SUB-TRANSFER/REIMBURSEMENT FEES
Sub-Total Source				<u>\$1,797.06</u>	
TRowePrc Retirement 2025 Fund R	65-1218398	60	\$1,653.72		SUB-TRANSFER/REIMBURSEMENT FEES
Sub-Total Source				<u>\$1,653.72</u>	
TRowePrc Retirement 2030 Fund R	20-0001636	60	\$707.97		SUB-TRANSFER/REIMBURSEMENT FEES
Sub-Total Source				<u>\$707.97</u>	
TRowePrc Retirement 2035 Fund R	65-1218399	60	\$657.88		SUB-TRANSFER/REIMBURSEMENT FEES
Sub-Total Source				<u>\$657.88</u>	
TRowePrc Retirement 2040 Fund R	20-0001638	60	\$317.70		SUB-TRANSFER/REIMBURSEMENT FEES
Sub-Total Source				<u>\$317.70</u>	
TRowePrc Retirement 2045 Fund R	65-1253987	60	\$105.09		SUB-TRANSFER/REIMBURSEMENT FEES
Sub-Total Source				<u>\$105.09</u>	
TRowePrc Retirement 2050 Fund R	51-0612044	60	\$70.82		SUB-TRANSFER/REIMBURSEMENT FEES
Sub-Total Source				<u>\$70.82</u>	
TRowePrc Retirement 2055 Fund R	51-0612048	60	\$3.38		SUB-TRANSFER/REIMBURSEMENT FEES
Sub-Total Source				<u>\$3.38</u>	
TRowePrc Retirement Income Fund R	56-2294396	60	\$286.07		SUB-TRANSFER/REIMBURSEMENT FEES



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Indirect Compensation Received by ING Life Insurance and Annuity Company - EIN # 71-0294708

(Continued..)

Source	EIN # (by fund)	Suggested Service Codes(b)	Detail Amount	Total Amount	Description of Compensation
Sub-Total Source				<u>\$286.07</u>	
Templeton Global Bond Fund R	59-6865210	60	\$771.66		SUB-TRANSFER/REIMBURSEMENT FEES
Sub-Total Source				<u>\$771.66</u>	
Wanger Select	36-4262826	60	\$1,479.14		SUB-TRANSFER/REIMBURSEMENT FEES
Sub-Total Source				<u>\$1,479.14</u>	
Total Indirect Comp Received:				<u>\$54,579.02</u>	

Indirect Compensation Received by ING Mutual Funds - EIN # 95-4516049

Source	EIN # (by fund)	Suggested Service Codes(b)	Detail Amount	Total Amount	Description of Compensation
ING Clarion Real Estate Port Srv	95-6895628	28	\$1,840.36		INVESTMENT MANAGEMENT
ING Clarion Real Estate Port Srv	95-6895628	52	\$581.69		INVESTMENT MANAGEMENT FEES
ING Clarion Real Estate Port Srv	95-6895628	63	\$992.63		12B-1 DISTRIBUTION FEES
Sub-Total Source				<u>\$3,414.68</u>	
ING Intermediate Bond Port I	06-0891902	28	\$3,897.79		INVESTMENT MANAGEMENT
ING Intermediate Bond Port I	06-0891902	52	\$974.41		INVESTMENT MANAGEMENT FEES
Sub-Total Source				<u>\$4,872.20</u>	
ING Large Cap Growth Portfolio Srv	20-0573935	28	\$2,545.42		INVESTMENT MANAGEMENT
ING Large Cap Growth Portfolio Srv	20-0573935	52	\$752.51		INVESTMENT MANAGEMENT FEES
ING Large Cap Growth Portfolio Srv	20-0573935	63	\$1,374.13		12B-1 DISTRIBUTION FEES
Sub-Total Source				<u>\$4,672.06</u>	
ING Russell Sm Cp Index Port I	26-1751874	28	\$867.45		INVESTMENT MANAGEMENT
ING Russell Sm Cp Index Port I	26-1751874	52	\$419.69		INVESTMENT MANAGEMENT FEES



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Indirect Compensation Received by ING Mutual Funds - EIN # 95-4516049

(Continued..)

Source	EIN # (by fund)	Suggested Service Codes(b)	Detail Amount	Total Amount	Description of Compensation
Sub-Total Source				<u>\$1,287.14</u>	
ING SmallCap Opportunities Prt I	06-6397002	28	\$2,600.42		INVESTMENT MANAGEMENT
ING SmallCap Opportunities Prt I	06-6397002	52	\$554.72		INVESTMENT MANAGEMENT FEES
Sub-Total Source				<u>\$3,155.14</u>	
ING Solution 2015 Portfolio Adv	20-2456044	28	\$708.13		INVESTMENT MANAGEMENT
ING Solution 2015 Portfolio Adv	20-2456044	52	\$4,673.79		INVESTMENT MANAGEMENT FEES
ING Solution 2015 Portfolio Adv	20-2456044	63	\$3,540.75		12B-1 DISTRIBUTION FEES
Sub-Total Source				<u>\$8,922.67</u>	
ING Solution 2025 Portfolio Adv	47-0951928	28	\$597.10		INVESTMENT MANAGEMENT
ING Solution 2025 Portfolio Adv	47-0951928	52	\$4,478.33		INVESTMENT MANAGEMENT FEES
ING Solution 2025 Portfolio Adv	47-0951928	63	\$2,985.54		12B-1 DISTRIBUTION FEES
Sub-Total Source				<u>\$8,060.97</u>	
ING Solution 2035 Portfolio Adv	20-2456104	28	\$487.47		INVESTMENT MANAGEMENT
ING Solution 2035 Portfolio Adv	20-2456104	52	\$3,899.94		INVESTMENT MANAGEMENT FEES
ING Solution 2035 Portfolio Adv	20-2456104	63	\$2,437.45		12B-1 DISTRIBUTION FEES
Sub-Total Source				<u>\$6,824.86</u>	
ING Solution 2045 Portfolio Adv	20-2456138	28	\$158.36		INVESTMENT MANAGEMENT
ING Solution 2045 Portfolio Adv	20-2456138	52	\$1,314.61		INVESTMENT MANAGEMENT FEES
ING Solution 2045 Portfolio Adv	20-2456138	63	\$791.92		12B-1 DISTRIBUTION FEES
Sub-Total Source				<u>\$2,264.89</u>	
ING Solution 2055 Portfolio Adv	95-4516049	28	\$0.37		INVESTMENT MANAGEMENT
ING Solution 2055 Portfolio Adv	95-4516049	52	\$3.21		INVESTMENT MANAGEMENT FEES
ING Solution 2055 Portfolio Adv	95-4516049	63	\$1.91		12B-1 DISTRIBUTION FEES
Sub-Total Source				<u>\$5.49</u>	
ING Solution Income Portfolio Adv	20-2456008	28	\$151.81		INVESTMENT MANAGEMENT
ING Solution Income Portfolio Adv	20-2456008	52	\$880.60		INVESTMENT MANAGEMENT FEES
ING Solution Income Portfolio Adv	20-2456008	63	\$759.15		12B-1 DISTRIBUTION FEES
Sub-Total Source				<u>\$1,791.56</u>	
ING U.S. Stock Index Portfolio Inst	55-0839540	28	\$1,213.24		INVESTMENT MANAGEMENT



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Indirect Compensation Received by ING Mutual Funds - EIN # 95-4516049

(Continued..)

Source	EIN # (by fund)	Suggested Service Codes(b)	Detail Amount	Total Amount	Description of Compensation
Sub-Total Source				<u>\$1,213.24</u>	
Total Indirect Comp Received:				<u>\$46,484.90</u>	

Indirect Compensation Received by Lazard Funds - EIN # 20-4571006

Source	EIN # (by fund)	Suggested Service Codes(b)	Detail Amount	Total Amount	Description of Compensation
Lazard Emerging Mkts Eqty Port Opn	13-3777242	28	\$10,423.38		INVESTMENT MANAGEMENT
Lazard Emerging Mkts Eqty Port Opn	13-3777242	52	\$2,179.96		INVESTMENT MANAGEMENT FEES
Lazard Emerging Mkts Eqty Port Opn	13-3777242	63	\$2,605.80		12B-1 DISTRIBUTION FEES
Sub-Total Source				<u>\$15,209.14</u>	
Total Indirect Comp Received:				<u>\$15,209.14</u>	

Indirect Compensation Received by MFS Funds - EIN # 04-2747644

Source	EIN # (by fund)	Suggested Service Codes(b)	Detail Amount	Total Amount	Description of Compensation
MFS Value Fund R2	04-3158862	28	\$1,928.93		INVESTMENT MANAGEMENT
MFS Value Fund R2	04-3158862	52	\$519.84		INVESTMENT MANAGEMENT FEES
MFS Value Fund R2	04-3158862	63	\$1,766.93		12B-1 DISTRIBUTION FEES



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Indirect Compensation Received by MFS Funds - EIN # 04-2747644

(Continued..)

Source	EIN # (by fund)	Suggested Service Codes(b)	Detail Amount	Total Amount	Description of Compensation
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Sub-Total Source				<u>\$4,215.70</u>	
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Total Indirect Comp Received:				<u>\$4,215.70</u>	
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Indirect Compensation Received by Morningstar - EIN # 36-3297908

Source	EIN # (by fund)	Suggested Service Codes(b)	Detail Amount	Total Amount	Description of Compensation
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ING Life Insurance and Annuity Co.	71-0294708	26	\$2,142.00		INVESTMENT ADVISORY (PARTICIPANTS)
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ING Life Insurance and Annuity Co.	71-0294708	27	\$6,890.60		INVESTMENT ADVISORY (PLAN)
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Sub-Total Source				<u>\$9,032.60</u>	
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Total Indirect Comp Received:				<u>\$9,032.60</u>	
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Indirect Compensation Received by PAX Funds - EIN # 02-0280580

Source	EIN # (by fund)	Suggested Service Codes(b)	Detail Amount	Total Amount	Description of Compensation
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Pax World Balanced Fund Ind Inv	02-0300920	28	\$4,056.08		INVESTMENT MANAGEMENT
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Pax World Balanced Fund Ind Inv	02-0300920	52	\$1,668.20		INVESTMENT MANAGEMENT FEES
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Pax World Balanced Fund Ind Inv	02-0300920	63	\$2,028.02		12B-1 DISTRIBUTION FEES
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Indirect Compensation Received by PAX Funds - EIN # 02-0280580

(Continued..)

Source	EIN # (by fund)	Suggested Service Codes(b)	Detail Amount	Total Amount	Description of Compensation
Sub-Total Source				<u>\$7,752.30</u>	
Total Indirect Comp Received:				<u>\$7,752.30</u>	

Indirect Compensation Received by Pimco Funds - EIN # 95-2632339

Source	EIN # (by fund)	Suggested Service Codes(b)	Detail Amount	Total Amount	Description of Compensation
PIMCO VIT Real Return Portfolio Adm	33-0821377	28	\$2,832.25		INVESTMENT MANAGEMENT
PIMCO VIT Real Return Portfolio Adm	33-0821377	52	\$716.80		INVESTMENT MANAGEMENT FEES
PIMCO VIT Real Return Portfolio Adm	33-0821377	63	\$154.95		12B-1 DISTRIBUTION FEES
Sub-Total Source				<u>\$3,704.00</u>	
Total Indirect Comp Received:				<u>\$3,704.00</u>	

Indirect Compensation Received by T.Rowe Price Funds - EIN # 52-2264646

Source	EIN # (by fund)	Suggested Service Codes(b)	Detail Amount	Total Amount	Description of Compensation
TRowePrc Retirement 2005 Fund R	65-1218397	52	\$185.94		INVESTMENT MANAGEMENT FEES
TRowePrc Retirement 2005 Fund R	65-1218397	63	\$159.57		12B-1 DISTRIBUTION FEES



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Indirect Compensation Received by T.Rowe Price Funds - EIN # 52-2264646

(Continued..)

Source	EIN # (by fund)	Suggested Service Codes(b)	Detail Amount	Total Amount	Description of Compensation
Sub-Total Source				<u>\$345.51</u>	
TRowePrc Retirement 2010 Fund R	20-0001631	52	\$1,563.99		INVESTMENT MANAGEMENT FEES
TRowePrc Retirement 2010 Fund R	20-0001631	63	\$1,281.97		12B-1 DISTRIBUTION FEES
Sub-Total Source				<u>\$2,845.96</u>	
TRowePrc Retirement 2015 Fund R	65-1218396	52	\$2,945.90		INVESTMENT MANAGEMENT FEES
TRowePrc Retirement 2015 Fund R	65-1218396	63	\$2,256.88		12B-1 DISTRIBUTION FEES
Sub-Total Source				<u>\$5,202.78</u>	
TRowePrc Retirement 2020 Fund R	20-0001634	52	\$8,298.00		INVESTMENT MANAGEMENT FEES
TRowePrc Retirement 2020 Fund R	20-0001634	63	\$5,990.27		12B-1 DISTRIBUTION FEES
Sub-Total Source				<u>\$14,288.27</u>	
TRowePrc Retirement 2025 Fund R	65-1218398	52	\$7,965.63		INVESTMENT MANAGEMENT FEES
TRowePrc Retirement 2025 Fund R	65-1218398	63	\$5,512.50		12B-1 DISTRIBUTION FEES
Sub-Total Source				<u>\$13,478.13</u>	
TRowePrc Retirement 2030 Fund R	20-0001636	52	\$3,505.80		INVESTMENT MANAGEMENT FEES
TRowePrc Retirement 2030 Fund R	20-0001636	63	\$2,359.98		12B-1 DISTRIBUTION FEES
Sub-Total Source				<u>\$5,865.78</u>	
TRowePrc Retirement 2035 Fund R	65-1218399	52	\$3,344.87		INVESTMENT MANAGEMENT FEES
TRowePrc Retirement 2035 Fund R	65-1218399	63	\$2,193.07		12B-1 DISTRIBUTION FEES
Sub-Total Source				<u>\$5,537.94</u>	
TRowePrc Retirement 2040 Fund R	20-0001638	52	\$1,621.27		INVESTMENT MANAGEMENT FEES
TRowePrc Retirement 2040 Fund R	20-0001638	63	\$1,059.10		12B-1 DISTRIBUTION FEES
Sub-Total Source				<u>\$2,680.37</u>	
TRowePrc Retirement 2045 Fund R	65-1253987	52	\$535.97		INVESTMENT MANAGEMENT FEES
TRowePrc Retirement 2045 Fund R	65-1253987	63	\$350.34		12B-1 DISTRIBUTION FEES
Sub-Total Source				<u>\$886.31</u>	
TRowePrc Retirement 2050 Fund R	51-0612044	52	\$361.17		INVESTMENT MANAGEMENT FEES
TRowePrc Retirement 2050 Fund R	51-0612044	63	\$236.18		12B-1 DISTRIBUTION FEES
Sub-Total Source				<u>\$597.35</u>	
TRowePrc Retirement 2055 Fund R	51-0612048	52	\$17.35		INVESTMENT MANAGEMENT FEES
TRowePrc Retirement 2055 Fund R	51-0612048	63	\$11.31		12B-1 DISTRIBUTION FEES



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Indirect Compensation Received by T.Rowe Price Funds - EIN # 52-2264646

(Continued..)

Source	EIN # (by fund)	Suggested Service Codes(b)	Detail Amount	Total Amount	Description of Compensation
Sub-Total Source				<u>\$28.66</u>	
TRowePrc Retirement Income Fund R	56-2294396	52	\$1,073.04		INVESTMENT MANAGEMENT FEES
TRowePrc Retirement Income Fund R	56-2294396	63	\$953.70		12B-1 DISTRIBUTION FEES
Sub-Total Source				<u>\$2,026.74</u>	
Total Indirect Comp Received:				<u>\$53,783.80</u>	

Indirect Compensation Received by Templeton Funds - EIN # 13-2670991

Source	EIN # (by fund)	Suggested Service Codes(b)	Detail Amount	Total Amount	Description of Compensation
Franklin Small Cap Value Fund 2	13-3151768	28	\$1,085.23		INVESTMENT MANAGEMENT
Franklin Small Cap Value Fund 2	13-3151768	52	\$376.09		INVESTMENT MANAGEMENT FEES
Franklin Small Cap Value Fund 2	13-3151768	63	\$542.57		12B-1 DISTRIBUTION FEES
Sub-Total Source				<u>\$2,003.89</u>	
Templeton Global Bond Fund R	59-6865210	28	\$2,006.45		INVESTMENT MANAGEMENT
Templeton Global Bond Fund R	59-6865210	52	\$1,298.06		INVESTMENT MANAGEMENT FEES
Templeton Global Bond Fund R	59-6865210	63	\$2,572.40		12B-1 DISTRIBUTION FEES
Sub-Total Source				<u>\$5,876.91</u>	
Total Indirect Comp Received:				<u>\$7,880.80</u>	

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