

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). ▶ Complete all entries in accordance with the instructions to the Form 5500.	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 PREMIERE MEDICAL RESOURCES, INC. 401(K)PROFIT SHARING PLAN AND TRUST	1b Three-digit plan number (PN) ▶ <u>001</u>	1c Effective date of plan <u>01/01/2005</u>	
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) PREMIERE MEDICAL RESOURCES, INC. 3033 STATE ROAD CUYAHOGA FALLS, OH 44223	2b Employer Identification Number (EIN) <u>20-1499748</u>	2c Sponsor's telephone number <u>330-929-2685</u>	2d Business code (see instructions) <u>541330</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2013	ROBERT KENT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional) KATHLEEN M. MORAN PEASE & ASSOCIATES, INC. 1422 EUCLID AVE., SUITE 400 CLEVELAND, OH 44115			Preparer's telephone number (optional) <u>216-348-9600</u>

3a Plan administrator's name and address ☐ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address PREMIERE MEDICAL RESOURCES, INC. 3033 STATE ROAD CUYAHOGA FALLS, OH 44223		3b Administrator's EIN 20-1499748 3c Administrator's telephone number 330-929-2685
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		5 176
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	156
b Retired or separated participants receiving benefits.....	6b	28
c Other retired or separated participants entitled to future benefits.....	6c	
d Subtotal. Add lines 6a , 6b , and 6c	6d	184
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	
f Total. Add lines 6d and 6e	6f	184
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	111
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	
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 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☐ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☐ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan 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 PREMIERE MEDICAL RESOURCES, INC. 401(K)PROFIT SHARING PLAN AND TRUST				B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 PREMIERE MEDICAL RESOURCES, INC.				D Employer Identification Number (EIN) 20-1499748	
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)					
a Name of MTIA, CCT, PSA, or 103-12 IE: N/A					
b Name of sponsor of entity listed in (a): N/A					
c EIN-PN 20-1499748-001		d Entity code M		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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)	
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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)	
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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)	
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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)	
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a Name of MTIA, CCT, PSA, or 103-12 IE:					
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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)	
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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	

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2012 This Form is Open to Public Inspection
For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>12/31/2012</u>		
A Name of plan <u>PREMIERE MEDICAL RESOURCES, INC. 401(K)PROFIT SHARING PLAN AND TRUST</u>		B Three-digit plan number (PN) <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PREMIERE MEDICAL RESOURCES, INC.</u>		D Employer Identification Number (EIN) <u>20-1499748</u>

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2820	3872
(2) Participant contributions	1b(2)	4622	7362
(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)	19632	11458
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)	531793	
(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)	142633	1115682
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	17374	
(15) Other	1c(15)		

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	718874	1138374

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	718874	1138374
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	104194	
(B) Participants	2a(1)(B)	180648	
(C) Others (including rollovers)	2a(1)(C)	203462	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		488304
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	536	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		536
(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)	26112	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		26112
(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)	81106	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		81106

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		596058

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	176388	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		176388
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)	170	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		170
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		176558

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		419500
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: PEASE & ASSOCIATES, INC.

(2) EIN: 36-4267431

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	
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.		X	

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

**PREMIERE MEDICAL RESOURCES, INC.
401(K) PROFIT SHARING PLAN AND TRUST**

FINANCIAL STATEMENTS AND
SUPPLEMENTARY INFORMATION

DECEMBER 31, 2012 AND 2011



Financial Statements and Supplementary Information

**PREMIERE MEDICAL RESOURCES, INC.
401(K) PROFIT SHARING PLAN AND TRUST**

DECEMBER 31, 2012 AND 2011

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Premiere Medical Resources, Inc.
401(k) Profit Sharing Plan and Trust

Report of Independent Auditors

We were engaged to audit the accompanying financial statements of Premiere Medical Resources, Inc. 401(k) Profit Sharing Plan and Trust (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

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by Capital Bank & Trust Company and Lincoln National Life Insurance Company, the custodians of the Plan's investments, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that Lincoln National Life Insurance Company and Capital Bank & Trust Company held the Plan's investment assets and executed investment transactions as of and for the year ended December 31, 2011, and that Capital Bank and Trust Company held the Plan's investment assets and executed investment transactions as of and for the year ended December 31, 2012. The plan administrator has obtained a certification from the custodians as of December 31, 2012 and 2011, that the information provided to the plan administrator by the custodians 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

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Delinquent Participant Contributions and Schedule of Assets (Held at End of Year), which are the responsibility of plan management, are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedules referred to above.

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

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

Pease & Associates, Inc.

Cleveland, Ohio
October 4, 2013

FINANCIAL STATEMENTS AND SUPPLEMENTARY INFORMATION

ANNUAL REPORT - INDEX

PREMIERE MEDICAL RESOURCES, INC. 401(K) PROFIT SHARING PLAN AND TRUST

December 31, 2012 and 2011

The following financial statements and supplementary information of the Premiere Medical Resources, Inc. 401(k) Profit Sharing Plan and Trust are included herewith:

Statements of Net Assets Available for Benefits – December 31, 2012 and 2011

Statement of Changes in Net Assets Available for Benefits – Year Ended December 31, 2012

Notes to Financial Statements

The following supplemental schedule of the Premiere Medical Resources, Inc. 401(k) Profit Sharing Plan and Trust included in the Annual Report of the Plan on Form 5500 for the year ended December 31, 2012 are included herewith:

Schedule H, Line 4a – Schedule of Delinquent Participant Contributions

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

All other supplemental schedules and notes for which provision is made in the applicable rules and regulations of the Department of Labor Regulations are not required under the related instructions or are inapplicable, and therefore, have been omitted.

**PREMIERE MEDICAL RESOURCES, INC.
401(K) PROFIT SHARING PLAN AND TRUST**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2012 AND 2011

	<u>2012</u>	<u>2011</u>
ASSETS		
Investments, at fair value		
Participant directed investments	\$ 1,115,682	\$ 691,800
Receivables:		
Participant contributions	7,362	4,622
Employer contributions	3,872	2,820
Participant notes receivable	<u>11,458</u>	<u>19,632</u>
	<u>22,692</u>	<u>27,074</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 1,138,374</u>	<u>\$ 718,874</u>

See notes to financial statements.

**PREMIERE MEDICAL RESOURCES, INC.
401(K) PROFIT SHARING PLAN AND TRUST**

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEAR ENDED DECEMBER 31, 2012

ADDITIONS

Additions to net assets attributed to:

Investment income:

Net appreciation in fair value of investments \$ 81,106

Dividends 26,112

Contributions:

Participants 180,648

Employer 104,194

Rollover 203,462

Interest income on participant notes receivable 536

TOTAL ADDITIONS 596,058

DEDUCTIONS

Deductions from net assets attributed to:

Benefits paid to participants 176,388

Plan expenses and fees 170

TOTAL DEDUCTIONS 176,558

NET INCREASE 419,500

NET ASSETS AVAILABLE FOR BENEFITS:

BEGINNING OF YEAR 718,874

END OF YEAR \$ 1,138,374

See notes to financial statements.

**PREMIERE MEDICAL RESOURCES, INC.
401(K) PROFIT SHARING PLAN AND TRUST**

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2012 AND 2011

NOTE 1 – DESCRIPTION OF PLAN

The following description of the Premiere Medical Resources, Inc. 401(k) Profit Sharing Plan and Trust (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

General: The Plan is a defined contribution plan generally covering substantially all employees of Premiere Medical Resources, Inc. (the “Company” or “Employer”), as defined in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

In January 2012, the Plan changed the custodian of all of its investment assets from Lincoln National Life Insurance Company (“Lincoln”) to The Capital Group of Companies, which utilizes American Funds investments and Capital Bank & Trust Company (“CB&T”) as the custodian of the investment assets. During 2011, the Plan’s assets consisted of a group deferred annuity contract (the “Contract”) issued by Lincoln, a custodian of the Plan’s investments. Through the Contract, contributions to the Plan were deposited into pooled separate accounts, which held various types of underlying investments, and a Guaranteed Account. Amounts allocated to the pooled separate accounts were credited to a participant’s account in the form of accumulation units. Additionally, in anticipation of the January 2012 change of custodians, certain plan participants transferred their participant accounts to mutual funds held by Capital Bank & Trust Company prior to December 31, 2011.

Contributions: Participants may make voluntary pre-tax contributions, by means of a salary deferral agreement, of up to 100% of their compensation, subject to IRS limitations for the Plan year. The Plan also permits rollover contributions from other qualified retirement plans.

The Plan provides for employer Actual Deferral Percentage (“ADP”) Test Safe Harbor Contributions of 100% of the participant’s elective deferral that does not exceed 3% of compensation, as defined, plus 50% of the elective deferral that exceeds 3% of compensation but does not exceed 5% of compensation.

Participants are eligible to participate in the Plan on the first day of the second month following their date of hire, however, participants who have not yet completed one year of service since their original date of hire, or have not yet attained the age of 21 will not be eligible to receive the employer ADP Test Safe Harbor Contribution.

Participant accounts: Each participant’s account is credited with the participant’s contributions and an allocation of the Company’s contributions and Plan earnings. Allocations are based on participant contributions, earnings and account balances, as defined in the Plan. 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 contributions plus earnings thereon. Participants are also immediately 100% vested in all employer contributions, including those made pursuant to the ADP Test Safe Harbor Contribution provisions of the Plan.

In 2012, the Plan determined that the vested percentage of employer contributions for several participants who received distributions in 2010 was not properly computed in accordance with the provisions of the Plan. Employer contributions and the corrective distributions to the former Plan participants totaling \$2,768, including an adjustment for lost earnings due to the late distributions, were made and recorded in February 2012 to correct this error.

Forfeitures: Amounts from previous forfeited nonvested accounts are used to reduce future employer contributions or to pay Plan expenses after such forfeitures become available. At December 31, 2012 and 2011, there were \$897 and \$994, respectively, of forfeited nonvested accounts.

Participant notes receivable: Eligible participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum, equal to the lesser of \$50,000 or 50% of their account balance at the date of the loan. Shareholders with five percent ownership or more of the Plan sponsor may not borrow from their fund accounts. Loans must be repaid through payroll deductions over a maximum term of five years. Upon termination of employment, loans are immediately due and payable. The loans are secured by the balance in the participant's account and bear interest at a rate equal to the prime rate at the time of issuance.

Payment of benefits: Distributions from a participant's account are not permitted before the normal age of retirement except in the event of death, disability, termination of employment, or financial hardship, as defined in the Plan.

Administrative expenses: Certain administrative expenses of the Plan are paid by the sponsor and are not included in the statement of changes in net assets available for benefits.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Recently issued accounting standards: In May 2011, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") 2011-04, "*Amendments to Achieve Common Fair Value Measurements and Disclosure Requirements in U.S. GAAP and IFRS*". ASU 2011-04 amended ASC 820, "*Fair Value Measurement*", to converge the fair value measurement guidance in U.S. Generally Accepted Accounting Principles (GAAP) and International Financial Reporting Standards (IFRS). Some of the amendments clarify the application of existing fair value measurement requirements, while other amendments change a particular principle in ASC 820. In addition, ASU 2011-04 requires additional fair value disclosures although certain of these new disclosures are not required for nonpublic entities. The amendments are to be applied prospectively and are effective for 2012. The application of this standard did not have a significant impact on the Plan's financial statements.

Basis of presentation: The financial statements are prepared on the accrual basis of accounting.

Use of estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and accompanying notes. Accordingly, actual results could differ from those estimates.

Participant notes receivable: Participant notes receivable are recorded at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant notes receivable are written off when deemed uncollectible.

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 as of the measurement date. See Note 4, *Fair Value Measurements*, for discussion of fair value measurements.

Investment contracts held by a defined contribution plan are 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. In 2011, the Plan held and fully benefit-responsive investment contract through its Guaranteed Account with Lincoln. At December 31, 2011, contract value of the Guaranteed Account approximated fair value. The Plan did not hold any investments in fully benefit-responsive investment contracts at December 31, 2012.

Purchases and sales of investments, including gains or losses, are recorded on a trade-date basis. Interest income is recorded when earned, and 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 paid: Benefit payments to participants are recorded when paid.

Subsequent events: In preparing these financial statements, Plan management has evaluated events and transactions for potential recognition or disclosure through October 4, 2013, the date the financial statements were available to be issued.

NOTE 3 – INVESTMENTS

The fair value of investments that represent five percent or more of the Plan's net assets are as follows:

	December 31,	
	2012	2011
<u>Registered investment companies (mutual funds)</u>		
American Funds 2025 Target Date-R3	\$ 224,013	\$ 136,857
American Funds 2020 Target Date-R3	197,296	-
American Funds 2030 Target Date-R3	125,700	-
American Funds 2035 Target Date-R3	169,245	-
American Funds 2045 Target Date-R3	119,573	-
American Funds 2050 Target Date-R3	104,678	-
<u>Separate Accounts:</u>		
SA49 American Funds Invest Co America	-	36,980
SA97 LVIP Delaware Foundation Aggressive Allocation	-	56,034

During 2012, the Plan's investments in mutual funds, including gains and losses on investments bought and sold, as well as held during the year, appreciated by \$81,106.

NOTE 4 – FAIR VALUE MEASUREMENTS

The Plan follows FASB ASC 820, “Fair Value Measurement”, which establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under this framework are defined as follows:

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

Level 2 - inputs to the valuation methodology include:

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

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

Level 3 - inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

The Plan’s investments, reported at fair value within the fair value hierarchy, as of December 31, 2012 and 2011 are as follows:

December 31, 2012				
Description	Level 1	Level 2	Level 3	Total
Mutual funds:				
Balanced funds	\$ 14,182	\$ -	\$ -	\$ 14,182
Growth funds	58,620			58,620
Income funds	17,134			17,134
Target date retirement funds	992,703			992,703
Bond funds	17,421			17,421
Money market		15,622		15,622
Total	\$ 1,100,060	\$ 15,622	\$ -	\$ 1,115,682

December 31, 2011

Description	Level 1	Level 2	Level 3	Total
Pooled separate accounts:				
Balanced funds	\$ -	\$ 137,042	\$ -	\$ 137,042
Growth funds		34,006		34,006
International funds		39,897		39,897
Value funds		69,807		69,807
Target date retirement funds		39,847		39,847
Blend funds		37,072		37,072
Bond funds		174,122		174,122
Mutual funds:				
Target retirement funds	141,521			141,521
Bond funds	537			537
Money market		575		575
Guaranteed account			17,374	17,374
Total	\$ 142,058	\$ 532,368	\$ 17,374	\$ 691,800

The Plan's policy is to recognize transfers between levels of the fair value hierarchy as of the actual date of the event of change in circumstances that caused the transfer. There were no transfers between levels of the fair value hierarchy during 2012 and 2011.

The following is a description of the valuation methodologies used for assets measured at fair value, as well as the general classification of such items pursuant to the fair value hierarchy:

Level 1 Fair Value Measurements

The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year-end.

Level 2 Fair Value Measurements

The fair value of the money market fund is based on amortized cost or original cost plus accrued interest.

The fair value of the pooled separate accounts in 2011 is based on the net asset value per unit of either the observable net asset value of the underlying investment or the net asset value of the underlying mutual fund. Net asset value was estimated by Lincoln based on the value of the underlying assets owned by the pooled separate account, minus liabilities, and then divided by the number of shares outstanding.

Level 3 Fair Value Measurements

Assets in the Guaranteed Account are not traded in a market to provide a daily price. There is no market price to report and, therefore, the fair value is determined by a third party using available information.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the plan administrator 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. There have been no changes in the methodologies used at December 31, 2012 and 2011.

NOTE 5 – BENEFIT-RESPONSIVE INVESTMENT CONTRACT

In 2011, the Plan held a fully benefit-responsive investment contract through its investment in the Lincoln Guaranteed Account, which was available through the group deferred annuity contract issued by Lincoln. The account was credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract was included in the financial statements at contract value as reported to the Plan by Lincoln. Contract value represented 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. The annuity contract issuer is contractually obligated to repay the principal and a specified interest rate that was guaranteed to the Plan.

As described in Note 2, because the investment contract was fully benefit-responsive, contract value was the relevant measurement attribute for the portion of the net assets available for benefits attributable to the investment contract.

There were no reserves against contract value for credit risk of the contract issuer or otherwise. The contract value of the investment contract at December 31, 2011, as reported by Lincoln, was \$17,374, which approximated the fair value. All amounts in the Guaranteed Account were credited with the current interest rate in effect at the time. The average credited interest rate for the Guaranteed Account was 3.37% in 2011. The rate is subject to a minimum guaranteed rate of 2.25% at December 31, 2011. Guarantees were based on the claims paying ability of Lincoln.

The 2011 contract account maintained in the Guaranteed Account was guaranteed against loss of principal, less all withdrawals, including charges and adjustments. The guarantee was based on the ability of Lincoln to meet its financial obligations from the general assets of Lincoln. Interest was credited daily at an interest rate that was no less than the guaranteed minimum interest rate, as shown in the contract specifications. The interest crediting rate was declared on a quarterly basis. The Guaranteed Account investment was reported at contract value in the financial statements.

NOTE 6 – INFORMATION PREPARED AND CERTIFIED BY CUSTODIANS

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified as complete and accurate by the custodians:

	2012	2011
Net assets available for benefits:		
Investments, at fair value	\$ 1,115,682	\$ 691,800
Participant notes receivable	11,458	19,632
	<u>\$ 1,127,140</u>	<u>\$ 711,432</u>
Additions to net assets:		
Net appreciation in fair value of investments	\$ 81,106	
Dividends	26,112	
Interest income on participant notes receivable	536	
	<u>\$ 107,754</u>	

NOTE 7 – INCOME TAXES

The trust established under the Plan, which holds the Plan's assets, is qualified pursuant to the appropriate section of the Internal Revenue Code, and accordingly, the trust's net investment income is exempt from income taxes. The Plan has adopted an Internal Revenue Service approved prototype standardized plan with a cash or deferral arrangement. The prototype plan has received a favorable determination letter from the IRS that it qualifies under IRS Code section 401(a), provided all terms of the Plan are followed. The Plan has been amended since adopting the prototype plan, however, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate uncertain tax positions taken by the Plan. The plan administrator has concluded that as of December 31, 2012, there were no uncertain tax positions taken or expected to be taken by the Plan. The Plan has not recognized any interest or penalties related to uncertain tax positions. 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 the Plan is no longer subject to income tax examinations for years prior to 2009.

NOTE 8 – 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.

NOTE 9 – RELATED PARTY TRANSACTIONS

Certain Plan investments are mutual funds managed by American Funds, an entity affiliated with Capital Bank & Trust Company, a custodian of the Plan's assets, and therefore those transactions qualify as party-in-interest transactions.

In 2011, certain Plan investments were units of a group annuity contract separate account managed by Lincoln National Life Insurance Company. Lincoln National Life Insurance Company was a custodian of the Plan's assets, as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions.

The Plan issues loans to participants, which are secured by the balances in the participants' accounts. These transactions qualify as party-in-interest transactions.

NOTE 10 – PROHIBITED TRANSACTIONS

In 2012, the Plan identified several computational and operational errors which occurred during the 2010 Plan year related to participant vesting, loans, deferrals and related employer contributions. Corrective contributions to participants' accounts, including lost earnings were remitted to the Plan in 2012.

In addition, during 2008, 2009 and a portion of 2010, the Company failed to timely remit several participant contributions to the Plan in accordance with Department of Labor ("DOL") regulations. All such late contributions, totaling \$11,617, were remitted to the Plan in 2010. Related corrective contributions for lost earnings were remitted to the Plan in 2012.

NOTE 11 – RISKS AND UNCERTAINTIES

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

**PREMIERE MEDICAL RESOURCES, INC.
401(K) PROFIT SHARING PLAN AND TRUST**

SCHEDULE H, LINE 4a – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

DECEMBER 31, 2012

Participant Contributions Transferred Late to Plan		Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: ☒		Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
<u>Loan Repayments</u>	2008	\$1,178		\$1,178	
	2009	1,392		1,392	
	2010	482		482	
		<u>\$3,052</u>		<u>\$3,052</u>	
<u>Elective Deferrals</u>					
	2009	<u>\$8,565</u>		<u>\$8,565</u>	

The late contributions listed on Schedule H, Line 4a represent the total participant contributions and loan repayments that were not remitted as soon as administratively possible, as required by the Department of Labor. The Plan sponsor remitted the late participant contributions and loan payments in 2010, and the lost earnings during the Plan year ended December 31, 2012.

**PREMIERE MEDICAL RESOURCES, INC.
401(K) PROFIT SHARING PLAN AND TRUST**

SCHEDULE H, 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
*	Participant notes receivable	3.0% - 6.0%	\$ -0-	\$ 11,458
<u>PARTICIPANT DIRECTED INVESTMENTS</u>				
<u>REGISTERED INVESTMENT COMPANIES (MUTUAL FUNDS)</u>				
*	Smallcap World Fund-R3	Registered Investment Company		18,868
*	Amcap Fund-R3	Registered Investment Company		16,340
*	Europacific Growth Fund-R3	Registered Investment Company		9,057
*	New Perspective Fund-R3	Registered Investment Company		7,771
*	American Mutual Fund-R3	Registered Investment Company		7,043
*	Capital World Growth And Income Fund-R3	Registered Investment Company		6,584
*	Fundamental Investors-R3	Registered Investment Company		1,539
*	American Balanced Fund-R3	Registered Investment Company		5,600
*	Capital Income Builder-R3	Registered Investment Company		17,134
*	Capital World Bond Fund-R3	Registered Investment Company		6,526
*	The Bond Fund of America-R3	Registered Investment Company		10,895
*	American Funds 2010 Target Date Fund -R3	Registered Investment Company		834
*	American Funds 2015 Target Date Fund -R3	Registered Investment Company		17,381
*	American Funds 2020 Target Date Fund -R3	Registered Investment Company		197,296
*	American Funds 2025 Target Date Fund -R3	Registered Investment Company		224,013
*	American Funds 2030 Target Date Fund -R3	Registered Investment Company		125,700
*	American Funds 2035 Target Date Fund -R3	Registered Investment Company		169,245
*	American Funds 2040 Target Date Fund -R3	Registered Investment Company		29,770
*	American Funds 2045 Target Date Fund -R3	Registered Investment Company		119,573
*	American Funds 2050 Target Date Fund -R3	Registered Investment Company		104,678
*	American Funds 2055 Target Date Fund -R3	Registered Investment Company		4,213
*	American Funds Money Market Fund	Registered Investment Company		15,622
TOTAL MUTUAL FUNDS				<u>1,115,682</u>
TOTAL INVESTMENTS				<u>\$ 1,127,140</u>

* Represents party-in-interest to the Plan

See report of independent auditors.

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment 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).

► **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1210 - 0110
1210 - 0089**2012****This Form is Open to Public Inspection****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 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 PREMIERE MEDICAL RESOURCES, INC. 401(K) PROFIT SHARING PLAN AND TRUST		1b Three-digit plan number (PN) ► 001
		1c Effective date of plan 01/01/2005
2a Plan sponsor's name and address, include room or suite number (employer, if for a single-employer plan) PREMIERE MEDICAL RESOURCES, INC. 3033 STATE ROAD CUYAHOGA FALLS OH 44223		2b Employer Identification Number (EIN) 20-1499748 2c Sponsor's telephone number 330-929-2685 2d Business code (see instructions) 541330

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	Signature of plan administrator	Date	<i>R/H</i> Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional) KATHLEEN M. MORAN PEASE & ASSOCIATES, INC. 1422 EUCLID AVE., SUITE 400 CLEVELAND OH 44115			Preparer's telephone number (optional) 216-348-9600

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2012)
v. 120126