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

Part I Annual Report Identification Information

For calendar plan year 2012 or fiscal plan year beginning 07/01/2012 and ending 06/30/2013

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
AMS-A MEDICAL SERVICE, INC. EMPLOYEE 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/01/1994

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)

AMS - A MEDICAL SERVICE, INC.

NURSES THAT CARE

5411 N. MCCOLL
MCALLEN, TX 78505

2b Employer Identification Number (EIN)
74-2646915

2c Sponsor's telephone number
956-682-0800

2d Business code (see instructions)
621610

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.	04/11/2014	ANDY SANCHEZ
	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)

Preparer's telephone number (optional)

3a Plan administrator's name and address [X] 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**	744
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**	552
b	Retired or separated participants receiving benefits	**6b**	2
c	Other retired or separated participants entitled to future benefits	**6c**	89
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	643
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	643
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	201
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	143
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2J 2K 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)** [X] 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)** [X] 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)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2012

This Form is Open to Public Inspection

For calendar plan year 2012 or fiscal plan year beginning 07/01/2012 and ending 06/30/2013

A Name of plan
AMS-A MEDICAL SERVICE, INC. EMPLOYEE 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AMS - A MEDICAL SERVICE, INC.

D Employer Identification Number (EIN)
74-2646915

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.

1 Coverage Information:

(a) Name of insurance carrier

GREAT WEST LIFE AND ANNUITY

(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
84-0467907	68322	940040-01	201	07/01/2012	06/30/2013

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
3064	0

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

FORESTERS EQUITY SERVICES INC
6640 LUSK BLVD A202
SAN DIEGO, CA 92121

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code
3064			3

(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		
	(c) Amount	**(d)** Purpose	**(e)** Organization code

(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	151350
5	Current value of plan's interest under this contract in separate accounts at year end	5	1182802

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	113521
c	Additions: (1) Contributions deposited during the year	7c(1)	19300		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	1734		
	(4) Transferred from separate account	7c(4)	59155		
	(5) Other (specify below)	7c(5)	4303		
	▶ LOAN REPAYMENTS AND FORFEITURES				
	(6) Total additions			7c(6)	84492
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	198013
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	13847		
	(2) Administration charge made by carrier	7e(2)	676		
	(3) Transferred to separate account	7e(3)	32140		
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	46663
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	151350

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

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

For calendar plan year 2012 or fiscal plan year beginning 07/01/2012 and ending 06/30/2013

A Name of plan
AMS-A MEDICAL SERVICE, INC. EMPLOYEE 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AMS - A MEDICAL SERVICE, INC.

D Employer Identification Number (EIN)
74-2646915

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

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)

ADVISED ASSET GROUP

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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	INVESTMENT MGMT	6235	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GREAT-WEST LIFE & ANNUITY INSURANCE

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
64	RECORDKEEPER	2739	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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 07/01/2012 and ending 06/30/2013

A Name of plan
AMS-A MEDICAL SERVICE, INC. EMPLOYEE 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
AMS - A MEDICAL SERVICE, INC.

D Employer Identification Number (EIN)
74-2646915

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: FUTURE FUNDS SERIES ACCT II OF GWL

b Name of sponsor of entity listed in (a): GREAT-WEST LIFE & ANNUITY INS. CO.

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)
84-0467907-003	P	1182802

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)

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

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 07/01/2012 and ending 06/30/2013

A Name of plan
AMS-A MEDICAL SERVICE, INC. EMPLOYEE 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AMS - A MEDICAL SERVICE, INC.

D Employer Identification Number (EIN)
74-2646915

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	97527	102196
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	1022395	1182802
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	113521	151350
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	1233443	1436348
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h		
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	1233443	1436348

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)	10702	
(B) Participants	2a(1)(B)	133622	
(C) Others (including rollovers)	2a(1)(C)	14049	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		158373
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	3942	
(F) Other	2b(1)(F)	1734	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		5676
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		150148
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		0
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		314197
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	95585	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		95585
f Corrective distributions (see instructions)	2f		1975
g Certain deemed distributions of participant loans (see instructions)	2g		4758
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	2739	
(3) Investment advisory and management fees	2i(3)	6235	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		8974
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		111292
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		202905
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)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: LONG CHILTON, LLP **(2)** EIN: 74-1154721

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

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

Part IV Compliance Questions

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

During the plan year:

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

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		150000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
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.

For calendar plan year 2012 or fiscal plan year beginning 07/01/2012 and ending 06/30/2013

A Name of plan
AMS-A MEDICAL SERVICE, INC. EMPLOYEE 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AMS - A MEDICAL SERVICE, INC.

D Employer Identification Number (EIN)
74-2646915

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

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): 20-3691708

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 of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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):

FINANCIAL STATEMENTS
AND
INDEPENDENT AUDITOR'S REPORT

AMS - A MEDICAL SERVICE, INC. EMPLOYEE 401(k) PLAN

June 30, 2013 and 2012

AMS - A MEDICAL SERVICE, INC.
EMPLOYEE 401(k) PLAN
June 30, 2013 and 2012

PLAN ADMINISTRATOR

AMS - A Medical Service, Inc.
dba Nurses that Care

TRUSTEE

Andy Sanchez

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CERTIFIED PUBLIC ACCOUNTANTS
BUSINESS CONSULTANTS
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4100 N. 23rd
McAllen, Texas 78504
(956) 686-3701
Fax (956) 686-6830
www.longchilton.com

INDEPENDENT AUDITOR'S REPORT

To Trustees of
AMS – A Medical Service, Inc. Employee 401(k) Plan
McAllen, TX

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of AMS – A Medical Service, Inc. 401(k) Plan, which comprise the statements of net assets available for benefits (modified cash basis) as of June 30, 2013, and the related statements of changes in net assets available for benefits (modified for cash basis) for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting as described in Note B; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for 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 E, which was certified by The Great-West Life & Annuity Insurance Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended June 30, 2013 and 2012, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Basis of Accounting

We draw attention to Note B of the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America.

Other Matter

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Assets Held for Investment Purposes, 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's 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 trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Long Chilton, LLP

LONG CHILTON, LLP
Certified Public Accountants

McAllen, Texas
April 11, 2014

AMS - A Medical Service, Inc.
Employee 401(k) Plan
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS -
Modified Cash Basis
June 30,

ASSETS	2013	2012
Investments		
Pooled Separate Accounts (Note D)	$ 1,182,802	$ 1,022,395
Guaranteed Interest Account (Note D)	151,350	113,521
	1,334,152	1,135,916
Receivables		
Participant Loans	102,196	97,527
Total Assets	1,436,348	1,233,443
LIABILITIES		
	-	-
Total Liabilities	-	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 1,436,348	$ 1,233,443

The accompanying notes are an integral part of these financial statements.

AMS - A Medical Service, Inc.
Employee 401(k) Plan
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS - Modified Cash Basis
For the Fiscal Years Ended June 30,

	2013	2012
Additions:		
Contributions from participants	$ 133,622	$ 184,263
Contributions from employers	10,702	14,944
Interest income	1,734	1,639
Forfeitures	-	2,754
Rollover contributions	14,049	-
Interest income on notes receivable from participants	3,942	39,297
Net appreciation (depreciation) in fair value of investments	150,149	(45,885)
Total additions	314,198	197,011
Deductions:		
Benefit payments	95,585	134,834
Loan disbursements	4,758	64,677
Corrective disbursements	1,975	1,552
Administrative expenses	8,974	6,881
Net interfund transfers	-	3,630
Total deductions	111,293	211,574
Net increase (decrease)	202,905	(14,564)
Net assets available for benefits		
Beginning of year	1,233,443	1,248,006
End of year	$ 1,436,348	$ 1,233,443

The accompanying notes are an integral part of these financial statements.

NOTE A – DESCRIPTION OF PLAN

The following description of the AMS – A Medical Service, Inc. Employee 401(k) Plan (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

1. General

The Plan is a defined contribution plan established for the benefit of the employees of the following companies:

Nurses That Care Home Health Services, Inc.
Nurses That Care – Sitter Services, Inc.
Nurses That Care Consulting Services, Inc.
Sun Valley Adult Health Center
Sun Valley Adult Day Care II

The original effective date of the Plan was October 1, 1994. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

2. Plan Amendments

A plan amendment became effective on July 1, 2011, adding the following provisions:

a) A Roth provision in which participants are now allowed to make Roth contributions into their 401(k) Plans;
b) The forfeiture allocation method now allows all contributions to reduce either nonelective and/or matching contributions; and
c) The limit for mandatory distributions was raised to $5,000 from the previous $1,000 to participants who incur a severance from employment and who will receive a distribution from attaining the later of age 62 or normal retirement age.

3. Eligibility

Employees are eligible to begin participation in the Plan once they have completed six consecutive months of service, during which they must have completed at least 500 hours of service and reached the age of 21. If the 500 hours of service has not been met during the first six months of service, then eligibility becomes effective once a year of service has been completed.

A year of service is considered complete if, at the end of the first twelve consecutive months of employment, at least 1,000 hours of service has been completed. If the 1,000 hours of service by the end of the first twelve consecutive months of employment is not met, then an employee is considered to have completed a year of service at the end of any following Plan year during which the employee is credited with at least 1,000 hours of service.

Employees' entry dates into the Plan are the first days of the next month following the date in which the eligibility requirements described above have been met.

NOTE A – DESCRIPTION OF PLAN (*Continued*)

4. Contributions

Participants may contribute up to the maximum allowable limit of $17,000 in 2012 and $17,500 in 2013 of pretax annual compensation, as defined in the Plan. Participants who have attained age 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 defined benefit or defined contribution plans (rollovers). Participants direct the investment of their contributions into various investment options offered by the Plan. The Company may elect to make a discretionary matching contribution of 10% of the first 6% of compensation that a participant contributes to the Plan. This contribution was credited to all participants actively employed for each pay period of the Plan year. Employee and employer contributions are invested according to the employee investment elections. The employer may also elect to make a discretionary profit sharing contribution determined by the employer each year. Contributions are subject to certain IRS limitations.

5. Participant Accounts

Each participant's account is credited with the participant's voluntary contribution, an allocation of the Company's contribution, Plan earnings, and an allocable portion of the Plan's forfeitures credited based on the employee contribution made during the previous period. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

6. Vesting

Each participant is 100% vested in his or her voluntary contribution account plus actual earnings thereon. Employer matching contributions and profit sharing contributions are discretionary contributions and are vested according to the following schedule:

Vesting Schedule	
Years of Service	Percentage
1	20%
2	40%
3	60%
4	80%
5	100%

7. Notes Receivable from Participants

Under the provisions of the Plan, participants may borrow from their accounts a minimum of $1,000. The maximum loan amount that a participant may request is the lesser of $50,000 or 50% of the vested account balance. The number of loans a participant may have outstanding at one time is two, so long as loan repayments are submitted via payroll deduction and are identified separately. Loan terms generally have a term of twelve to sixty months.

NOTE A – DESCRIPTION OF PLAN (*Continued*)

8. Payment of Benefits

Upon termination of service due to death, disability, or retirement, a participant may elect to receive all or portion of their vested account balance as a lump-sum amount, a series of scheduled payments from the plan, or paid as a direct rollover to another qualified retirement plan or IRA. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. The Plan allows for hardship distributions not to exceed the amount of the immediate financial need if the withdrawal request is for a purpose delineated in the Plan document. The Plan document explains more detailed specifics on the payment of benefits.

9. Forfeited Accounts

At June 30, 2013 and 2012, forfeited nonvested accounts totaled $31,660 and $3,986 respectively. These accounts will be used to reduce future employer matching contributions or employer nonelective contributions. In 2013, employer nonelective contributions were reduced by $28,358 from forfeited nonvested accounts.

10. Investment Options

Upon enrollment into the Plan, participants may allow the third party administrator to direct or self-direct their salary deferral contributions to selected investments as made available. These investment options are more fully described in the Plan's literature. Participants may change their investment options periodically.

11. Trustee Information

The Plan's Individual Trustee is Andy Sanchez.

NOTE B – SUMMARY OF ACCOUNTING POLICIES

1. Basis of Accounting

The accompanying financial statements of the Plan are prepared under the modified cash basis of accounting, which is a comprehensive basis of accounting other than generally accepted accounting principles.

2. Estimates

The preparation of financial statements in conformity with the modified cash basis of accounting, which is a comprehensive basis of accounting other than generally accepted accounting principles, requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

NOTE B – SUMMARY OF ACCOUNTING POLICIES (*Continued*)

3. Notes Receivable from Participants

In accordance with FASB ASU No. 2010-25, loans to participants are classified as notes receivables from participants and are reported at their unpaid principal balances plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of June 30, 2013 or 2012. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

4. Investment Valuation and Income Recognition

The Plan's 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 D for discussion of fair value measurements. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

5. Payment of Benefits

Benefits are recorded when notification is received from the Plan Administrator as having been paid.

6. Operating Expenses

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of notes receivable from participants are deducted from the loan taken out by the participant. Investment related expenses are also charged to individual participant accounts and are also included in administrative expenses.

7. Excess Contributions

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are not recorded until paid since the financial statements are prepared on the modified cash basis of accounting.

NOTE C – CERTIFIED INVESTMENTS

Certain information related to investments disclosed in the accompanying financial statements and supplemental schedule, including investments held at June 30, 2013 and 2012, and net appreciation in fair value of investments, interest and dividends for the year ended June 30, 2013, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Great-West Life & Annuity Insurance Company (the custodian of the Plan). The contract value of the guaranteed investment contract was certified by the custodian.

NOTE D – FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying Statement of Net Assets Available for Benefits.

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 Fair Value Measurements

Inputs that utilize quoted prices (unadjusted) in active markets for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Fair Value Measurements

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 market 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 Fair Value Measurements

Inputs that are unobservable inputs for the assets or liabilities, which are typically based on the Plan's own assumptions, as there is little, if any, related market value.

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

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 June 30, 2013.

Pooled Separate Accounts. According to the Plan custodian, the pooled separate accounts are invested in mutual fund investments. These are variable annuity investment contracts. Prices/unit values for these variable annuity investment options are calculated daily by the annuity provider according to the methods described in the annuity contract. The initial pricing input is the quoted price obtained for the underlying mutual fund which is then adjusted to apply the expense factor disclosed in the annuity contract.

NOTE D – FAIR VALUE MEASUREMENTS (*Continued*)

Guaranteed Interest Accounts. These accounts provide a guarantee of principal and a guaranteed quarterly interest rate. The entire general account assets of Great-West Life & Annuity Insurance Company back these guarantees. These are fixed annuity investment contracts. A provision exists in the investment contract that prevents the immediate and full payout of the contract value for plan-initiated transactions. Therefore, this contract is not considered to be fully benefit responsive. Fair value is determined using a discounted cash flow valuation methodology where the interest rate for the investment contract is reset at least as frequently as annually. Fair value of the investment contract, prior to contract termination, is equal to contract value, which was certified by the custodian.

		Fair Value Measurements at Reporting Date Using:
June 30, 2013	**Fair Value**	**Significant Other Observable Inputs (Level 2)**
Guaranteed Interest Account	$ 151,350	$ 151,350
Pooled Separate Accounts	1,182,802	1,182,802
Total Portfolio Investments	$ 1,334,152	$ 1,334,152

		Fair Value Measurements at Reporting Date Using:
June 30, 2012	**Fair Value**	**Significant Other Observable Inputs (Level 2)**
Guaranteed Interest Account	$ 113,521	$ 113,521
Pooled Separate Accounts	1,022,395	1,022,395
Total Portfolio Investments	$ 1,135,916	$ 1,135,916

NOTE E – INFORMATION CERTIFIED BY THE CUSTODIAN (UNAUDITED)

The following tables present the fair value of the Plan's investments at June 30, 2013 and 2012 as certified by the custodian, The Great-West Life & Annuity Insurance Company. Please see the detailed listing of investments on the supplemental schedules to the financial statements.

	June 30, 2013	June 30, 2012
Investments, at fair value		
Great-West Life & Annuity Insurance Company Investments		
Pooled Separate Accounts	$ 1,182,802	$ 1,022,395
Guaranteed Interest Account	151,350	113,521
Total Plan Investments	$ 1,334,152	$ 1,135,916

The fair values of investments that represent five percent or more of the Plan's net assets available for benefits as of June 30, 2013 and 2012 are as follows:

	June 30, 2013	June 30, 2012
Investment at estimated fair value		
Pooled Separate Accounts in Great-West		
MFS International Value R2 *	$ -	$ 84,612
American Funds Europacific Growth R3 *	-	63,052
American Funds Growth Fund Amer R3 *	110,474	-
Oppenheimer Global A	110,094	96,562
Royce Total Return K	171,483	168,876
Maxim T.Rowe Price Equity Income	102,124	119,173
Pimco Total Return Admin *	108,412	-
Maxim Bond Index	104,071	128,136
Guaranteed Interest Account in Great-West		
Key Guaranteed Portfolio Fund	147,364	81,862
Total Investments Greater than 5% of Plan Net Assets	$ 854,022	$ 742,273

Note: The assets with a "*" symbol represent assets that were greater than five percent in one fiscal year but less than this percentage in the other. The amounts of each of these investments can be seen in the detailed listing of investments on the supplemental schedules to the financial statements.

During the Plan years ended June 30, 2013 and 2012, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value by $150,149 and ($45,885), respectively. The appreciation (depreciation) of investments was related entirely to changes in the pooled separate accounts of the Plan.

NOTE F – TRANSACTIONS WITH PARTIES-IN-INTEREST

Plan investments are variable and fixed annuity contracts managed by Great-West Life & Annuity Insurance Company. Great-West is the custodian and third party administrator as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for administrative services such as investment management and recordkeeping are included in administrative expenses of the Plan, which totaled $8,974 for the fiscal year ended June 30, 2013 and $6,881 for the fiscal year ended June 30, 2012. The Plan Sponsor pays directly any other fees related to the Plan's operations.

NOTE G – PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right, under the Plan, to change, amend or discontinue the Plan at any time, subject to the provisions of ERISA. In the event of Plan termination, participants would become 100 percent vested in their employer contributions.

NOTE H – RECONCILIATION OF DIFFERENCES BETWEEN THESE FINANCIAL STATEMENTS AND THE FINANCIAL INFORMATION REQUIRED ON FORM 5500

	June 30, 2013	June 30, 2012
Net assets available for benefits as presented in these financial statements	$ 1,436,348	$ 1,233,443
Net assets available for benefits as presented on Form 5500	$ 1,436,348	$ 1,233,443

	2013	2012
Net increase (decrease) in net assets available for benefits as presented in these financial statements	$ 202,905	$ (14,564)
Net increase (decrease) in net assets available for benefits as presented on Form 5500	$ 202,905	$ (14,564)

NOTE I – FEDERAL INCOME TAX STATUS

The Plan has adopted a prototype standardized plan and the prototype sponsor has received a determination letter on the acceptability of the form of the plan dated March 31, 2008 indicating that the Plan is a qualified plan meeting the applicable requirements of applicable sections of the Internal Revenue Code. Although the Plan has been amended since receiving the determination letter, the plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated in compliance with the applicable requirements of the IRC, and therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

NOTE I – FEDERAL INCOME TAX STATUS *(Continued)*

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the plan has taken an uncertain tax position that more likely than not would be sustained upon examination by relevant taxing authorities. The Plan is subject to routine audits by taxing jurisdictions. Currently, there is an audit in progress for the year ended June 30, 2012. In addition, data was also requested for the fiscal year ended June 30, 2011. The Plan believes it is no longer subject to income tax examinations for years prior to June 30, 2010.

NOTE J – RISKS AND UNCERTAINTIES

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

NOTE K – SUBSEQUENT EVENTS

Change in Plan Year. Subsequent to the end of the period, the Plan changed its year end from June 30 to a calendar year basis ending on December 31.

Change in Third Party Administrator. Subsequent to the end of the period, the Plan switched third party administrators from Great-West Life & Annuity Insurance Company to ADP. As a result, the entire assets of the plan were transferred from Great-West to the new third party administrator trust account.

Subsequent events have been evaluated through April 11, 2014, which is the date the Financial Statements were available to be issued.

SUPPLEMENTAL SCHEDULES

EIN: 74-2646915

PLAN NUMBER: 001

AMS - A Medical Service, Inc.
Employee 401(k) Plan
Schedules of Assets Held For Investment Purposes
(Form 5500 - Schedule H - Line 4i)
June 30, 2013

Assets held for investment at June 30, 2013 consisted of the following:

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	**Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value**	**Cost**	**Current Value**
*	The Great West Life & Annuity Insurance Company	Great-West Lifetime 2015 Portfolio II T1	$ 3,522	$ 3,686
*	The Great West Life & Annuity Insurance Company	Great-West Lifetime 2025 Portfolio II T1	7,573	8,323
*	The Great West Life & Annuity Insurance Company	Great-West Lifetime 2035 Portfolio II T1	9,014	9,910
*	The Great West Life & Annuity Insurance Company	Great-West Lifetime 2045 Portfolio II T1	1,311	1,464
*	The Great West Life & Annuity Insurance Company	Great-West Conserv Profile II Fund I	47,366	52,888
*	The Great West Life & Annuity Insurance Company	Great-West Moderate Profile II Fund I	38,508	45,257
*	The Great West Life & Annuity Insurance Company	Great-West Aggressive Profile II Fund I	22,447	27,702
*	The Great West Life & Annuity Insurance Company	American Funds Europacific Growth R3	60,845	65,603
*	The Great West Life & Annuity Insurance Company	Great-West International Index Fund I	24,014	24,167
*	The Great West Life & Annuity Insurance Company	MFS International Value R2	33,276	38,665
*	The Great West Life & Annuity Insurance Company	Oppenheimer Global A	109,011	110,094
*	The Great West Life & Annuity Insurance Company	Putnam Int'l Capital Opportunities R	4,492	4,910
*	The Great West Life & Annuity Insurance Company	Nuveen Small Cap Select A	60	72
*	The Great West Life & Annuity Insurance Company	Great-West S&P SmallCap 600 Index Fund I	13,424	16,796
*	The Great West Life & Annuity Insurance Company	Royce Total Return K	139,915	171,483
*	The Great West Life & Annuity Insurance Company	RidgeWorth Small Cap Growth Fund I	2,634	3,923
*	The Great West Life & Annuity Insurance Company	Lord Abbett Value Opportunities A	3,298	4,880
*	The Great West Life & Annuity Insurance Company	Fidelity Advisor Leveraged Co Stk - T	2,968	3,047
*	The Great West Life & Annuity Insurance Company	Great-West T Rowe Price MidCap Gr Fund I	5,411	7,250
*	The Great West Life & Annuity Insurance Company	Great-West S&P Mid Cap 400 Index Fund I	8,066	8,593
*	The Great West Life & Annuity Insurance Company	Ridgeworth Mid-Cap Value Equity A	227	276
*	The Great West Life & Annuity Insurance Company	American Funds Growth Fund of Amer R3	102,340	110,474
*	The Great West Life & Annuity Insurance Company	Columbia Diversified Equity Income A	7,470	8,279
**	The Great West Life & Annuity Insurance Company	Davis NY Venture R	-	-
*	The Great West Life & Annuity Insurance Company	Marisco Focus	1,983	2,398
*	The Great West Life & Annuity Insurance Company	Dreyfus Appreciation	43,538	45,466
*	The Great West Life & Annuity Insurance Company	Great-West American Century Gr Fund I	4,256	5,398
*	The Great West Life & Annuity Insurance Company	Great-West S&P 500 Index Fund I	7,264	8,084
*	The Great West Life & Annuity Insurance Company	Great-West T Rowe Price Eq Inc Fund I	83,453	102,124
*	The Great West Life & Annuity Insurance Company	Invesco Comstock - R	56,257	57,840
*	The Great West Life & Annuity Insurance Company	Great-West Bond Index Fund I	104,483	104,071
*	The Great West Life & Annuity Insurance Company	Great-West Loomis Sayles Bond Fund I	21,824	21,207
*	The Great West Life & Annuity Insurance Company	Great-West US Govt Mortgage Secur Fund I	59	61
*	The Great West Life & Annuity Insurance Company	PIMCO Total Return Admin	112,559	108,412
*	The Great West Life & Annuity Insurance Company	Key Guaranteed Portfolio Fund- 1.250%	143,416	147,364
		Assets held for investment	$ 1,226,284	$ 1,330,166
*	The Great West Life & Annuity Insurance Company	Forfeitures	2,426	3,986
*	The Great West Life & Annuity Insurance Company	Participant Loans - 4.250% - 8.750%	-	102,196
		Total Plan assets	$ 1,228,710	$ 1,436,348

Note: A "*" symbol in column (a) indicates a party-in-interest.

A "**" symbol in column (a) indicates a party-in-interest and also indicates this investment existed at fiscal year end June 30, 2012. It has been included in this schedule for comparative purposes.

EIN: 74-2646915

PLAN NUMBER: 001

AMS - A Medical Service, Inc.
Employee 401(k) Plan
Schedules of Assets Held For Investment Purposes
(Form 5500 - Schedule H - Line 4i)
June 30, 2012

Assets held for investment at June 30, 2012 consisted of the following:

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	**Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value**	**Cost**	**Current Value**
*	The Great West Life & Annuity Insurance Company	Maxim Lifetime 2015 Portfolio II T1	$ 1,512	$ 1,545
*	The Great West Life & Annuity Insurance Company	Maxim Lifetime 2025 Portfolio II T1	4,762	4,873
*	The Great West Life & Annuity Insurance Company	Maxim Lifetime 2035 Portfolio II T1	3,989	4,074
*	The Great West Life & Annuity Insurance Company	Maxim Lifetime 2045 Portfolio II T1	641	653
*	The Great West Life & Annuity Insurance Company	Maxim Conservative Profile II	39,792	43,166
*	The Great West Life & Annuity Insurance Company	Maxim Moderate Profile II	37,947	40,677
*	The Great West Life & Annuity Insurance Company	Maxim Aggressive Profile II	23,944	25,363
*	The Great West Life & Annuity Insurance Company	American Funds Europacific Growth R3	64,465	63,052
*	The Great West Life & Annuity Insurance Company	MFS International Value R2	81,919	84,612
*	The Great West Life & Annuity Insurance Company	Oppenheimer Global A	96,415	96,562
*	The Great West Life & Annuity Insurance Company	Putnam Int'l Capital Opportunities R	49,059	47,086
*	The Great West Life & Annuity Insurance Company	First American Small Cap Select A	42	46
*	The Great West Life & Annuity Insurance Company	Maxim S&P SmallCap 600 Port Initial Cl	13,304	13,530
*	The Great West Life & Annuity Insurance Company	Royce Total Return K	159,606	168,876
*	The Great West Life & Annuity Insurance Company	RidgeWorth Small Cap Growth Fund I	2,652	3,221
*	The Great West Life & Annuity Insurance Company	Lord Abbett Value Opportunities A	3,525	4,168
*	The Great West Life & Annuity Insurance Company	Fidelity Advisor Leveraged Co Stk - T	6,395	6,215
*	The Great West Life & Annuity Insurance Company	Maxim T. Rowe Price Mid-Cap Growth	18,691	20,510
*	The Great West Life & Annuity Insurance Company	Ridgeworth Mid-Cap Value Equity A	125	133
*	The Great West Life & Annuity Insurance Company	American Funds Growth Fund of Amer R3	31,472	30,782
*	The Great West Life & Annuity Insurance Company	Columbia Diversified Equity Income A	239	260
*	The Great West Life & Annuity Insurance Company	Davis NY Venture R	66	69
*	The Great West Life & Annuity Insurance Company	Marisco Focus	38,066	39,812
*	The Great West Life & Annuity Insurance Company	Maxim American Equity Century Growth Portfolio	5,188	5,859
*	The Great West Life & Annuity Insurance Company	Maxim S&P 500 Index	60,379	61,410
*	The Great West Life & Annuity Insurance Company	Maxim T. Rowe Price Equity Income	109,698	119,173
*	The Great West Life & Annuity Insurance Company	Invesco Van Kampen Comstock - R	0	0
*	The Great West Life & Annuity Insurance Company	Maxim Bond Index	121,528	128,136
*	The Great West Life & Annuity Insurance Company	Maxim Loomis Sayles Bond Portfolio	2,611	2,642
*	The Great West Life & Annuity Insurance Company	Maxim US Government Mort Secs	59	62
*	The Great West Life & Annuity Insurance Company	PIMCO Total Return Admin	5,808	5,831
*	The Great West Life & Annuity Insurance Company	Key Guaranteed Portfolio Fund- 1.450%	79,643	81,862
		Assets held for investment	$ 1,063,542	$ 1,104,256
*	The Great West Life & Annuity Insurance Company	Forfeitures	30,288	31,660
*	The Great West Life & Annuity Insurance Company	Participant Loans - 4.250% - 8.750%	-	97,527
		Total Plan assets	$ 1,093,830	$ 1,233,443

Notes: A "*" symbol in column (a) indicates a party-in-interest. Note also that the Invesco Van Kampen Comstock - R investment reflect a zero in the asset balance due to rounding down of cents values held in the investment as of June 30, 2012.

Maxim is now Great-West at June 30, 2013.

ASSETS HELD FOR INVESTMENT PURPOSES

AMS-A Medical Service, Inc. Employee 401(k) Plan
01-JUL-12 to 30-JUN-13

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
12015M1			3,522.45	3,685.60
12025M1			7,572.80	8,323.49
12035M1			9,014.22	9,909.64
12045M1			1,311.44	1,463.69
1PBAXCP			47,366.34	52,887.97
1PBAXMP			38,508.40	45,256.74
1PBAXAP			22,446.51	27,702.19
192AFEP			60,844.69	65,603.33
1296MI			24,014.44	24,167.47
1288MIM			33,275.47	38,664.68
186OGA			109,010.76	110,093.66
1241PIO			4,492.18	4,909.91
193MX6			13,423.99	16,796.13
1226FA			59.95	71.82
1125SS			2,634.34	3,923.02
1245RTK			139,914.57	171,482.53
1225FL			2,968.14	3,046.88
1295MM			8,066.20	8,592.80
1MGRXTM			5,410.78	7,250.42
1284LVP			3,298.20	4,879.66
1292RQ			226.88	276.34
195AFGF			102,339.60	110,474.31
1294CD			7,470.11	8,278.79
189DA			43,538.30	45,466.46
1293MA			4,255.77	5,398.18
194MX5			7,263.52	8,084.13
180TEIX			83,452.52	102,123.60
1147VS			56,257.10	57,839.92
1LGRMAR			1,983.33	2,397.93
1BIMXBI			104,483.40	104,070.61
1BMSXLC			21,824.45	21,207.23
1BIMXUS			59.04	60.95
1BIMPTR			112,558.71	108,411.96
1KGPF		1.250	143,415.70	147,364.00
			1,226,284.30	**1,330,166.04**
PARTICIPANT LOANS	VARIOUS	4.250-8.500	101,142.92	102,196.35
FORFEITURES			2,425.78	3,985.62

ASSETS HELD FOR INVESTMENT PURPOSES

AMS-A Medical Service, Inc. Employee 401(k) Plan
01-JUL-12 to 30-JUN-13

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE

LEGEND

INVESTMENT OPTION:

12015M1	Great-West Lifetime 2015 Fund II T1
12035M1	Great-West Lifetime 2035 Fund II T1
1PBAXCP	Great-West Conserv Profile II Fund I
1PBAXAP	Great-West Aggressive Profile II Fund I
1296MI	Great-West International Index Fund I
186OGA	Oppenheimer Global A
193MX6	Great-West S&P SmallCap 600 Index Fund I
1125SS	RidgeWorth Small Cap Growth Fund I
1225FL	Fidelity Advisor Leveraged Co Stk - T
1MGRXTM	Great-West T Rowe Price MidCap Gr Fund I
1292RQ	RidgeWorth Mid-Cap Value Equity A
1294CD	Columbia Diversified Equity Income A
1293MA	Great-West American Century Gr Fund I
180TEIX	Great-West T. Rowe Price Eq Inc Fund I
1LGRMAR	Marsico Focus
1BMSXLC	Great-West Loomis Sayles Bond Fund I
1BIMPTR	PIMCO Total Return Admin
12025M1	Great-West Lifetime 2025 Fund II T1
12045M1	Great-West Lifetime 2045 Fund II T1
1PBAXMP	Great-West Moderate Profile II Fund I
192AFEP	American Funds EuroPacific Growth R3
1288MIM	MFS International Value R2
1241PIO	Putnam Int'l Capital Opportunities R
1226FA	Nuveen Small Cap Select A
1245RTK	Royce Total Return K
1295MM	Great-West S&P Mid Cap 400 Index Fund I
1284LVP	Lord Abbett Value Opportunities A
195AFGF	American Funds Growth Fund of Amer R3
189DA	Dreyfus Appreciation
194MX5	Great-West S&P 500 Index Fund I
1147VS	Invesco Comstock R
1BIMXBI	Great-West Bond Index Fund I
1BIMXUS	Great-West US Govt Mortgage Secur Fund I
1KGPF	Key Guaranteed Portfolio Fund

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year
CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year