

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 <u>01/01/2012</u> and ending <u>12/31/2012</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☒ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☒ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>SCR MEDICAL TRANSPORTATION 401(K) PLAN</u>	1b Three-digit plan number (PN) ► <u>001</u> 1c Effective date of plan <u>01/01/1998</u>
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>SCR MEDICAL TRANSPORTATION</u> <u>8801/25 S GREENWOOD AVENUE</u> <u>CHICAGO, IL 60619</u>	2b Employer Identification Number (EIN) <u>36-3452143</u> 2c Sponsor's telephone number <u>773-768-7000</u> 2d Business code (see instructions) <u>485990</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	<u>Filed with authorized/valid electronic signature.</u>	<u>04/18/2014</u>	<u>STANLEY RAKESTRAW</u>
	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 ☒ 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		5 472
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	441
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	17
d Subtotal. Add lines 6a , 6b , and 6c	6d	458
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	458
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	140
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 3D 2T		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☐ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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
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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>SCR MEDICAL TRANSPORTATION 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SCR MEDICAL TRANSPORTATION</u>	D Employer Identification Number (EIN) <u>36-3452143</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)	252646	37300
(2) Participant contributions	1b(2)	115	0
(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)	9912	24050
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(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)	75159	354369
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(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	337832	415719

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	337832	415719
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	37300	
(B) Participants	2a(1)(B)	77451	
(C) Others (including rollovers)	2a(1)(C)	237	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		114988

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)	689	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		689

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(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)		11389
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		127066

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	48554	
(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)		48554
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)	625	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		625
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		49179

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		77887
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: MITCHELL & TITUS LLP

(2) EIN: 13-2781641

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
4d			
e Was this plan covered by a fidelity bond?	X		7000
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k			
l Has the plan failed to provide any benefit when due under the plan?		X	
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m			
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.
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan <u>SCR MEDICAL TRANSPORTATION 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SCR MEDICAL TRANSPORTATION</u>	D Employer Identification Number (EIN) <u>36-3452143</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>57-1198022</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

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

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):

SCR MEDICAL TRANSPORTATION 401(k) PLAN

**Financial Statements and Supplemental Schedule
As of December 31, 2012 and 2011 and
For the Year Ended December 31, 2012
With Report of Independent Auditors**

SCR MEDICAL TRANSPORTATION 401(k) PLAN
Financial Statements and Supplemental Schedule
As of December 31, 2012 and 2011 and for the Year Ended December 31, 2012

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*All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

REPORT OF INDEPENDENT AUDITORS

To the Administrative Committee
SCR Medical Transportation 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the SCR Medical Transportation 401(k) Plan, which comprise the statements of net assets available for benefits as of December 31, 2012 and 2011, the related statement of changes in net assets available for benefits for the year ended December 31, 2012, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in conformity with U.S. generally accepted accounting principles; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of 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 audits in accordance with auditing standards generally accepted in the United States. 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 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 certified investment information summarized in Note 3, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the entities that certified the investment information meet the requirements of 29 CFR 2520.103-8. The plan administrator has obtained certifications as of December 31, 2012 and 2011 and for the year ended December 31, 2012, stating that the investment information provided to the plan administrator is complete and accurate.

Disclaimer of Opinion on Financial Statements

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.

Disclaimer of Opinion on Supplemental Schedule

The accompanying supplemental schedule of assets (held at end of year) as of December 31, 2012 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information 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, we do not express an opinion on the supplemental schedule referred to above.

Report on Compliance of Form and Content with Department of Labor's Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the certified investment information, have been audited by us in accordance with auditing standards generally accepted in the United States 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.

Mitchell & Titus, LLP

February 14, 2014

SCR MEDICAL TRANSPORTATION 401(k) PLAN

Statements of Net Assets Available for Benefits

As of December 31, 2012 and 2011

	<u>2012</u>	<u>2011</u>
ASSETS		
<i>Receivables</i>		
Employer's contributions	\$ 37,300	\$ 252,645
Participants' contributions	-	115
Notes receivable from participants	<u>24,050</u>	<u>9,912</u>
Total receivables	61,350	262,672
Investments	354,369	75,159
Total assets	<u>415,719</u>	<u>337,831</u>
Net assets available for benefits	<u><u>\$ 415,719</u></u>	<u><u>\$ 337,831</u></u>

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

SCR MEDICAL TRANSPORTATION 401(k) PLAN
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2012

ADDITIONS

Investment income

Net appreciation in fair value of investments	\$ 10,954
Interest and dividends	549
Total investment income	<u>11,503</u>

Interest income on notes receivable from participants	224
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Contributions

Participants	77,689
Employer	37,300
Total contributions	<u>114,989</u>

Total additions	<u>126,716</u>
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DEDUCTIONS

Benefits paid directly to participants	48,603
Administrative expenses	225

Total deductions	<u>48,828</u>
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Net increase	77,888
Net assets available for benefits, beginning of year	337,831
Net assets available for benefits, end of year	<u><u>\$ 415,719</u></u>

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

SCR MEDICAL TRANSPORTATION 401(k) PLAN

Notes to Financial Statements

December 31, 2012

NOTE 1 DESCRIPTION OF PLAN

The following description of the SCR Medical Transportation 401(k) Plan (the Plan) provides general information about the Plan's provisions. SCR Medical Transportation (the Company) is the plan sponsor. Participants should refer to the plan document and summary plan description for a more complete description of the Plan's provisions, copies of which may be obtained from the plan sponsor.

General

The Plan is a defined contribution plan covering substantially all of the Company's full-time employees who are at least the age of 21 and regularly scheduled to work a minimum of 1,000 hours of service per year. Eligible participants may elect to defer a percentage of eligible pay every pay period. Plan participation begins on the first day of the month following the completion of the eligibility requirements for participants.

The Plan originally became effective on January 1, 1998. The amended and restated provisions of the Plan became effective on October 1, 2008.

The plan administrator is responsible for its daily administration and operation. State Street Bank and Trust was the Plan's trustee and ADP was the Plan's recordkeeper. During 2012, the Plan designated Great-West Life and Annuity Insurance Company as its trustee and recordkeeper. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Contributions

Elective deferrals to the Plan are made from the participant's eligible pre-tax earnings. Participants may contribute from 1% to 15% of eligible earnings. Participants who have attained the age of 50 before the end the year are eligible to make catch-up contributions. The Company may decide to make a matching contribution to the Plan, although it is not required to make this contribution. The percentage of elective deferrals to be matched will be determined by the Company and allocated to participants at the end of the Plan year. The participant must be employed by the Company on December 31 to receive the matching contribution allocation. The Company may decide to make a non-elective contribution to the Plan, although it is not required to do so. During 2012, the Company elected to make a matching contribution equal to 50% of a participant's elective deferrals, up to 3% of their eligible compensation. For purposes of elective deferrals, matching contributions, and non-elective contributions, the participant's entry date will be the first day of the Plan of the first day of the seventh month of the Plan year coinciding with or next following the date on which the participant satisfies the eligibility requirements.

SCR MEDICAL TRANSPORTATION 401(k) PLAN

Notes to Financial Statements

December 31, 2012

NOTE 1 DESCRIPTION OF PLAN *(continued)*

Contributions *(continued)*

All contributions are subject to certain limitations of the Internal Revenue Code (the Code).

Amounts contributed to the Plan are held in a trust created under the Plan. Contributions allocated to the participant's account are invested according to the participant's direction, whereas each of the investment funds that are offered has different investment objectives.

Participant Accounts

Each participant's account is credited the participant's contributions, the Company's matching contributions, if any, and an allocation of the investment earnings, if any. Each participant's account is charged with an allocation of administrative expenses, and investment losses, if any. Plan earnings are allocated based on the participant's share of net earnings or losses of their respective elected investment options. Allocations of administrative expenses are based on the participant's account balances, according to 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 contributions plus actual earnings thereon. Vesting in the Company's matching contributions and any non-elective contributions are based on the number of years of continuous service. A participant's years of service for vesting are counted from the effective date of the Plan, or the participant's date of hire, if the participant's date of hire is after the effective date of the Plan. A participant is vested according to the following schedule:

Less than 2 years	0%
At least 2, but less than 3	20%
At least 3, but less than 4	40%
At least 4, but less than 5	60%
At least 5, but less than 6	80%
6 or more	100%

SCR MEDICAL TRANSPORTATION 401(k) PLAN

Notes to Financial Statements

December 31, 2012

NOTE 1 **DESCRIPTION OF PLAN** *(continued)*

Forfeitures

Upon termination of employment, participants forfeit their non-vested balances. If a participant is rehired within a five-year period, the forfeited contributions are reinstated. Forfeited balances of terminated participants' non-vested accounts are used to reduce future Company contributions. There were no unallocated forfeited balances as of December 31, 2012 and 2011. No forfeitures were used to reduce Company contributions in 2012.

Participant Loans

Participants may borrow from their accounts in increments of \$500 up to a maximum equal to the lesser of \$50,000 reduced by the excess, if any, of their highest outstanding balance of loans from the Plan during the one-year preceding period, or 50% of their vested balance. Loan terms range from 1-5 years; the plan administrator may permit a range up to 30 years for the purchase of a primary residence. The \$50,000 limit is reduced by the participant's highest outstanding loan balance during the preceding 12-month period. A participant will have to repay any outstanding loan before a new loan can be issued. The interest rate for a loan will be the rate in effect in the month the participant's loan is effective. The interest rate is the prime rate as published in the *Wall Street Journal* on the 14th of each month, plus 2 percentage points, and is effective for any loan processed as of the 16th day of the month. Principal and interest is paid ratably through monthly payroll deductions. If a participant terminates employment with the Company, the loan and related interest is due immediately. However, if the participant qualifies as a party-in-interest, the participant may continue to repay the loan after termination of employment. If the loan is not repaid, it will automatically be treated as a distribution to the participant after 60 days.

Payment of Benefits

Upon separation from service with the Company due to disability, retirement or termination, a participant can receive the vested benefit in a single lump-sum payment. The participant can elect to have the payment paid as a direct rollover to an individual retirement account or individual retirement annuity (an IRA) or to another employer's tax qualified plan.

SCR MEDICAL TRANSPORTATION 401(k) PLAN

Notes to Financial Statements

December 31, 2012

NOTE 1 **DESCRIPTION OF PLAN** *(continued)*

Payment of Benefits *(continued)*

When a participant leaves the Company and the value of the vested account balance is \$5,000 or less on the valuation date coinciding with or immediately following the termination of employment, the Company can cash the entire vested account balance out of the Plan (cash-out). Under the Plan, if a participant is determined to be cash-out eligible; the entire vested account is great than \$1,000; and the participant has not elected to (a) receive the vested benefit in the form of a single lump-sum payment, or (b) have the payment paid as a “direct rollover” to an IRA or to another employer’s tax qualified plan, the funds will automatically be rolled over to an IRA established by an IRA provider selected by the Company.

In-service withdrawals are available in certain limited circumstances, as defined by the Plan. Hardship withdrawals are allowed for participants incurring an immediate and heavy financial need, as defined by the Plan. Hardship withdrawals are regulated strictly by the Internal Revenue Service (IRS) and a participant must exhaust all available loan options and available distributions prior to requesting a hardship withdrawal.

Administrative Expenses

The Plan’s administrative expenses are paid by either the Plan or the Company, as provided by the Plan’s provisions. Administrative expenses paid by the Plan include recordkeeping and trustee fees. Expenses relating to purchases, sales or transfers of the Plan’s investments are charged to the particular investment fund to which the expenses relate. All other administrative expenses of the Plan are paid by the Company.

Plan Termination

Although it has not expressed any such intent, 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 the Plan terminates, participants will become 100% vested in their accounts.

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting.

SCR MEDICAL TRANSPORTATION 401(k) PLAN

Notes to Financial Statements

December 31, 2012

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles (GAAP) requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes and supplemental schedule. Actual results could differ from those estimates.

Payment of Benefits

Benefits are recorded when paid.

Notes Receivable from Participants

Notes receivable from participants represent participant loans that are recorded at their unpaid principal balance plus any accrued but unpaid interest. Interest income on notes receivable from participants is recorded when it is earned. Related fees are recorded as administrative expenses and are recorded when they are incurred. No allowance for credit losses has been recorded as of December 31, 2012 or 2011. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be a distribution, the participant loan balance is reduced and a benefit payment is recorded.

Investment Valuation and Income Recognition

Investments held by the Plan are stated at fair value. Fair value is defined as 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 (i.e., an exit price). See Note 4 for further discussion and disclosures related to fair value measurements.

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

SCR MEDICAL TRANSPORTATION 401(k) PLAN

Notes to Financial Statements

December 31, 2012

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES *(continued)*

Investment Valuation and Income Recognition *(continued)*

The Plan's investments include the Key Guaranteed Portfolio Fund, which invests in guaranteed investment contracts. 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. U.S. GAAP requires the statement of net assets available for benefits to present the fair value of the investment contracts, as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. No such adjustment is reported as the contract value approximates fair value.

New Accounting Pronouncement

In May 2011, the Financial Accounting Standards Board issued Accounting Standards Update (ASU) 2011-04, *Amendments to Achieve Common Fair Value Measurements and Disclosure Requirements in U.S. GAAP and IFRSs*. ASU 2011-04 amended Accounting Standards Codification (ASC) 820, *Fair Value Measurement*, to converge the fair value measurement guidance in U.S. GAAP and International Financial Reporting Standards (IFRSs). 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, as defined in ASC 820. The amendments are to be applied prospectively and are effective for annual periods beginning after December 15, 2011. Adoption of ASU 2011-04 did not have an effect on the Plan's net assets available for benefits or its changes in net assets available for benefits.

Subsequent Events

The Plan has evaluated subsequent events through February 14, 2014, the date the report is available to be issued, and determined that there were no subsequent events to be recognized on these statements.

SCR MEDICAL TRANSPORTATION 401(k) PLAN

Notes to Financial Statements

December 31, 2012

NOTE 3 INVESTMENTS

All investment information disclosed in the accompanying financial statements and supplemental schedule, including investments held and notes receivable from participants at December 31, 2012 and 2011 and net appreciation in fair value of investments, interest, dividends, and interest on notes receivable from participants for the year ended December 31, 2012, was obtained or derived from information provided to the plan administrator and certified as complete and accurate by the Trustees. Effective July 1, 2012, Great-West Life and Annuity Insurance Company is the Plan's trustee. Prior to June 30, 2012, State Street Bank & Trust was the Plan's trustee. All investments are reported at their fair value.

Individual investments that represented 5% or more of the Plan's net assets available for benefits at December 31, 2012 and 2011 are as follows:

	2012	2011
SSGA S&P 500 Index Fund	\$ *	\$ 25,161
SSGA Life Solutions Income and Growth	*	6,388
SSGA S&P Midcap Index Fund	*	6,992
Neuberger Berman Large Cap Value Fund	*	14,326
Templeton Growth Fund-R	*	3,935
Great-West Lifetime 2015 Fund II T1	106,165	*
Great-West S&P 500(R) Index Fund, Institutional Class	44,412	*
Key Guaranteed Portfolio Fund**	86,051	*
BlackRock Equity Dividend Fund, Investor A	34,487	*

*This fund does not exist during the year.

**Great-West Life and Annuity Insurance Company certifies the completeness and accuracy of contract value for the fixed annuity fund and indicates that contract value approximates fair value for this fund.

During 2012, the Plan's investments (including investments purchased, sold, and held during the year) appreciated in fair value by \$10,954.

SCR MEDICAL TRANSPORTATION 401(k) PLAN

Notes to Financial Statements

December 31, 2012

NOTE 4 FAIR VALUE MEASUREMENTS

Fair value is defined as 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 (i.e., an exit price). The fair value hierarchy 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 and liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described below:

Level 1 – Unadjusted quoted prices in active markets that are accessible to the reporting entity at the measurement date for identical assets and liabilities.

Level 2 – Inputs other than quoted prices in active markets for identical assets and liabilities that are observable either directly or indirectly for substantially the full term of the asset or liability. Level 2 inputs include the following:

- Quoted prices for similar assets and liabilities in active markets
- Quoted prices for identical or similar assets or liabilities in markets that are not active
- Observable inputs other than quoted prices that are used in the valuation of the asset or liabilities (e.g., interest rate and yield curve quotes at commonly quoted intervals)
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means

Level 3 – Unobservable inputs for the asset or liability (i.e., supported by little or no market activity). Level 3 inputs include management's own assumption about the assumptions that market participants would use in pricing the asset or liability (including assumptions about risk).

The level in the fair value hierarchy within which the fair value measurement is classified is determined based on the lowest level input that is significant to the fair value measure in its entirety.

Following is a description of the valuation techniques and inputs used for each major class of assets measured at fair value by the Plan.

SCR MEDICAL TRANSPORTATION 401(k) PLAN

Notes to Financial Statements

December 31, 2012

NOTE 4 FAIR VALUE MEASUREMENTS *(continued)*

Guaranteed interest account: The Key Guaranteed Portfolio Fund is fully benefit-responsive and contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the fully benefit-responsive contract. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The Key Guaranteed Portfolio Fund is reported at fair value. Fair value is based on contract value, which represents contributions made under the fund, plus earnings, less participant withdrawals and administrative expenses. Contract value represents reasonable approximation of fair value because crediting rates represent rates of return that compensate participants for risks involved, including liquidity constraints. In addition, new contributions with market participants occur on a daily basis at current crediting rates.

Pooled separate accounts: Pooled separate accounts are valued at the accumulation unit value (AUV), which uses the underlying net asset value (NAV) of the mutual fund that the separate accounts invest in as a basis for calculation. The AUV for each investment option is determined once each business day.

Common/collective trusts: Common/collective trust funds are valued using the NAV per share. The NAV is calculated and derived from the market value of its underlying investments.

Mutual funds: Mutual funds are valued at the NAV of the shares held by the Plan, based on publicly traded prices.

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

SCR MEDICAL TRANSPORTATION 401(k) PLAN

Notes to Financial Statements

December 31, 2012

NOTE 4 FAIR VALUE MEASUREMENTS *(continued)*

The following table sets forth by level, within the fair value hierarchy, the Plan's assets carried at fair value at December 31, 2012:

	Assets at Fair Value as of December 31, 2012			
	Level 1	Level 2	Level 3	Total
Guaranteed interest account ^(a)	\$ -	\$ 86,051	\$ -	\$ 86,051
<i>Pooled separate accounts</i>				
Life cycle funds ^(b)	-	136,846	-	136,846
International funds	-	9,525	-	9,525
Specialty funds ^(c)	-	3,151	-	3,151
Small cap funds	-	3,387	-	3,387
Mid cap funds	-	11,770	-	11,770
Large cap funds	-	88,394	-	88,394
Balance fund	-	14	-	14
Bond funds	-	15,231	-	15,231
Total assets, at fair value	\$ -	\$ 354,369	\$ -	\$ 354,369

The following table sets forth by level, within the fair value hierarchy, the Plan's assets carried at fair value at December 31, 2011:

	Assets at Fair Value as of December 31, 2011			
	Level 1	Level 2	Level 3	Total
Common/collective trusts ^(d)	\$ -	\$ 47,449	\$ -	\$ 47,449
<i>Mutual funds</i>				
Small cap	10	-	-	10
Large cap	24,452	-	-	24,452
Intermediate-term bond and other fixed income	3,248	-	-	3,248
Total assets, at fair value	\$ 27,710	\$ 47,449	\$ -	\$ 75,159

(a) Participants' principal and interest are fully guaranteed by the entire general assets of Great-West Life and Annuity Insurance Company. These assets are primarily high-quality fixed income bonds, with 98% rated investment-grade and 30% rated 'AAA'. The investment may be most appropriate for investors wanting to safeguard principal value or to balance a portfolio which contains more aggressive investments. The investors may be requiring stability and asset liquidity. Each quarter, an interest rate is established for all money, regardless of when it was deposited. The credited interest rate may stay the same or change each quarter. Participants may transfer their account balance to any other investment option offered under the Plan at any time with no restrictions or penalties.

(b) This category includes investments in a professionally selected mix of mutual funds invested primarily in equities and fixed income securities designed to remain appropriate for investors in terms of risk throughout a variety of life circumstances. These funds share the common goal of first growing and then later preserving principal. These funds are non-diversified. There are currently no redemption restrictions on these investments. The fair values of the investments in this category have been estimated using the net asset value per share of the underlying mutual funds.

SCR MEDICAL TRANSPORTATION 401(k) PLAN

Notes to Financial Statements

December 31, 2012

NOTE 4 FAIR VALUE MEASUREMENTS *(continued)*

- (c) This category consists of mutual funds that invest in equity securities, primarily common stocks, of companies in health science, science and technology, utilities industry, publicly traded real estate investment trusts and real estate industry. These funds provide investors looking for greater potential returns and willing to accept a higher degree of risk. Specialty funds that invest in a specific industry sector may be more volatile than funds with more diversified investments. These funds may use aggressive investment strategies that are speculative and involve a higher degree of risk. These funds are non-diversified.
- (d) The fair value of the investments in common/collective trust funds is determined by each fund's trustee based on the fair value of the underlying securities within the fund which represent the NAV of shares held by the Plan at year end. The investment in SSGA funds are valued using the NAV provided by State Street Bank & Trust. The NAV is calculated based on the underlying investments at fair value.

NOTE 5 RISKS AND UNCERTAINTIES

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

NOTE 6 PARTY-IN-INTEREST TRANSACTIONS

The Plan invests in a guaranteed interest account with Great-West Life and Annuity Insurance Company, the trustee of the Plan, as well as holds units in certain pooled separate accounts managed by the trustee. These transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transaction rules under ERISA.

SCR MEDICAL TRANSPORTATION 401(k) PLAN

Notes to Financial Statements

December 31, 2012

NOTE 7 INCOME TAX STATUS

The underlying, non-standardized prototype plan has received an opinion letter from the Internal Revenue Service (IRS) dated March 31, 2008, stating that the form of the Plan is qualified under Section 401(a) of the Code and, therefore, the related trust is tax exempt. In accordance with Revenue Procedures 2011-6 and 2011-49, the plan administrator has determined that it is eligible to and has chosen to rely on the current IRS prototype plan opinion letter. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualified status. The plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes the Plan is qualified and the related trust is tax exempt.

Accounting principles generally accepted in the U.S. require plan management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more-likely-than-not, based on the technical merits, to be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2012, there were no uncertain positions taken or expected to be taken. The Plan has recognized no 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.

SUPPLEMENTAL SCHEDULE

SCR MEDICAL TRANSPORTATION 401(k) PLAN
Schedule H, Line 4(i)—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	(c) Units	(d) Cost**	(f) Current Value
*	Great-West Lifetime 2015 Fund II T1	Pooled separate account	7,300		\$ 106,165
*	Great-West Lifetime 2025 Fund II T1	Pooled separate account	1,294		19,508
*	Great-West Lifetime 2035 Fund II T1	Pooled separate account	337		5,212
*	Great-West Lifetime 2045 Fund II T1	Pooled separate account	365		5,668
*	Great-West Lifetime 2055 Fund II T1	Pooled separate account	19		293
	BlackRock Global Allocation Fund, Investor A	Pooled separate account	467		4,762
	Invesco International Growth Fund, Class A	Pooled separate account	116		1,156
	MFS International Value Fund, Class R2	Pooled separate account	8		112
	Oppenheimer Developing Markets Fund, Class A	Pooled separate account	42		2,143
	Putnam International Capital Opportunities Fund, Class R	Pooled separate account	91		833
	RidgeWorth International Equity Index Fund, Class I	Pooled separate account	68		519
	BlackRock Health Sciences Opportunities Portfolio, Investor A	Pooled separate account	126		1,907
	Ivy Science and Technology Fund, Class Y	Pooled separate account	71		1,195
	MFS Utilities Fund, Class A	Pooled separate account	2		45
	Virtus Real Estate Securities Fund, Class A	Pooled separate account	1		4
	Eagle Small Cap Growth Fund, Class A	Pooled separate account	84		834
*	Great-West S&P Small Cap 600(R) Index Fund, Institutional Class	Pooled separate account	75		1,638
	Heartland Value Plus Fund, Investor Class	Pooled separate account	70		915
	Great-West S&P Mid Cap 400(R) Index Fund, Institutional Class	Pooled separate account	889		9,359
	Prudential Jennison Midcap Growth Fund, Class A	Pooled separate account	125		1,346
	RidgeWorth Mid-Cap Value Equity Fund, Class I	Pooled separate account	100		1,065
	Alger Capital Appreciation Fund, Institutional Class	Pooled separate account	732		9,495
	BlackRock Equity Dividend Fund, Investor A	Pooled separate account	3,137		34,487
*	Great-West S&P 500(R) Index Fund, Institutional Class	Pooled separate account	2,851		44,412
	Oakmark Equity and Income Fund, Class II	Pooled separate account	1		14
	Columbia Income Opportunities Fund, Class A	Pooled separate account	23		315
*	Great-West Bond Index Fund, Institutional Class	Pooled separate account	67		1,406
*	Great-West Loomis Sayles Bond Fund, Institutional Class	Pooled separate account	73		2,312
	Pace Government Securities Fixed Income Investments, Class Y	Pooled separate account	290		4,037
	PIMCO Real Return Fund, Administrative Class	Pooled separate account	244		3,790
	Thompson Bond Fund	Pooled separate account	20		306
	Wells Fargo Advantage International Bond Fund, Class A	Pooled separate account	201		3,065
*	Key Guaranteed Portfolio Fund	Fixed annuity account	-		86,051
*	Loans to participants	Varying maturity dates with interest rates ranging from 5.25% to 11.50%	-		24,050
					<u>\$ 378,419</u>

*Indicates party-in-interest.

**Cost information is not presented because investments are participant-directed.

SCR MEDICAL TRANSPORTATION 401(k) PLAN
Schedule H, Line 4(i)—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	(c) Units	(d) Cost**	(f) Current Value
*	Great-West Lifetime 2015 Fund II T1	Pooled separate account	7,300		\$ 106,165
*	Great-West Lifetime 2025 Fund II T1	Pooled separate account	1,294		19,508
*	Great-West Lifetime 2035 Fund II T1	Pooled separate account	337		5,212
*	Great-West Lifetime 2045 Fund II T1	Pooled separate account	365		5,668
*	Great-West Lifetime 2055 Fund II T1	Pooled separate account	19		293
	BlackRock Global Allocation Fund, Investor A	Pooled separate account	467		4,762
	Invesco International Growth Fund, Class A	Pooled separate account	116		1,156
	MFS International Value Fund, Class R2	Pooled separate account	8		112
	Oppenheimer Developing Markets Fund, Class A	Pooled separate account	42		2,143
	Putnam International Capital Opportunities Fund, Class R	Pooled separate account	91		833
	RidgeWorth International Equity Index Fund, Class I	Pooled separate account	68		519
	BlackRock Health Sciences Opportunities Portfolio, Investor A	Pooled separate account	126		1,907
	Ivy Science and Technology Fund, Class Y	Pooled separate account	71		1,195
	MFS Utilities Fund, Class A	Pooled separate account	2		45
	Virtus Real Estate Securities Fund, Class A	Pooled separate account	1		4
	Eagle Small Cap Growth Fund, Class A	Pooled separate account	84		834
*	Great-West S&P Small Cap 600(R) Index Fund, Institutional Class	Pooled separate account	75		1,638
	Heartland Value Plus Fund, Investor Class	Pooled separate account	70		915
	Great-West S&P Mid Cap 400(R) Index Fund, Institutional Class	Pooled separate account	889		9,359
	Prudential Jennison Midcap Growth Fund, Class A	Pooled separate account	125		1,346
	RidgeWorth Mid-Cap Value Equity Fund, Class I	Pooled separate account	100		1,065
	Alger Capital Appreciation Fund, Institutional Class	Pooled separate account	732		9,495
	BlackRock Equity Dividend Fund, Investor A	Pooled separate account	3,137		34,487
*	Great-West S&P 500(R) Index Fund, Institutional Class	Pooled separate account	2,851		44,412
	Oakmark Equity and Income Fund, Class II	Pooled separate account	1		14
	Columbia Income Opportunities Fund, Class A	Pooled separate account	23		315
*	Great-West Bond Index Fund, Institutional Class	Pooled separate account	67		1,406
*	Great-West Loomis Sayles Bond Fund, Institutional Class	Pooled separate account	73		2,312
	Pace Government Securities Fixed Income Investments, Class Y	Pooled separate account	290		4,037
	PIMCO Real Return Fund, Administrative Class	Pooled separate account	244		3,790
	Thompson Bond Fund	Pooled separate account	20		306
	Wells Fargo Advantage International Bond Fund, Class A	Pooled separate account	201		3,065
*	Key Guaranteed Portfolio Fund	Fixed annuity account	-		86,051
*	Loans to participants	Varying maturity dates with interest rates ranging from 5.25% to 11.50%	-		24,050
					<u>\$ 378,419</u>

*Indicates party-in-interest.

**Cost information is not presented because investments are participant-directed.