

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 2013 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>08/02/2013</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 SYNERGY HEALTH AST, LLC 401(K) PLAN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;">001</td> </tr> <tr> <td colspan="2">1c Effective date of plan 04/01/2005</td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan 04/01/2005	
1b Three-digit plan number (PN) ▶	001				
1c Effective date of plan 04/01/2005					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) SYNERGY HEALTH AST, LLC 401 E. JACKSON STREET SUITE 3100 TAMPA, FL 33626	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) 20-1841324</td> </tr> <tr> <td>2c Sponsor's telephone number 813-891-9500</td> </tr> <tr> <td>2d Business code (see instructions) 541990</td> </tr> </table>	2b Employer Identification Number (EIN) 20-1841324	2c Sponsor's telephone number 813-891-9500	2d Business code (see instructions) 541990	
2b Employer Identification Number (EIN) 20-1841324					
2c Sponsor's telephone number 813-891-9500					
2d Business code (see instructions) 541990					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of plan administrator	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	
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		3c Administrator's telephone number 4b EIN 4c PN	
5 Total number of participants at the beginning of the plan year		5	138
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	0
b Retired or separated participants receiving benefits		6b	0
c Other retired or separated participants entitled to future benefits.....		6c	0
d Subtotal. Add lines 6a , 6b , and 6c		6d	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e	0
f Total. Add lines 6d and 6e		6f	0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	0
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 2T 3D			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☐ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

SCHEDULE 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 2013 This Form is Open to Public Inspection
For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 08/02/2013		
A Name of plan SYNERGY HEALTH AST, LLC 401(K) PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 SYNERGY HEALTH AST, LLC		D Employer Identification Number (EIN) 20-1841324

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)	0	0
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(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)	759965	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	0	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	759965	0

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	759965	0
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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)	51783	
(B) Participants	2a(1)(B)	165758	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		217541

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)	238	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		238

(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		0

(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		86685
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		304464

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	53233	
(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)		53233
f Corrective distributions (see instructions)	2f		18188
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	1077	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1077
j Total expenses. Add all expense amounts in column (b) and enter total	2j		72498

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		231966
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		991931

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: **ACCELL AUDIT & COMPLIANCE**

(2) EIN: **27-0563459**

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	0
4b		X	0

	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	0
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	0
e Was this plan covered by a fidelity bond?	X		25000
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	0
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	0
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	0
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	0
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	X		

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
 If "Yes," enter the amount of any plan assets that reverted to the employer this year. ☐ Yes ☒ No Amount: 0

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)
SYNERGY HEALTH 401(K) PLAN AT FIDELITY	59-3252632	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined

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 2013 This Form is Open to Public Inspection.
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 08/02/2013

A Name of plan <u>SYNERGY HEALTH AST, LLC 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>SYNERGY HEALTH AST, LLC</u>	D Employer Identification Number (EIN) <u>20-1841324</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>75-3182674</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	<u>0</u>

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	0
b The plan year immediately preceding the current plan year	14b	0
c The second preceding plan year	14c	0

- 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	0
b The corresponding number for the second preceding plan year	15b	0

- 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	0
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	0

- 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): _____

SYNERGY HEALTH AST, LLC 401(K) PLAN

**FINANCIAL STATEMENTS,
SUPPLEMENTAL SCHEDULE AND
INDEPENDENT AUDITORS' REPORT**

AUGUST 2, 2013





INDEPENDENT AUDITORS' REPORT

To the Trustee Committee of
Synergy Health AST, LLC 401K Plan

We were engaged to audit the accompanying financial statements of Synergy Health AST, LLC 401(k) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of August 2, 2013 and December 31, 2012, and the related statement of changes in net assets available for benefits for the period ended August 2, 2013, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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 audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, 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 3, which was certified by MG Trust Company LLC, the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of August 2, 2013 and December 31, 2012, and for the period ended August 2, 2013, that the information provided to the plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

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

Emphasis of Matter

As further discussed in Note 1 of the financial statements, the Board of Directors of Synergy Health plc, a controlling party of Synergy Health AST, LLC 401(K) Plan, voted to merge the Plan into the Synergy Health 401(k) Plan. In accordance with accounting principles generally accepted in the United States of America, the Plan has changed its basis of accounting from the operating plan basis used in presenting the December 31, 2012 financial statements to the liquidation basis used in presenting the August 2, 2013 financial statements. Our opinion is not modified with respect to this matter.

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

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

Accell Audit & Compliance, PA

Tampa, Florida
May 6, 2014

SYNERGY HEALTH AST, LLC 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF AUGUST 2, 2013 AND DECEMBER 31, 2012

	<u>2013</u>	<u>2012</u>
Assets:		
Investments at fair value	\$ -	\$ 770,400
Receivables:		
Participant contributions	-	9,934
Employer contributions	-	3,756
Notes receivable from participants	-	2,407
Total receivables	<u>-</u>	<u>16,097</u>
Total assets	<u>-</u>	<u>786,497</u>
Liabilities:		
Excess contribution payable	<u>-</u>	<u>18,188</u>
Net assets available for benefits	<u>\$ -</u>	<u>\$ 768,309</u>

See accompanying notes to the financial statements.

**SYNERGY HEALTH AST, LLC 401(K) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE PERIOD ENDED AUGUST 2, 2013**

	<u>2013</u>
Additions to net assets available for benefits attributed to:	
Investment income:	
Net appreciation in fair value of investments	\$ 38,390
Interest and dividends	48,295
Total investment income	<u>86,685</u>
Contributions:	
Participant	146,223
Employer	44,786
Total contributions	<u>191,009</u>
Interest income on notes receivable from participants	<u>238</u>
Total additions	<u>277,932</u>
Deductions from net assets available for benefits attributed to:	
Benefits paid to participants	53,233
Administrative expenses	1,077
Total deductions	<u>54,310</u>
Net increase in net assets available for benefits	223,622
Transfer out of Plan	(991,931)
Net assets available for benefits - beginning of year	<u>768,309</u>
Net assets available for benefits - end of year	<u>\$ -</u>

See accompanying notes to the financial statements.

SYNERGY HEALTH AST, LLC 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
AUGUST 2, 2013

NOTE 1 DESCRIPTION OF THE PLAN

Organization

Synergy Health AST, LLC 401K Plan (the "Plan") is a defined contribution plan covering all eligible employees of Synergy Health AST, LLC, Inc. (the "Company" or the "Employer"). The Plan was established on April 20, 2005, and is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). During 2013, the Board of Directors of Synergy Health plc, a controlling party of Synergy Health AST, LLC 401(K) Plan, voted to approve the merger of the Plan into the Synergy Health 401(K) Plan effective August 2, 2013. As a result, all Plan assets were transferred from the Plan into the Synergy Health 401(K) Plan ("Acquiring Plan") on that date.

The following brief description of the Plan provides only general information. Participants should refer to the Summary Plan Description or Plan Document for a more complete description of the Plan's provisions.

General

The Plan covers all eligible employees of the Company as defined by the Plan Document. All employees are eligible to participate in plan at date of hire.

Contributions

Participants in the Plan may contribute any percentage of their annual pretax compensation, but not to exceed \$17,500, the maximum allowed by the Internal Revenue Code (the "Code") for 2013. In addition, the Plan and the Code permit participants age 50 or over during the Plan year to make additional "catch-up" contributions of up to \$5,500 for 2013. Participants may also contribute rollover contributions from other qualified retirement plans.

The Company makes matching contributions to the Plan each pay date. For the period ended August 2, 2013, the Company made a matching contribution of 50% of salary deferral contributions of the first 5% of a participant's compensation, totaling approximately \$45,000.

Investment Options

Upon enrollment, a participant may direct participant and employer contributions to any of the Plan's fund options. During 2013, participants have a choice of 10 investment options. Participants may also redirect their contributions or exchange their existing fund account balances on any business day.

Investment and Securities Transactions

The Plan's investments are stated at fair value. All Plan assets were transferred to the Acquiring Plan on August 2, 2013.

SYNERGY HEALTH AST, LLC 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
AUGUST 2, 2013

Participant Accounts

Each participant's account is credited with the participant's contribution and allocation of employer contributions and Plan investment results. Allocations of employer contributions are based on participant earnings. Allocations of Plan investment results and associated administrative expenses are based on account balances, as defined by the Plan. The benefit to which a participant is entitled is the benefit that can be provided by the participant's account.

Notes Receivable from Participants

Participants may borrow from their account balances a minimum of \$1,000 to a maximum of the lesser of one-half of the vested account value or \$50,000. The loan must be repaid in equal biweekly installments, amortized over a term of no more than five years. The loans are secured by the balance in the participant's account and bear interest at 5.25%, a reasonable rate as determined by the Plan administrator. At the time a participant terminates employment with the Company, outstanding loans are offset against the participant's account balance. Principal and interest are paid ratably through payroll deductions.

Vesting

Participant's contributions, including rollover contributions, and actual earnings thereon, are 100% vested. Employer contributions and actual earnings thereon are incrementally vested over six years at 20% per year, beginning the second year of vesting service. In the event of death, total or permanent disability, or retirement, participants become fully invested in the employer contributions.

Payment of Benefits

Upon death, disability, retirement, or termination of service, participants or their designated beneficiaries may receive a lump-sum payment amount equal to the vested amount of their account.

Forfeitures

Forfeitures of terminated non-vested accounts are used to reduce employer contributions. There were no forfeitures as of August 2, 2013 and December 31, 2012.

NOTE 2 SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying 2012 financial statements are prepared on the accrual basis of accounting of accounting, and in conformity with generally accepted accounting principles in the United States ("GAAP"). As further discussed in Note 9, Plan Merger, in 2013, the Plan converted to the liquidation basis of accounting. This had no significant difference from accrual basis of accounting.

SYNERGY HEALTH AST, LLC 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
AUGUST 2, 2013

Use of Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates that affect the amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Valuation of Investments

The Plan's investments, comprised of a money market fund and mutual funds, are stated at the value as reported by MG Trust Company LLC (the "Custodian"), which approximates fair value.

Mutual funds are valued at quoted market prices, which represent the net asset values of shares held by the Plan at year end.

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

Notes Receivable from Participants

Notes receivable from participants are measured at unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and expensed as incurred. 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. The Company has not recorded an allowance for credit losses as of August 2, 2013 and December 31, 2012.

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the Internal Revenue Service ("IRS") are recorded as a liability with the corresponding reduction to contributions. There were \$0 and \$18,188 of excess contributions payable as of August 2, 2013 and December 31, 2012.

Benefit Payments

Benefits are recorded when paid.

Plan 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 charged directly to the participant's account and are included in administrative expenses in the statement of changes in net assets available for benefits. Investment related expenses are included on net appreciation of fair value investments on the statement of changes in net assets available for benefits.

SYNERGY HEALTH AST, LLC 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
AUGUST 2, 2013

Subsequent Events

In accordance with Financial Accounting Standards Board Accountancy Standards Codification ("FASB ASC") Topic 855, Subsequent Events, management evaluated subsequent events through May 6, 2014, the date the financial statements were available for issue.

NOTE 3 INVESTMENTS

The Statements of Net Assets Available for Benefits as of August 2, 2013 and December 31, 2012, the investment activities included on the Statement of Changes in Net Assets Available for Benefits for the period ended August 2, 2013, and the accompanying notes to the financial statements were prepared in part or entirely from information certified by the Custodian in accordance with 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The information certified includes total investments of \$0 and \$770,400 as of August 2, 2013 and December 31, 2012, respectively, and related gains of \$86,922 for the period ended August 2, 2013.

The following presents investments that represent 5 percent or more of the Plan's net assets:

	2013	2012
Franklin Rising Dividends R	*	124,825
RS S&P 500 Index K	*	92,736
AllianceBer Global Real Estate A	*	88,652
RS Investment Quality Bond K	*	79,899
American Funds Wash Mutual Inv R3	*	75,218
RS International Growth K	*	72,872
RS Small Cap Equity K	*	71,350
RS Money Market K	*	59,589
Putnam Equity Income M	*	57,642

* All Plan assets were transferred to the Acquiring Plan on August 2, 2013.

For the period ended August 2, 2013, the Plan's investments (including investments purchased, sold, and held during the year) appreciated in fair value as determined by quoted market prices as follows:

	2013
Quoted market prices:	
Money market	\$ -
Mutual funds	38,390
Total net appreciation (depreciation)	<u>\$ 38,390</u>

SYNERGY HEALTH AST, LLC 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
AUGUST 2, 2013

NOTE 4 FAIR VALUE MEASUREMENTS

In accordance with FASB ASC 820, *Fair Value Measurements and Disclosures*, the Plan assessed the guidelines for measuring fair value. These guidelines provide a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. FASB ASC 820 establishes 3 levels of fair value hierarchy as follows:

- | | |
|---------|---|
| Level 1 | Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access. |
| Level 2 | Inputs to the valuation methodology includes quoted prices for similar or identical assets or liabilities in active or inactive markets. Inputs other than quoted prices that are observable for the asset or liability, and inputs that are derived from observable market data. If the asset or liability has a specified term, the Level 2 input must be observable for substantially the full term of the asset or liability. |
| Level 3 | Inputs to the valuation methodology are unobservable and significant to the fair value measurement. |

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

All Plan assets were transferred to the Acquiring Plan before close of business on August 2, 2013.

SYNERGY HEALTH AST, LLC 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
AUGUST 2, 2013

The Plan's investments measured at fair value on a recurring basis were as follows as of December 31, 2012:

	Fair Value Measurements			Total
	Level 1	Level 2	Level 3	
Cash equivalents				
Cash	\$ 12,952	\$ -	\$ -	\$ 12,952
RS Money Market K	59,589	-	-	59,589
	<u>72,541</u>	<u>-</u>	<u>-</u>	<u>72,541</u>
Mutual fund				
Franklin Rising Dividends R	124,825	-	-	124,825
RS S&P 500 Index K	92,736	-	-	92,736
AllianceBer Global Real Estate A	88,652	-	-	88,652
RS Investment Quality Bond K	79,899	-	-	79,899
American Funds Wash Mutual Inv R3	75,218	-	-	75,218
RS International Growth K	72,872	-	-	72,872
RS Small Cap Equity K	71,350	-	-	71,350
Putnam Equity Income M	57,642	-	-	57,642
RS Emerging Markets K	34,665	-	-	34,665
	<u>\$ 770,400</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 770,400</u>

NOTE 5 INCOME TAX STATUS

The Plan has received a determination letter from the IRS dated March 31, 2008, stating that the Plan is qualified under Section 401(a) of the Code and, therefore, the related trust is exempt from taxation. The Plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and therefore, believes that the Plan is qualified and a provision for income tax has not been included in the Plan's financial statements.

GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of August 2, 2013, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. While the Plan is subject to routine audits by taxing authorities, the Plan is not currently being audited by any tax authorities. With few exceptions, the Plan is subject to IRS examinations for up to three years after returns are filed.

NOTE 6 RISKS AND UNCERTAINTIES

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

SYNERGY HEALTH AST, LLC 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
AUGUST 2, 2013

NOTE 7 INFORMATION CERTIFIED BY THE PLAN'S CUSTODIAN

The Plan administrator has elected the method of compliance as permitted by Section 29 CFR 2520.109(c) of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Custodian has certified to the completeness and accuracy of the funds held in custody as reflected in the statement of changes in net assets available for benefits for the period ended August 2, 2013 and the schedule of assets held for investment purposes as of August 2, 2013.

NOTE 8 PARTY-IN-INTEREST AND RELATED PARTY TRANSACTIONS

Certain Plan investments are shares of mutual funds managed in the Guardian Funds which is associated with the third party administrator, as defined by the Plan and therefore, these transactions qualify as party-in-interest transactions. Fees incurred by the Plan for the investment management services are included in net appreciation in fair value of investments, as these are paid through revenue sharing, rather than direct payment. The Plan made a direct payment to the third party administrator of \$1,077 which is included in administrative expenses in the statement of changes in net assets available for benefit. The Company directly pays certain other fees related to the Plan's operations.

NOTE 9 PLAN MERGER

The Plan was formally amended on August 1, 2013 to be merged into the Acquiring Plan, and on August 2, 2013, all \$991,931 of the Plan's assets were transferred to the Acquiring Plan. Accordingly, investments were reflected as zero on the accompanying Statement of Net Assets Available for Benefits and all of the activity that occurred up through the asset transfer date was included in the Plan's accompanying Statement of Changes in Net Assets Available for Benefits.

The transferred assets were allocated to the Acquiring Plan's investment funds as directed by the Plan Administrator and in accordance with the Acquiring Plan's conversion strategy.

SYNERGY HEALTH AST, LLC 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
AUGUST 2, 2013

NOTE 10 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits as reported in the accompanying financial statements to Form 5500:

	August 2, 2013
Participant contributions per the financial statements	\$ 146,223
Add: 2012 participant contributions received in 2013	9,934
Cash received prior to being allocated to participants' investment accounts	9,601
Participant contributions per Form 5500	<u>\$ 165,758</u>
Employer contributions per the financial statements	\$ 44,786
Add: 2012 participant contributions received in 2013	3,756
Cash received prior to being allocated to participants' investment accounts	3,241
Employer contributions per Form 5500	<u>\$ 51,783</u>
Benefits paid per the financial statements	\$ 53,233
Add: 2012 excess contribution payable	18,188
Employer contributions per Form 5500	<u>\$ 71,421</u>
	December 31, 2012
Net assets available for benefits per the financial statements	\$ 781,999
Add: Excess contributions refundable	18,188
Cash received to prior to being allocated to participant's loan balance	110
Less: Participant contributions receivable	9,934
Employer contributions receivable	3,756
Cash received prior to being allocated to investments	26,642
Net assets available for benefits per the Form 5500	<u>\$ 759,965</u>

SUPPLEMENTAL SCHEDULE

SYNERGY HEALTH AST, LLC 401(K) PLAN
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
E.I.N.: 20-1841324 Plan No.: 001
December 31, 2013

(a)	(b)	(c)	(d)	(e)
	Identity of issuer, borrower, lessor or similar party.	Description of investment including maturity date, rate of interest, collateral, par or maturity value.	Cost	Current Value
		Franklin Rising Dividends R		-
*		RS S&P 500 Index K		-
		AllianceBer Global Real Estate A		-
*		RS Investment Quality Bond K		-
		American Funds Wash Mutual Inv R3		-
*		RS International Growth K		-
*		RS Small Cap Equity K		-
*		RS Money Market K		-
		Putnam Equity Income M		-
*		RS Emerging Markets K		-
		Cash		-
*	Participant Loans	Interest Rate of 5.25%	-0-	-
				<u>\$ -</u>

* Indicates party-in-interest

Note 1: Column (d) is not included as all investments are participant directed and it is therefore not applicable.

Note 2: Participant loans are reflected in the accompanying financial statements as notes receivable from participants.

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 2013 This Form is Open to Public Inspection
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Part I Annual Report Identification Information		
For calendar plan year 2013 or fiscal plan year beginning <u>1/1/2013</u> and ending <u>8/2/2013</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 Synergy Health AST, LLC 401(k) Plan	1b Three-digit plan number (PN) ▶	001
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) Synergy Health AST, LLC 12425 Race Track Road Tampa FL 33626	1c Effective date of plan 4/1/2005	2b Employer Identification Number (EIN) 201841324 2c Sponsor's telephone number 8138919500 2d Business code (see instructions) 541990

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>5/12/14</u> Date	<u>Ray Reilly</u> Enter name of individual signing as plan administrator
SIGN HERE		<u>5/12/14</u> Date	<u>Ray Reilly</u> 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)

SYNERGY HEALTH AST, LLC 401(K) PLAN
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
E.I.N.: 20-1841324 Plan No.: 001
December 31, 2013

(a)	(b)	(c)	(d)	(e)
	Identity of issuer, borrower, lessor or similar party.	Description of investment including maturity date, rate of interest, collateral, par or maturity value.	Cost	Current Value
		Franklin Rising Dividends R		-
*		RS S&P 500 Index K		-
		AllianceBer Global Real Estate A		-
*		RS Investment Quality Bond K		-
		American Funds Wash Mutual Inv R3		-
*		RS International Growth K		-
*		RS Small Cap Equity K		-
*		RS Money Market K		-
		Putnam Equity Income M		-
*		RS Emerging Markets K		-
		Cash		-
*	Participant Loans	Interest Rate of 5.25%	-0-	-
				<u>\$ -</u>

* Indicates party-in-interest

Note 1: Column (d) is not included as all investments are participant directed and it is therefore not applicable.

Note 2: Participant loans are reflected in the accompanying financial statements as notes receivable from participants.