

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2012 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2012 or fiscal plan year beginning <u>10/01/2012</u> and ending <u>09/30/2013</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 <u>RELIANT MEDICAL GROUP, INC. ACCOUNT BALANCE PENSION PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>12/01/1970</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>12/01/1970</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>12/01/1970</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>RELIANT MEDICAL GROUP, INC.</u> <u>630 PLANTATION STREET</u> <u>WORCESTER, MA 01605</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>04-2472266</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>508-368-5413</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>621111</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>04-2472266</u>	2c Sponsor's telephone number <u>508-368-5413</u>	2d Business code (see instructions) <u>621111</u>	
2b Employer Identification Number (EIN) <u>04-2472266</u>					
2c Sponsor's telephone number <u>508-368-5413</u>					
2d Business code (see instructions) <u>621111</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature. Signature of plan administrator	07/15/2014 Date	KAREN MARTUCCI Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature. Signature of employer/plan sponsor	07/15/2014 Date	JOSEPH RICCIARDI Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		4b EIN 4c PN
5 Total number of participants at the beginning of the plan year		5 2807
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	1175
b Retired or separated participants receiving benefits.....	6b	195
c Other retired or separated participants entitled to future benefits.....	6c	1302
d Subtotal. Add lines 6a , 6b , and 6c	6d	2672
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	21
f Total. Add lines 6d and 6e	6f	2693
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	5
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: 1A 1C 1G 1I		
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 SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	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 10/01/2012 and ending 09/30/2013

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>RELIANT MEDICAL GROUP, INC. ACCOUNT BALANCE PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>RELIANT MEDICAL GROUP, INC.</u>	D Employer Identification Number (EIN) <u>04-2472266</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>10</u> Day <u>01</u> Year <u>2012</u>	
2 Assets:	
a Market value	2a <u>92781445</u>
b Actuarial value	2b <u>88896874</u>
3 Funding target/participant count breakdown:	
a For retired participants and beneficiaries receiving payment.....	3a <u>208</u> <u>12771808</u>
b For terminated vested participants.....	3b <u>1355</u> <u>30009330</u>
c For active participants:	
(1) Non-vested benefits.....	3c(1) <u>0</u>
(2) Vested benefits.....	3c(2) <u>45474645</u>
(3) Total active	3c(3) <u>1244</u> <u>45474645</u>
d Total	3d <u>2807</u> <u>88255783</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	☐
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>6.76 %</u>
6 Target normal cost.....	6 <u>535576</u>

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		<u>07/14/2014</u>
Signature of actuary		Date
<u>ANNE T. EHLERT</u>		<u>14-04396</u>
Type or print name of actuary		Most recent enrollment number
<u>TOWERS WATSON DELAWARE INC.</u>		<u>617-638-3760</u>
Firm name		Telephone number (including area code)
<u>800 BOYLSTON STREET</u> <u>BOSTON, MA 02199-8103</u>		
Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2012
v. 120126

Part II Beginning of Year Carryover Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>18.63</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		1317922
b	Interest on (a) using prior year's effective interest rate of <u>4.98</u> % except as otherwise provided (see instructions)		65633
c	Total available at beginning of current plan year to add to prefunding balance		1383555
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	100.72 %
15	Adjusted funding target attainment percentage	15	100.72 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	83.49 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	0.00 %

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/15/2013	940000	0			
04/11/2013	940000	0			
07/10/2013	940000	0			
			Totals ►	18(b)	2820000 18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	2724039
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No	
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No	
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd (4) 4th
0	0	0 0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 5.54%	2nd segment: 6.85%	3rd segment: 7.52 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):												
a Target normal cost (line 6)	31a	535576										
b Excess assets, if applicable, but not greater than line 31a	31b	535576										
32 Amortization installments:	<table border="1"> <thead> <tr> <th></th> <th>Outstanding Balance</th> <th>Installment</th> </tr> </thead> <tbody> <tr> <td>a Net shortfall amortization installment</td> <td>0</td> <td>0</td> </tr> <tr> <td>b Waiver amortization installment</td> <td>0</td> <td>0</td> </tr> </tbody> </table>				Outstanding Balance	Installment	a Net shortfall amortization installment	0	0	b Waiver amortization installment	0	0
	Outstanding Balance	Installment										
a Net shortfall amortization installment	0	0										
b Waiver amortization installment	0	0										
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33											
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	0										
		Carryover balance	Prefunding balance									
35 Balances elected for use to offset funding requirement.....	0	0	0									
36 Additional cash requirement (line 34 minus line 35)	36	0										
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	2724039										
38 Present value of excess contributions for current year (see instructions)												
a Total (excess, if any, of line 37 over line 36)	38a	2724039										
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0										
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0										
40 Unpaid minimum required contributions for all years.....	40	0										

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

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

For calendar plan year 2012 or fiscal plan year beginning 10/01/2012 and ending 09/30/2013

A Name of plan <u>RELIANT MEDICAL GROUP, INC. ACCOUNT BALANCE PENSION 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>RELIANT MEDICAL GROUP, INC.</u>	D Employer Identification Number (EIN) <u>04-2472266</u>

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

ABERDEEN ASSET MANAGEMENT, INC. 1735 MARKET STREET
32ND FLOOR
PHILADELPHIA, PA 19103

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

ABSOLUTE INVESTMENT ADVISERS, LLC 18 SHIPYARD DRIVE
SUITE 3C
HINGHAM, MA 02043

20-1269668

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

DODGE & COX

94-1441976

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

JP MORGAN DISTRIBUTION SVCS, INC.

74-2945358

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

PIMCO

33-0629048

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

PRUDENTIAL INVESTMENTS, LLC

GATEWAY CENTER THREE
100 MULBERRY STREET
NEWARK, NJ 07012

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

PRUDENTIAL INVESTMENT MGMT SVS, LLC

GATEWAY CENTER THREE
100 MULBERRY STREET
NEWARK, NJ 07012

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

PRUDENTIAL MUTUAL FUND SVS, LLC

GATEWAY CENTER THREE
100 MULBERRY STREET
NEWARK, NJ 07012

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

THE VANGUARD GROUP, INC.

23-1945930

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

VICTORY CAPITAL MANAGEMENT, INC.

4900 TIEDEMAN ROAD
4TH FLOOR
BROOKLYN, OH 44144

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

ARTISAN PARTNERS LTD PARTNERSHIP

30-0551775

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

MANAGERS INVESTMENT GROUP LLC

06-1298481

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

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

WATSON WYATT & COMPANY

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
		147488	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

CAPFINANCIAL PARTNERS

26-0058143

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
		33375	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

STATE STREET BANK & TRUST COMPANY

04-1867445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
		35786	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

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

REID & REIGE PC

06-0867204

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
		16311	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

STOWE & DEGON, LLC

04-3379904

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50		10700	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
DIAMOND HILL CAPITAL MGMNT, INC 325 JOHN H. MCCONNELL BLVD SUITE 200 COLUMBUS, OH 43215	28	INDIRECT COMPENSATION

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2012</div> This Form is Open to Public Inspection
--	--	---

For calendar plan year 2012 or fiscal plan year beginning 10/01/2012 and ending 09/30/2013		
A Name of plan RELIANT MEDICAL GROUP, INC. ACCOUNT BALANCE PENSION PLAN	B Three-digit plan number (PN) ►	<div style="border: 1px solid black; padding: 2px;">001</div>
C Plan sponsor's name as shown on line 2a of Form 5500 RELIANT MEDICAL GROUP, INC.	D Employer Identification Number (EIN) 04-2472266	

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)	3180000	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)	286509	98640607
(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)	89367705	17235
(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	92834214	98657842

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	92834214	98657842
---	-----------	----------	----------

Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	2820000	
(B) Participants	2a(1)(B)	0	
(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)		2820000
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)	0	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(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)	2410687	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2410687
(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)		4832924
c Other income.....	2c		15726
d Total income. Add all income amounts in column (b) and enter total.....	2d		10079337

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3857878	
(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)		3857878
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	174832	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	69161	
(4) Other	2i(4)	153838	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		397831
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		4255709

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		5823628
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan	2l(2)		0

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: STOWE & DEGON, LLC

(2) EIN: 04-3379904

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		10000000
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)

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 10/01/2012 and ending 09/30/2013

A Name of plan <u>RELIANT MEDICAL GROUP, INC. ACCOUNT BALANCE PENSION 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>RELIANT MEDICAL GROUP, INC.</u>	D Employer Identification Number (EIN) <u>04-2472266</u>

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<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>04-3581074</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>44</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)
----------------	--

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	<u>0</u>	
b Enter the amount contributed by the employer to the plan for this plan year	6b	<u>0</u>	
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	<u>0</u>	
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☒ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☒ N/A

Part III	Amendments
-----------------	-------------------

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current year	14a	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: 0% Investment-Grade Debt: 100% High-Yield Debt: 0% Real Estate: 0% Other: 0%

- 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):

Reliant Medical Group, Inc.
Account Balance Pension Plan

*Financial Statements as of and for the
Years Ended September 30, 2013 and 2012
With Supplemental Schedules and
Independent Auditors' Report*

RELIANT MEDICAL GROUP, INC. ACCOUNT BALANCE PENSION PLAN

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Schedules required under the Employee Retirement Income Security Act of 1974, other than the schedule listed above, are not presented because of the absence of the conditions under which such schedules are required.

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator and Participants of
Reliant Medical Group, Inc. Account Balance Pension Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Reliant Medical Group, Inc. Account Balance Pension Plan, which comprise the statements of net assets available for benefits as of September 30, 2013 and 2012, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's 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 State Street Bank and Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended September 30, 2013 and 2012, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedules of assets held at end of year and reportable transactions are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

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

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

Emphasis of Matter

As further discussed in Note 1 to the financial statements, the Board of Trustees of Reliant Medical Group, Inc., the Plan sponsor, voted on October 25, 2013 to terminate the Plan effective September 30, 2014.

A handwritten signature in cursive script that reads "Stowe & Hegon LLC". The signature is written in dark ink and is positioned above the date.

July 9, 2014

RELIANT MEDICAL GROUP, INC.
ACCOUNT BALANCE PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
SEPTEMBER 30, 2013 AND 2012

	2013	2012
ASSETS		
Investments, at fair value	\$ 98,657,842	\$ 89,654,214
Employer contributions receivable	<u>-</u>	<u>3,180,000</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 98,657,842</u>	<u>\$ 92,834,214</u>

See independent auditors' report and notes to financial statements.

RELIANT MEDICAL GROUP, INC.
ACCOUNT BALANCE PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED SEPTEMBER 30, 2013 AND 2012

	2013	2012
ADDITIONS:		
INVESTMENT INCOME:		
Net appreciation in fair value of investments	\$ 4,832,924	\$ 11,690,105
Dividends	2,410,687	2,426,067
Other income	15,726	598
Total investment income	7,259,337	14,116,770
EMPLOYER CONTRIBUTIONS	2,820,000	5,080,924
Total additions	10,079,337	19,197,694
DEDUCTIONS:		
Benefit payments	3,857,878	4,423,188
Administrative expenses	397,831	591,659
Total deductions	4,255,709	5,014,847
NET INCREASE	5,823,628	14,182,847
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	92,834,214	78,651,367
End of year	\$ 98,657,842	\$ 92,834,214

See independent auditors' report and notes to financial statements.

RELIANT MEDICAL GROUP, INC. ACCOUNT BALANCE PENSION PLAN

NOTES TO FINANCIAL STATEMENTS YEARS ENDED SEPTEMBER 30, 2013 AND 2012

1. DESCRIPTION OF PLAN

The following description of the Reliant Medical Group, Inc. Account Balance Pension Plan (“the Plan”) is provided for general purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions. Reliant Medical Group, Inc. (the “Company”) is the plan sponsor.

General – The Plan is a cash balance defined benefit pension plan for eligible participants of the Company, which reports accrued benefits to participants in the form of hypothetical, individual account balances. Account balances are increased each year by an interest credit rate determined annually as the average 30-year treasury rate for the month of September preceding the beginning of the Plan year. The Plan provides for retirement, death, and disability benefits and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Effective October 1, 2009, the Plan was frozen such that there shall be no further contribution credit to each account and future employees will no longer become eligible to participate in the Plan.

On August 20, 2013, the Board of Trustees adopted a resolution to begin the process of terminating its account balance pension plan allowing the pension committee to take necessary action to begin the process. On October 25, 2013, the Board of Trustees adopted a resolution to terminate the account balance pension plan effective September 30, 2014. On November 15, 2013, a notice to interested parties was mailed to plan participants describing the 18-24 month long process. On November 20, 2013, Form 5310 (Application for Determination for Terminating Plan) was filed with the Internal Revenue Service (“IRS”). Based on the timing of when an IRS determination letter is received, typically 9-15 months, it is estimated that final distribution to plan participants will be completed sometime in late 2015.

Information about the Plan agreement, the vesting and benefit provisions, and the Pension Benefit Guaranty Corporation’s benefit guarantee is contained in the summary plan description, copies of which may be obtained from the plan sponsor.

Eligibility and vesting – Prior to October 1, 2009, an eligible employee became a participant in the Plan upon employment with the Company during a plan year (October 1 to September 30), in which they were paid for at least 1,000 hours. Participants vest in their accrued benefits upon completion of three years of vesting service.

Benefits – Benefits are stated as an account balance. Normal retirement benefits are provided under the Plan at age 65 with five years of participation service. Early retirement benefits are provided under the Plan at age 55 with ten years of participation service. The Plan provides for payments to participants and their beneficiaries in the form of a life annuity, a ten-year certain and life annuity, a joint and survivor annuity, or a lump sum.

In addition, the Plan provides for a preretirement survivor annuity to be paid to the spouse or other designated beneficiary of a participant in the event of death prior to retirement age.

1. DESCRIPTION OF PLAN (CONTINUED)

Benefits (continued) – Upon departure from the Plan prior to early retirement date due to disability or termination, participants will receive their adjusted accrued benefit as of the benefit commencement date. Terminating participants are required to wait a minimum of twelve months from date of termination to receive benefits.

Contributions and funding policy – The Company's contributions to the Plan are actuarially determined. The Company has agreed to contribute such amounts as are necessary to provide assets sufficient to meet the benefits to be paid to participants and satisfy the ERISA minimum funding requirements. The Plan has met the ERISA minimum funding requirements.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting – The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Investment valuation and income recognition – The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

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

Administrative expenses – Substantially all administrative expenses are paid by the Plan, including actuarial, audit, and investment management fees and PBGC insurance premiums.

Payment of benefits – Benefits to participants are recorded when paid.

Actuarial present value of accumulated plan benefits – Accumulated plan benefits (see Note 5) represent the actuarial present value of estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries or employees who have died, and (c) present employees or their beneficiaries. Benefits are based on a formula which includes compensation, as defined in the Plan documents, and year of credited service.

Benefits payable under all circumstances, retirement, death, disability, and termination of employment, are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

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

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Risks and uncertainties – The Plan provides for various investment options. Investment securities, in general, are exposed to various risks, such as interest rate, credit and market risk. Due to the level of risk associated with certain investment securities, it is 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 financial statements.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumptions processes, it is at least reasonable possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

Subsequent events – The Company has evaluated subsequent events through July 9, 2014, the date the financial statements were available to be issued.

3. INVESTMENT INFORMATION CERTIFIED BY TRUSTEE (UNAUDITED)

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations under ERISA.

All investment information disclosed in the accompanying financial statements and supplemental schedules, including investments held at September 30, 2013 and 2012, and the net appreciation in fair value of investments, interest and dividends for the years ended September 30, 2013 and 2012, and reportable transactions for the year ended September 30, 2013 was obtained or derived from information provided to the plan administrator and certified as complete and accurate by State Street Bank and Trust Company, the trustee of the Plan. State Street Bank and Trust Company holds the Plan's investments, and Reliant Medical Group, Inc. Board of Directors, administrator of the Plan, appoints a Pension Committee to monitor and control investments.

The fair value of investments as of September 30, 2013 and 2012 consists of the following:

	2013	2012
Mutual funds - equity	\$ 3	\$ 69,520,637
Mutual funds - fixed income	17,232	19,847,068
Government short-term investment fund	98,640,607	286,509
Total	<u>\$ 98,657,842</u>	<u>\$ 89,654,214</u>

During the years ended September 30, 2013 and 2012, the Plan's investments, including investments purchased, sold, as well as held during the year, appreciated (depreciated) in fair value as follows:

	2013	2012
Mutual funds - equity	\$ 6,709,642	\$ 10,364,143
Mutual funds - fixed income	(1,876,718)	1,325,962
Total	<u>\$ 4,832,924</u>	<u>\$ 11,690,105</u>

3. INVESTMENT INFORMATION CERTIFIED BY TRUSTEE (UNAUDITED) (CONTINUED)

The fair value of individual investments that represents 5% or more of net assets available for benefits at September 30 is as follows:

	2013	2012
State Street Government Short Term Investment Fund	\$ 98,640,607	\$ *
PIMCO Total Return Fund	*	17,292,177
Vanguard Institutional Index Fund	-	14,658,392
Dodge and Cox International Stock Fund	-	11,163,263
Artisan International Fund	-	11,316,557
Absolute Strategies Hedge Fund	-	5,224,665
Highbridge Statistical Market Neutral Select Fund	-	5,087,728
Prudential Global Real Estate Fund	-	5,555,489
PIMCO Commodity Real Return Strategic Fund	-	5,791,381

* Less than 5% of Plan's net assets available for benefits.

4. FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described below:

- 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 method include: quoted prices for similar assets and liabilities in active markets, quoted prices for identical or similar assets and liabilities in inactive markets, inputs other than quoted prices that are observable for the asset or liability, or inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3: Inputs to the valuation method are unobservable and significant to the fair value measurement. Level 3 inputs include management's own assumption about the assumptions that market participants would use in pricing the asset, including assumptions about risk.

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

4. FAIR VALUE MEASUREMENTS (CONTINUED)

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at September 30, 2013 and 2012.

Mutual funds – valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Government Short-term Investment Fund – valued at the NAV of units of a bank collective trust whose objective is to provide safety of principal, daily liquidity, and a competitive yield over the long term. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. The practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Issuances and redemptions of participant units are made on a daily basis, typically at a constant NAV of \$1.00 per unit. In the event that a significant disparity develops between the constant NAV and the fair value-based NAV of the fund, the trustee may determine that continued issuance and redemption at a constant \$1.00 NAV would create inequitable results for the fund's unitholders. In these circumstances, the trustee may direct that units be issued or redeemed at the fair value-based NAV until such time as the disparity between the fair value-based and constant NAV per unit is deemed to be immaterial.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while 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.

The following table sets forth, by level within the fair value hierarchy, the Plan's assets at fair value as of September 30, 2013 and 2012:

September 30, 2013	Level 1	Level 2	Level 3	Total
Mutual funds:				
Equity investments	\$ 3	\$ -	\$ -	\$ 3
Bond investments	17,232	-	-	17,232
Government short-term investment fund	-	98,640,607	-	98,640,607
Total investments at fair value	<u>\$ 17,235</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 98,657,842</u>
September 30, 2012	Level 1	Level 2	Level 3	Total
Mutual funds:				
Equity investments	\$ 69,520,637	\$ -	\$ -	\$ 69,520,637
Bond investments	19,847,068	-	-	19,847,068
Government short-term investment fund	-	286,509	-	286,509
Total investments at fair value	<u>\$ 89,367,705</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 89,654,214</u>

5. ACCUMULATED PLAN BENEFITS

The actuarial present value of accumulated plan benefits is determined by applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as death, disability, withdrawal or retirement) between the valuation date (beginning of plan year) and the expected date of payment.

The accumulated plan benefit information as of September 30, 2012 and 2011 is as follows:

	2012	2011
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving benefits	\$ 12,540,858	\$ 12,398,440
Other participants	<u>80,128,591</u>	<u>75,433,053</u>
Total vested benefits	92,669,449	87,831,493
Non-vested benefits	<u>-</u>	<u>3,400</u>
	<u>\$ 92,669,449</u>	<u>\$ 87,834,893</u>

The changes in accumulated plan benefits for the period October 1, 2011 through September 30, 2012 are as follows:

Actuarial present value of accumulated plan benefits at October 1, 2011	<u>\$ 87,834,893</u>
Increase (decrease) in actuarial present value of accumulated plan benefits:	
Decrease in the discount period	6,421,747
Benefits paid	(4,423,188)
Actuarial gains	(181,317)
Change in actuarial assumptions	<u>3,017,314</u>
Net increase	<u>4,834,556</u>
Actuarial present value of accumulated plan benefits at September 30, 2012	<u>\$ 92,669,449</u>

5. ACCUMULATED PLAN BENEFITS (CONTINUED)

Significant assumptions underlying the actuarial valuation are as follows:

Interest rate:	7.0% (7.5% in 2011)
Mortality basis:	RP 2000 generation tables for males and females
Retirement age:	At graduated rates between age 55 and 65 with average retirement age of 63

These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

6. INCOME TAX STATUS

The Plan has received a determination letter from the Internal Revenue Service (IRS), dated October 17, 2012, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the "Code") and, therefore, the related trust is exempt from taxation. 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 that the Plan as amended, is qualified and the related trust is tax exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of September 30, 2013, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2009.

7. VOLUNTARY CORRECTION PROGRAM FILING

During the process of filing for plan termination with the Internal Revenue Service subsequent to year end, management became aware that the Plan had failed to make minimum required distributions to participants over age 70 ½. The missed distributions totaled approximately \$183,000 from 1995 to the current date. The Plan contacted the affected participants, and most participants opted to take their full retirement benefit in addition to the minimum distributions. Accordingly, in December 2013, the Plan made related distributions of approximately \$1,020,000. The Plan submitted a corrective action plan through the IRS' Voluntary Correction Program. The IRS accepted the corrective action plan on January 30, 2014.

* * * * *

RELIANT MEDICAL GROUP, INC. ACCOUNT BALANCE PENSION PLAN

EIN: 04-2472266

PLAN: 001

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) **SEPTEMBER 30, 2013**

(a) (b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Interest Rate, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
* State Street Government Short Term Investment Fund PIMCO Total Return Fund Aberdeen Long Short Hedge Fund	98,640,607 shares 1593 shares 0.23 shares	\$ 98,640,607 17,232 3	\$ 98,640,607 17,232 3
		<u>\$ 98,657,842</u>	<u>\$ 98,657,842</u>

* - indicates party in interest to the Plan

RELIANT MEDICAL GROUP, INC. ACCOUNT BALANCE PENSION PLAN

EIN: 04-2472266

PLAN: 001

SCHEDULE H, line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS YEAR ENDED SEPTEMBER 30, 2013

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
PIMCO Total Return Fund		\$ 5,056,703	\$ -	\$ -	\$ 5,056,703	\$ -
PIMCO Total Return Fund		-	20,782,167	21,280,153	1,850,000	(497,986)
Artisan International Fund		606,024	-	-	606,024	-
Artisan International Fund		-	17,066,518	12,848,423	17,066,518	4,218,095
Dodge and Cox International Stock Fund		916,979	-	-	916,979	-
Dodge and Cox International Stock Fund		-	14,214,620	13,001,465	14,214,620	1,213,155
Absolute Strategies Hedge Fund		900,000	-	-	900,000	-
Absolute Strategies Hedge Fund		-	6,089,929	5,965,639	6,089,929	124,290
Highbridge Statistical Market Neutral Select Fund		1,205,000	-	-	1,205,000	-
Highbridge Statistical Market Neutral Select Fund		-	6,135,339	6,440,463	6,135,339	(305,124)
PIMCO Commodity Real Return Strategic Fund		1,644,629	-	-	1,644,629	-
PIMCO Commodity Real Return Strategic Fund		-	6,200,158	8,385,122	6,200,158	(2,184,964)
Prudential Global Real Estate Fund		5,967,550	-	-	5,967,550	-
Prudential Global Real Estate Fund		-	11,593,155	11,149,985	11,593,155	443,170
Vanguard Institutional Index Fund		482,853	-	-	482,853	-
Vanguard Institutional Index Fund		-	17,356,278	13,738,220	17,356,278	3,618,058

* - indicates party in interest to the Plan

RELIANT MEDICAL GROUP, INC. ACCOUNT BALANCE PENSION PLAN

EIN: 04-2472266

PLAN: 001

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) SEPTEMBER 30, 2013

(a) (b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Interest Rate, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
* State Street Government Short Term Investment Fund PIMCO Total Return Fund Aberdeen Long Short Hedge Fund	98,640,607 shares 1593 shares 0.23 shares	\$ 98,640,607 17,232 3	\$ 98,640,607 17,232 3
		\$ 98,657,842	\$ 98,657,842

* - indicates party in interest to the Plan

RELIANT MEDICAL GROUP, INC. ACCOUNT BALANCE PENSION PLAN

EIN: 04-2472266

PLAN: 001

SCHEDULE H, line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS YEAR ENDED SEPTEMBER 30, 2013

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
PIMCO Total Return Fund		\$ 5,056,703	\$ -	\$ -	\$ 5,056,703	\$ -
PIMCO Total Return Fund		-	20,782,167	21,280,153	1,850,000	(497,986)
Artisan International Fund		606,024	-	-	606,024	-
Artisan International Fund		-	17,066,518	12,848,423	17,066,518	4,218,095
Dodge and Cox International Stock Fund		916,979	-	-	916,979	-
Dodge and Cox International Stock Fund		-	14,214,620	13,001,465	14,214,620	1,213,155
Absolute Strategies Hedge Fund		900,000	-	-	900,000	-
Absolute Strategies Hedge Fund		-	6,089,929	5,965,639	6,089,929	124,290
Highbridge Statistical Market Neutral Select Fund		1,205,000	-	-	1,205,000	-
Highbridge Statistical Market Neutral Select Fund		-	6,135,339	6,440,463	6,135,339	(305,124)
PIMCO Commodity Real Return Strategic Fund		1,644,629	-	-	1,644,629	-
PIMCO Commodity Real Return Strategic Fund		-	6,200,158	8,385,122	6,200,158	(2,184,964)
Prudential Global Real Estate Fund		5,967,550	-	-	5,967,550	-
Prudential Global Real Estate Fund		-	11,593,155	11,149,985	11,593,155	443,170
Vanguard Institutional Index Fund		482,853	-	-	482,853	-
Vanguard Institutional Index Fund		-	17,356,278	13,738,220	17,356,278	3,618,058

* - indicates party in interest to the Plan

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26

Schedule of Active Participant Data for Frozen Cash Balance Plans as of October 1, 2012

Attained Age	Years of Credited Service																			
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & Over	
	No.	Avg. Bal.	No.	Avg. Bal.	No.	Avg. Bal.	No.	Avg. Bal.	No.	Avg. Bal.	No.	Avg. Bal.	No.	Avg. Bal.	No.	Avg. Bal.	No.	Avg. Bal.	No.	Avg. Bal.
Under 25	0		1		3		0		0		0		0		0		0		0	
25 – 29	0		2		39	2,453	1		0		0		0		0		0		0	
30 – 34	0		7		64	3,036	13		1		0		0		0		0		0	
35 - 39	0		3		66	4,917	30	12,003	7		0		0		0		0		0	
40 - 44	0		10		64	7,640	40	21,869	17		11		3		0		0		0	
45 - 49	0		4		66	8,385	53	24,133	27	44,092	29	37,588	7		1		0		0	
50 - 54	0		5		56	8,660	60	24,205	44	52,969	41	95,921	16		7		0		0	
55 - 59	0		3		36	10,319	52	21,422	41	42,017	42	108,451	23	201,436	5		1		0	
60 - 64	1		2		36	11,216	26	30,242	28	58,812	45	115,906	20	195,691	12		4		1	
65 - 69	0		2		9		8		11		13		4		3		2		0	
70 & Over	0		3		1		6		2		2		2		0		0		0	

Plan Name: Reliant Medical Group, Inc. Account Balance Pension Plan
 EIN / PN: 04-2472266 / 001
 Plan Sponsor: Reliant Medical Group, Inc.
 Valuation Date: October 1, 2012

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Reliant Medical Group, Inc
EIN/PN	04-2472266/001
Plan Name	Reliant Medical Group, Inc. Account Balance Pension Plan
Valuation Date	October 1, 2012
Enrolled Actuary	Anne T. Ehlert
Enrollment Number	14-04396

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Interest rate basis:

- | | |
|---|-----------------|
| ● Applicable month | October |
| ● Yield curve basis | 3-Segment Rates |
| ● MAP-21 applied for funding | Yes |
| ● MAP-21 applied for benefit restrictions | Yes |

Interest rates:

- | | Reflecting
Corridors | Not Reflecting
Corridors |
|---------------------------|-------------------------|-----------------------------|
| ● First segment rate | 5.54% | 1.72% |
| ● Second segment rate | 6.85% | 4.58% |
| ● Third segment rate | 7.52% | 5.67% |
| ● Effective interest rate | 6.76% | 4.55% |

Prior plan year PPA interest rate

- | | |
|---------------------------|-------|
| ● Effective interest rate | 4.98% |
|---------------------------|-------|

Cash Balance Interest Credit Rate

- | | |
|------------------------|-------|
| ● Interest credit rate | 3.25% |
|------------------------|-------|

Assumed Cost of Living Adjustments

None

Inclusion Date

The valuation date coincident with or next following the date on which the employee becomes a participant.

Plan Name:	Reliant Medical Group, Inc. Account Balance Pension Plan
EIN / PN:	04-2472266 / 001
Plan Sponsor:	Reliant Medical Group, Inc.
Valuation Date:	October 1, 2012

SCHEDULE SB ATTACHMENTS

Plan-Related Expenses

Plan-related expenses are assumed to be the amount of administrative expenses paid during the prior year. The amount included this year for plan-related expenses is \$535,576.

Mortality

For all participants: The prescribed mortality assumption under IRC §430(h)(3)(A) using static tables with separate mortality rates for annuitants and non-annuitants.

Retirement

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age are shown below.

Age	Probability of Retirement
55	3.0%
56	3.0
57	3.0
58	3.0
59	3.0
60	3.0
61	3.0
62	20.0
63	10.0
64	10.0
65	100.0

The average weighted retirement age is 63. This average age was determined by summing the following product for assumed retirement ages 55 through 65; (i) the applicable age times (ii) the assumed rate of retirement at the applicable age times (iii) the number of expected employees at the applicable age, where one employee is assumed to exist at age 55 and is then assumed to retire in accordance with the rate shown above.

Terminated vested participants are assumed to retire at their normal retirement date.

Disability Rates

None.

Plan Name:	Reliant Medical Group, Inc. Account Balance Pension Plan
EIN / PN:	04-2472266 / 001
Plan Sponsor:	Reliant Medical Group, Inc.
Valuation Date:	October 1, 2012

SCHEDULE SB ATTACHMENTS

Compensation Increases

Not applicable.

Future Increases in Maximum Benefits and Plan Compensation Limitations

Accrued benefits projected to be paid in future years are limited to the maximum presently allowed under IRC §415. Plan compensation is limited to the maximum presently allowed under IRC §401(a)(17). No provision is made for future increases in the maximum annual benefit or compensation limit.

Representative Termination Rates not Due to Disability, Retirement, or Mortality

Age	Probability of Withdrawal
25	9.0%
30	8.0
35	7.0
40	6.0
45	5.0
50	4.0
55	0.0

Additional withdrawal during the first four years of employment:

Years of Service	Probability of Withdrawal
Less than 1	20.0%
At least 1, less than 2	15.0%
At least 2, less than 3	10.0%
At least 3, less than 4	5.0%

Form of Payment

All active participants are assumed to elect the lump sum form of payment. Terminated vested participants who terminated prior to July 22, 1997 are assumed to receive the normal form of payment for single participants and terminated vested participants who terminated on or after July 22, 1997 are assumed to elect the lump sum form of payment.

Plan Name:	Reliant Medical Group, Inc. Account Balance Pension Plan
EIN / PN:	04-2472266 / 001
Plan Sponsor:	Reliant Medical Group, Inc.
Valuation Date:	October 1, 2012

SCHEDULE SB ATTACHMENTS

Marriage

All eligible participants are assumed to be married and male spouses are assumed to be 3 years older than female spouses.

Employees

It was assumed there will be no new or rehired employees.

Valuation date

First day of plan year.

Funding target

Present value of accrued benefits.

Actuarial value of assets

Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2011 plan year).

The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

Benefits not valued

Towers Watson has reviewed the plan provisions with Reliant Medical Group, Inc. and, based on that review, is not aware of any significant benefits required to be valued that were not.

Participant Data

Employee data was supplied by the employer electronically as of the census date.

Plan Name:	Reliant Medical Group, Inc. Account Balance Pension Plan
EIN / PN:	04-2472266 / 001
Plan Sponsor:	Reliant Medical Group, Inc.
Valuation Date:	October 1, 2012

SCHEDULE SB ATTACHMENTS

Changes in Assumptions and Methods

In addition to the prescribed changes in the discount rate and mortality, the following assumption change was made as part of this valuation:

- The segment interest rates used to calculate the funding target and target normal cost were updated from an applicable month of October 2011 to October 2012 and the segment interest rate corridors of MAP-21 were applied.
- The required mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvements.
- The cash balance interest credit rate was changed from 4.00% to 3.25%.

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SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24 Change in Actuarial Assumptions

The cash balance interest credit rate was changed from 4.00% to 3.25%.

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SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Effective Date

December 1, 1970

Most Recent Plan Changes

January 1, 1998: Plan formula was changed to a cash balance formula with starting balances established October 1, 1997.

October 1, 2000: Plan was amended to improve vesting schedule and to allow per diem employees to participate in the plan.

October 1, 2002: Plan was amended to reflect increased Plan compensation and benefit limits as allowed under the Economic Growth and Tax Relief Reconciliation Act of 2001 ("EGTRRA").

March 28, 2005: Plan was restated.

October 1, 2005: Plan was amended to allow retroactive annuity starting dates in certain situations and certain conforming amendments.

October 1, 2008: Plan was amended to change to 3 year cliff vesting.

September 30, 2009: Plan was amended to close participation and freeze benefit accruals.

Plan Year

The twelve-month period ending September 30.

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SCHEDULE SB ATTACHMENTS

Coverage and Participation

Employment Classification: Effective October 1, 2000, all employees except named physicians.

Plan Entry: The October 1 coincident with or next following the completion of six months of employment and at least 1,000 hours of service. The plan was closed to new participants effective September 30, 2009.

Credited Service

1,000 or more hours of service during a plan year commencing at hire date.

Vesting Service

1,000 or more hours of service during a plan year commencing at plan participation date.

Accrued Benefits

Formula: As of October 1, 1997 an initial cash balance was established equal to the lump sum value of the accrued benefit (the greater of Minimum Formulas 1 or 2).

For each subsequent plan year, the cash balance is increased with interest based on the 30-year Treasury rate for the September prior to the beginning of the plan year and with an end of the year contribution credit. The contribution credit will apply under any of the following conditions during a plan year prior to October 1, 2009:

- (a) 1000 hours of service are earned,
- (b) death, disability or reach normal retirement date, or
- (c) transferred to noncovered employment.

The amount of the contribution credit is a percentage of Earnings:

<u>Age + Service On October 1</u>	<u>Percentage</u>
Less than 40	3.0%
40-44	3.5
45-49	4.0
50-54	4.5
55-59	5.0
60-64	5.5
65-69	6.0
70-74	7.0
75 or more	8.0

No contribution credit shall be credited with respect to a plan year that begins on or after October 1, 2009.

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SCHEDULE SB ATTACHMENTS

Accrued Benefits (cont'd)

Minimum Formula 1: This applies only for employees who became participants before January 1, 1998.

1% of Average Earnings plus 0.65% of Average Earnings in excess of \$10,000, the result multiplied by projected Credited Service (maximum 30 years) multiplied by Participation Service at the earlier of employment termination and December 31, 2000 divided by projected Participation Service.

Minimum Formula 2: This applies only for employees who (a) became participants on or prior to December 1, 1985 and (b) have projected Participation Service of fewer than 24 years.

Formula is $[(a) + ((b) \times (c))] \times (d)$, where:

- (a) 24% of Average Earnings
- (b) 30% of Average Earnings in excess of the Break Point
- (c) Projected Participation Service (maximum 30) divided by 30; and
- (d) Participation Service at the earlier of employment termination and December 31, 2000 divided by projected Participation Service.

The Break Point is:

Year of Normal Retirement	Break Point
1995 to 1996	\$12,000
1997 to 1998	\$12,600
1999 to 2000	\$13,200
2001 to 2003	\$13,800
2004 to 2006	\$14,400
2007 to 2010	\$15,000
2011 and after	\$15,300

Earnings: Base earnings during the plan year, limited by IRC 401(a)(17).

Average Earnings: The average of the five consecutive years of participation that produce the highest average. For both minimum formulas, average earnings shall not include amounts earned after December 31, 2000.

Normal Retirement Benefit

Normal Retirement Date: The earlier of (a) age 62 with 30 years of Credited Service and (b) age 65 and the 5th anniversary of participation.

Benefit: Benefit is the accrued benefit.

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SCHEDULE SB ATTACHMENTS

Late Retirement

Eligibility: Retirement after normal retirement age.

Benefit: Benefit is the greater of the accrued benefit and the accrued benefit at the later of normal retirement and age 65 with actuarial increases.

Vested Deferred Retirement

Eligibility: Any member who terminates his membership in the plan with at least 3 years of Vesting Service shall be vested in a portion of his accrued benefit:

For participants terminating prior to October 1, 2000		For participants terminating on or after October 1, 2000	
Years	Vested %	Years	Vested %
3	20%	3	50%
4	40	4	75
5	60	5	100
6	80		
7	100		

Effective October 1, 2008, the vesting schedule was changed to 100% after 3 years of service.

Active participants are automatically 100% vested at the earlier of normal retirement date or age 65.

Benefit:

Benefit is the accrued benefit if payments commence at normal retirement. Terminated participants may elect commencement one year after termination or later, however the benefit will be actuarially reduced for early commencement.

Death Benefits Before Retirement

Eligibility: The beneficiary of a participant who dies is entitled to a survivor's benefit.

Benefit: The survivor's benefit shall be equal to the lump sum of the accrued benefit if the participant died while actively employed. The survivor's benefit is the lump sum value of the vested benefit if the participant died after employment termination.

Death After Retirement

There are no benefits paid if a member dies after retirement unless the member has chosen an optional form of payment which provides for payments after his death.

Plan Name: Reliant Medical Group, Inc. Account Balance Pension Plan
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Valuation Date: October 1, 2012

SCHEDULE SB ATTACHMENTS

Plan Participants' Contributions

None.

Normal Form of Benefit

The normal form of payment for single participants is the 10-year certain and continuous annuity. The normal form for married participants is an actuarially equivalent joint & 50% survivor annuity.

Changes in plan provisions since last actuarial valuation

None.

Plan Name:	Reliant Medical Group, Inc. Account Balance Pension Plan
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SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of October 1, 2012

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table, as illustrated below:

(a)	(b)	(c)	(d)
<u>Age</u>	<u>Rates of Retirement</u>	<u>% Retiring</u>	<u>Weighted Ages (a)x(c)</u>
55	3.00%	3.00%	1.6500
56	3.00%	2.91%	1.6296
57	3.00%	2.82%	1.6089
58	3.00%	2.74%	1.5881
59	3.00%	2.66%	1.5670
60	3.00%	2.58%	1.5457
61	3.00%	2.50%	1.5243
62	20.00%	16.16%	10.0190
63	10.00%	6.46%	4.0722
64	10.00%	5.82%	3.7232
65	100.00%	52.36%	34.0322
Weighted Average Retirement Age (<i>Sum of Column (d)</i>)			<u>62.9603</u>

Plan Name: Reliant Medical Group, Inc. Account Balance Pension Plan
EIN / PN: 04-2472266 / 001
Plan Sponsor: Reliant Medical Group, Inc.
Valuation Date: October 1, 2012

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

► **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2012**This Form is Open to Public
Inspection**For calendar plan year 2012 or fiscal plan year beginning 10/01/2012 and ending 09/30/2013► **Round off amounts to nearest dollar.**► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.**A** Name of plan

Reliant Medical Group, Inc. Account Balance Pension Plan

B Three-digit
plan number (PN) ►

001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF

Reliant Medical Group, Inc.

D Employer Identification Number (EIN)

04-2472266

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B**F** Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500**Part I Basic Information****1** Enter the valuation date: Month 10 Day 1 Year 2012**2** Assets:

a Market value	2a	92,781,445
b Actuarial value	2b	88,896,874

3 Funding target/participant count breakdown:

	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a 208	12,771,808
b For terminated vested participants.....	3b 1,355	30,009,330
c For active participants:		
(1) Non-vested benefits	3c(1)	0
(2) Vested benefits	3c(2)	45,474,645
(3) Total active.....	3c(3) 1,244	45,474,645
d Total.....	3d 2,807	88,255,783

4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐

a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b	

5 Effective interest rate **5** 6.76 %**6** Target normal cost **6** 535,576**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

**SIGN
HERE**

Anne T. Ehlert

Signature of actuary

Anne T. Ehlert

Type or print name of actuary

Towers Watson Delaware Inc.

Firm name

800 Boylston Street

Boston

MA 02199-8103

Address of the firm

July 14, 2014

Date

14-04396

Most recent enrollment number

(617) 638-3760

Telephone number (including area code)

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2012
v. 120126

Part II Beginning of Year Carryover Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>18.63</u> %		
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		1,317,922
b Interest on (a) using prior year's effective interest rate of <u>4.98</u> % except as otherwise provided (see instructions)		65,633
c Total available at beginning of current plan year to add to prefunding balance		1,383,555
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	100.72 %
15 Adjusted funding target attainment percentage	15	100.72 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	83.49 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/15/2013	940,000				
04/11/2013	940,000				
07/10/2013	940,000				
Totals ▶			18(b)	2,820,000	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	2,724,039

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 5.54 %	2nd segment: 6.85 %	3rd segment: 7.52 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.		☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.		☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.		☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....		27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....		31a	535,576
b Excess assets, if applicable, but not greater than line 31a		31b	535,576
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment.....		0	0
b Waiver amortization installment			0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	0
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..		34	0
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36		0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37		2,724,039
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	2,724,039
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39		0
40 Unpaid minimum required contributions for all years	40		0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected		☐ 2 plus 7 years ☐ 15 years	
b Eligible plan year(s) for which the election in line 41a was made		☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011	
42 Amount of acceleration adjustment	42	0	
43 Excess installment acceleration amount to be carried over to future plan years	43	0	