

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2013 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information												
1a Name of plan SYNERGY HEALTH 401K PLAN 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) SYNERGY HEALTH 401 E. JACKSON STREET SUITE 3100 TAMPA, FL 33602	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;">001</td> </tr> <tr> <td colspan="2">1c Effective date of plan 01/01/1999</td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) 59-3252632</td> </tr> <tr> <td colspan="2">2c Sponsor's telephone number 813-891-9550</td> </tr> <tr> <td colspan="2">2d Business code (see instructions) 812990</td> </tr> <tr> <td colspan="2" style="background-color: #cccccc; height: 40px;"></td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan 01/01/1999		2b Employer Identification Number (EIN) 59-3252632		2c Sponsor's telephone number 813-891-9550		2d Business code (see instructions) 812990			
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Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2014	RAY REILLY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN 3c Administrator's telephone number 																											
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name SRI/SURGICAL EXPRESS INC		4b EIN 59-3252632 4c PN 001																											
5 Total number of participants at the beginning of the plan year		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">5</td> <td style="width: 90%; text-align: right;">651</td> </tr> </table>	5	651																									
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="background-color: #cccccc; height: 20px;"></td> </tr> <tr> <td style="width: 10%; text-align: center;">6a</td> <td style="width: 90%; text-align: right;">816</td> </tr> <tr> <td style="text-align: center;">6b</td> <td style="text-align: right;">1</td> </tr> <tr> <td style="text-align: center;">6c</td> <td style="text-align: right;">49</td> </tr> <tr> <td style="text-align: center;">6d</td> <td style="text-align: right;">866</td> </tr> <tr> <td style="text-align: center;">6e</td> <td style="text-align: right;">1</td> </tr> <tr> <td style="text-align: center;">6f</td> <td style="text-align: right;">867</td> </tr> <tr> <td style="text-align: center;">6g</td> <td style="text-align: right;">647</td> </tr> <tr> <td style="text-align: center;">6h</td> <td style="text-align: right;">41</td> </tr> </table>			6a	816	6b	1	6c	49	6d	866	6e	1	6f	867	6g	647	6h	41									
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7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">7</td> <td style="width: 90%;"></td> </tr> </table>	7																										
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2S 2T 3D 3H																													
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9a Plan funding arrangement (check all that apply) <table style="width: 100%;"> <tr> <td style="width: 5%;">(1)</td> <td style="width: 5%; text-align: center;">☒</td> <td style="width: 90%;">Insurance</td> </tr> <tr> <td>(2)</td> <td style="text-align: center;">☐</td> <td>Code section 412(e)(3) insurance contracts</td> </tr> <tr> <td>(3)</td> <td style="text-align: center;">☒</td> <td>Trust</td> </tr> <tr> <td>(4)</td> <td style="text-align: center;">☐</td> <td>General assets of the sponsor</td> </tr> </table>	(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) <table style="width: 100%;"> <tr> <td style="width: 5%;">(1)</td> <td style="width: 5%; text-align: center;">☒</td> <td style="width: 90%;">Insurance</td> </tr> <tr> <td>(2)</td> <td style="text-align: center;">☐</td> <td>Code section 412(e)(3) insurance contracts</td> </tr> <tr> <td>(3)</td> <td style="text-align: center;">☒</td> <td>Trust</td> </tr> <tr> <td>(4)</td> <td style="text-align: center;">☐</td> <td>General assets of the sponsor</td> </tr> </table>		(1)	☒	Insurance	(2)	☐	Code section 412(e)(3) insurance contracts	(3)	☒	Trust	(4)	☐	General assets of the sponsor			
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)																													
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SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013		
A Name of plan SYNERGY HEALTH 401K PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SYNERGY HEALTH	D Employer Identification Number (EIN) 59-3252632	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	436916	0	01/01/2013	06/30/2013

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	0		

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	0
5 Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)	7c(5)	
▶		
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)	7e(4)	
▶		
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE A INFORMATION

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
		2013
		This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan <u>SYNERGY HEALTH 401K PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SYNERGY HEALTH</u>	D Employer Identification Number (EIN) <u>59-3252632</u>	

Part I	Service Provider Information (see instructions)
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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
<u>FIDELITY INVESTMENTS INSTITUTIONAL</u>

04-2647786

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

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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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
37 60 64 65	RECORDKEEPER	2204	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

NFP SECURITIES INC

1250 S CAPITAL OF TEXAS HWY
STE 600
WEST LAKE HLS, TX 78746

(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?
55	ADVISOR	0	Yes ☒ No ☐	Yes ☒ No ☐	5124	Yes ☐ No ☒

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

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			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

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			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

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			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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation BLKRRK HI YD BD INV A - BNY MELLON 04-2539562		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. 0.25%		
(a) Enter service provider name as it appears on line 2 FIDELITY INVESTMENTS INSTITUTIONAL		
(b) Service Codes (see instructions) 60		
(c) Enter amount of indirect compensation 0		
(d) Enter name and EIN (address) of source of indirect compensation BLKRRK INTL INDEX A - BNY MELLON IN P.O. BOX 9793 PROVIDENCE, RI 02940		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. 0.05%		
(a) Enter service provider name as it appears on line 2 FIDELITY INVESTMENTS INSTITUTIONAL		
(b) Service Codes (see instructions) 60		
(c) Enter amount of indirect compensation 0		
(d) Enter name and EIN (address) of source of indirect compensation JANUS TRITON S - JANUS SERVICES LL 43-1804048		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. 0.25%		

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
JPM EQUITY IDX A - BOSTON FINANCIA 330 W. 9TH STREET KANSAS CITY, MO 66160	0.05%	
(a) Enter service provider name as it appears on line 2		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
JPM US EQUITY A - BOSTON FINANCIAL 330 W. 9TH STREET KANSAS CITY, MO 66160	0.25%	
(a) Enter service provider name as it appears on line 2		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
MFS GLOBAL EQUITY R3 - MFS SERVICE	0.25%	
(d) Enter name and EIN (address) of source of indirect compensation		
04-2865649		

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.
OPPHMR DEV MKTS A - OFI GLOBAL ASS TWO WORLD FINANCIAL CENTER 225 LIBERTY STREET, 14TH FLOOR NEW YORK, NY 10281	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.
OPPHMR EQUITY INC A - OFI GLOBAL A TWO WORLD FINANCIAL CENTER 225 LIBERTY STREET, 14TH FLOOR NEW YORK, NY 10281	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.
PIF SMCP S&P 600 R3 - PRINCIPAL SH P.O. BOX 8480 BOSTON, MA 02266	0.30%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.
PIM GLB BD US HG A - BOSTON FINANCIAL P.O. BOX 8480 BOSTON, MA 02266	0.25%	
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.
PIM INTL SP US HG A - BOSTON FINANCIAL P.O. BOX 8480 BOSTON, MA 02266	0.25%	
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.
PIM REAL RETURN A - BOSTON FINANCIAL P.O. BOX 8480 BOSTON, MA 02266	0.25%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.
PIMCO COMM REL RET A - BOSTON FINA P.O. BOX 8480 BOSTON, MA 02266	0.25%	
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.
PIONEER BOND A - PIONEER INVESTMEN 04-2890696	0.35%	
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.
PRU/J MID CAP GR A - PRUDENTIAL MU 22-3703799	0.25%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
RDGWITH MID CAP VAL A - BOSTON FINA P.O. BOX 8480 BOSTON, MA 02266	0.40%	
(a) Enter service provider name as it appears on line 2		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
TRP RETIRE INCOME R - T. ROWE PRIC 52-2269240	0.40%	
(a) Enter service provider name as it appears on line 2		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
TRP RETIRE 2010 R - T. ROWE PRICE 52-2269240	0.40%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation TRP RETIRE 2015 R - T. ROWE PRICE 52-2269240		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. 0.40%		
(a) Enter service provider name as it appears on line 2 FIDELITY INVESTMENTS INSTITUTIONAL		
(b) Service Codes (see instructions) 60		
(c) Enter amount of indirect compensation 0		
(d) Enter name and EIN (address) of source of indirect compensation TRP RETIRE 2020 R - T. ROWE PRICE 52-2269240		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. 0.40%		
(a) Enter service provider name as it appears on line 2 FIDELITY INVESTMENTS INSTITUTIONAL		
(b) Service Codes (see instructions) 60		
(c) Enter amount of indirect compensation 0		
(d) Enter name and EIN (address) of source of indirect compensation TRP RETIRE 2025 R - T. ROWE PRICE 52-2269240		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. 0.40%		

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
TRP RETIRE 2030 R - T. ROWE PRICE	0.40%	
52-2269240		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
TRP RETIRE 2035 R - T. ROWE PRICE	0.40%	
52-2269240		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
TRP RETIRE 2040 R - T. ROWE PRICE	0.40%	
52-2269240		

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
TRP RETIRE 2045 R - T. ROWE PRICE	0.40%	
52-2269240		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
TRP RETIRE 2050 R - T. ROWE PRICE	0.40%	
52-2269240		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
TRP RETIRE 2055 R - T. ROWE PRICE	0.40%	
52-2269240		

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
WFA PR LG CO GRTH A - BOSTON FINAN P.O. BOX 8480 BOSTON, MA 02266	0.30%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NFP SECURITIES INC	55	5124
(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.	
NATIONAL FINANCIAL SERVICES LLC 04-3523567	---	
(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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection.
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan <u>SYNERGY HEALTH 401K PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SYNERGY HEALTH</u>	D Employer Identification Number (EIN) <u>59-3252632</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN SMCAP BLEND SEP ACCT-R2</u>			
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>42-0127290-029</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN MIDCAP BLEND SEP ACCT-R2</u>			
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>42-0127290-020</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN GOVT & HQ BOND SA-R2</u>			
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>42-0127290-007</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN MONEY MARKET SEP ACCT-R2</u>			
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>42-0127290-024</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN INTL EMERG MARKETS SA-R2</u>			
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>42-0127290-013</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LGCAP GROWTH SEP ACCT-R2</u>			
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>42-0127290-018</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN MIDCAP GROWTH SEP ACCT-R2</u>			
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>42-0127290-021</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>	

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN U.S. PROPERTY SEP ACCT-R2**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-027	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN DIVERSIFIED INTL SA-R2**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-015	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LGCAP S&P 500 INDEX SA-R2**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-016	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN MIDCAP VALUE I SA-R2**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-043	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN SMCAP S&P 600 INDEX SA-R2**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-028	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN MIDCAP GROWTH III SA-R2**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-026	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LARGECAP BLEND II SA-R2**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-065	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME 2010 SEP ACCT-R2**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-075	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME 2020 SEP ACCT-R2**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-076	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME 2030 SEP ACCT-R2**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-077	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME 2040 SEP ACCT-R2**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-078	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME 2050 SEP ACCT-R2**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-079	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME STRAT INC SA-R2**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-080	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN FIN GRP, INC. STOCK SA-R6**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-086	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LARGE CAP VALUE I SA-R2**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-098	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN INFLATION PROTECT SA-R2**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-099	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN SAM BALANCED SEP ACCT-R2**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-105	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN SAM CONS BALANCED SA-R2**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-106	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN SAM CONS GROWTH SA-R2**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-107	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN SAM FLEXIBLE INCOME SA-R2**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-108	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN SAM STRAT GROWTH SA-R2**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-109	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME 2015 SEP ACCT-R2**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-110	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME 2025 SEP ACCT-R2**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-111	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME 2035 SEP ACCT-R2**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-112	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME 2035 SEP ACCT-R2**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-112	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME 2045 SEP ACCT-R2**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-113	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME 2055 SEP ACCT-R2**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-114	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>		
A Name of plan <u>SYNERGY HEALTH 401K PLAN</u>		B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SYNERGY HEALTH</u>		D Employer Identification Number (EIN) <u>59-3252632</u>

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	0	0
(2) Participant contributions.....	1b(2)	0	0
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	0	1363978
(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)	379272	484187
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	8385893	0
(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)	1367474	11968391
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	323846	
(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	10456485	13816556

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	10456485	13816556
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	336859	
(B) Participants	2a(1)(B)	1078286	
(C) Others (including rollovers)	2a(1)(C)	176535	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1591680
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	80	
(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)	17377	
(F) Other	2b(1)(F)	556	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		18013
(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)	415421	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		415421
(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)		460617
(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)		917990
c Other income.....	2c		1855
d Total income. Add all income amounts in column (b) and enter total.....	2d		3405576

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1546730	
(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)		1546730
f Corrective distributions (see instructions).....	2f		22398
g Certain deemed distributions of participant loans (see instructions).....	2g		1786
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees.....	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	0	
(3) Investment advisory and management fees.....	2i(3)	0	
(4) Other.....	2i(4)	12583	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		12583
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1583497

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		1822079
l Transfers of assets:			
(1) To this plan.....	2l(1)		1537992
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

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

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

(1) Name: **ACCELL AUDIT & COMPLIANCE PA**

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

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	X		

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

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

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

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection.
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan <u>SYNERGY HEALTH 401K PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SYNERGY HEALTH</u>	D Employer Identification Number (EIN) <u>59-3252632</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
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>42-0127290</u> <u>04-6568107</u> Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

SYNERGY HEALTH 401K PLAN

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

DECEMBER 31, 2013





INDEPENDENT AUDITORS' REPORT

To the Trustee Committee of
Synergy Health 401K Plan

Report on Financial Statements

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

Management's Responsibility for the Financial Statement

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

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 Principal Life Insurance Company and Fidelity Management Trust Company, the trustees of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that Fidelity Management Trust Company held the Plan's investment assets and executed investment transactions from July 1, 2013 to December 31, 2013, and that Principal Life Insurance Company held the Plan's investment assets and executed investment transactions as of December 31, 2012, and for the period January 1, 2013 to June 28, 2013. The plan administrator has obtained the certifications from the trustees as of and for the years ended December 31, 2013 and 2012, that the information provided to the plan administrator by the trustees 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 basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedule, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2013, is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is 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 schedule.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustees, 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.

Accell Audit & Compliance, PA

Tampa, Florida
September 25, 2014

SYNERGY HEALTH 401K PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2013 AND 2012

	<u>2013</u>	<u>2012</u>
Assets:		
Investments, at fair value:		
Pooled separate accounts	\$ -	\$ 8,385,893
Cash and cash equivalents	1,363,978	-
Mutual funds	11,968,391	1,367,474
Guaranteed investment contract	-	323,846
Total investments, at fair value	<u>13,332,369</u>	<u>10,077,213</u>
Receivables:		
Participant contributions	33,972	-
Employer contributions	11,569	-
Notes receivable from participants	484,187	379,272
Total receivables	<u>529,728</u>	<u>379,272</u>
Total assets	<u>13,862,097</u>	<u>10,456,485</u>
Liabilities:		
Excess contribution refundable	<u>21,310</u>	<u>20,467</u>
Net assets available for benefits	<u>\$ 13,840,787</u>	<u>\$ 10,436,018</u>

See accompanying notes to the financial statements and independent auditors' report.

SYNERGY HEALTH 401K PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2013

Additions to net assets available for benefits attributed to:

Investment income:

Net appreciation in fair value of investments	\$ 1,380,462
Interest and dividends	416,057
Total investment income	<u>1,796,519</u>

Contributions:

Participant	1,090,948
Employer	348,428
Participant rollovers	176,535
Total contributions	<u>1,615,911</u>

Transfers from merged plans	1,537,992
Interest income on notes receivable from participants	<u>17,377</u>

Total additions	<u>4,967,799</u>
-----------------	------------------

Deductions from net assets available for benefits attributed to:

Benefits paid to participants	1,550,447
Administrative expenses	<u>12,583</u>

Total deductions	<u>1,563,030</u>
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Net increase in net assets available for benefits	3,404,769
Net assets available for benefits - beginning of year	<u>10,436,018</u>

Net assets available for benefits - end of year	<u>\$ 13,840,787</u>
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See accompanying notes to the financial statements and independent auditors' report.

**SYNERGY HEALTH 401K PLAN
NOTES TO FINANCIAL STATEMENT
DECEMBER 31, 2013**

NOTE 1 DESCRIPTION OF THE PLAN

Organization

Synergy Health 401K Plan (the "Plan"), f/k/a SRI/Surgical Express, Inc. 401K Plan, is a defined contribution plan covering all eligible employees of Synergy Health North America Inc., Synergy Health AST, LLC, and MSI Surgical Solutions, LLC (collectively referred to as the "Company" the "Employer", or the "Plan Sponsor"). The Plan was established on January 1, 1999 and subsequently amended and restated effective July 1, 2013, on which day the Plan changed trustees and transferred its assets to Fidelity Management Trust Company. Additionally, MSI Surgical Solutions, LLC 401(k) Plan and Synergy Health AST LLC 401(k) Plan merged into Synergy Health 401K Plan effective July 1, 2013 and August 1, 2013, respectively. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

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

General

The Plan covers all eligible employees of the Company as defined by the Plan Document. To participate in the Plan, employees must complete three months of service and attain the age of 21. Employees are automatically enrolled to defer 2% of their pay unless they choose not to defer, or choose a different percentage. The elective deferral agreement is effective on the first day of the pay period following entry date. If an employee's contribution percentage is less than 6% of compensation, that employee's contribution percentage will increase by 1% each Plan Year in which that employee participates as follows:

<u>Plan Year</u>	<u>Automatic Deferral Percentage</u>
1	2%
2	3%
3	4%
4	5%
5	6%

Contributions

Participants in the Plan may contribute up to 90% of their annual pretax compensation not to exceed \$17,500, the maximum allowed by the Internal Revenue Code (the "Code") for 2013. The Plan also allows for post-tax contributions to a Roth 401(K). In addition, the Plan and the Code permit participants age 50 or over during the Plan year to make additional "catch-up contributions" of up to \$5,500 for 2013. Participants may also contribute amounts representing distributions from other qualified retirement plans.

The Company may make a discretionary matching employer contribution to the Plan. The matching contributions are based on participants' compensation and

**SYNERGY HEALTH 401K PLAN
NOTES TO FINANCIAL STATEMENT
DECEMBER 31, 2013**

elective deferrals. Matching contributions are made after each pay period and are made to all participants who were active at any time during the payroll period. For the year ended December 31, 2013, the Employer matching contribution, which matches different percentages of contributions for different groups of eligible participants, totaled approximately \$348,000, of which approximately \$8,000 in forfeitures were applied.

Investment Options

Upon enrollment, a participant may direct participant and Employer contributions to any of the Plan's fund options. Participants have a choice of 33 investment options as of December 31, 2013. Participants may also redirect their contributions or exchange their existing fund account balances on any business day.

Participant Accounts

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

Notes Receivable from Participants

Participants may borrow from their account balances a minimum of \$1,000 to a maximum of the lesser of one-half of the vested account value or \$50,000. The loan must be repaid in equal monthly installments, amortized over a term of no more than five years. Instances where the loan is for the purchase of the participant's primary residence, the repayment period can be no more than 10 years. The loans are secured by the balance in the participant's account and bear interest at 4.25% to 6.61%. At the time a participant terminates employment with the Company, outstanding loans are offset against the participant's account balance. Principal and interest are paid ratably through payroll deductions. The Plan provides for an early repayment option.

Vesting

Participant's contributions, including rollover contributions, and actual earnings thereon, are 100% vested. Employer contributions and actual earnings thereon are incrementally vested at 50% after two years of service and 100% after three years of service.

In the event of death, total or permanent disability, or retirement, participants become fully invested in the Employer contributions.

Payment of Benefits

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

**SYNERGY HEALTH 401K PLAN
NOTES TO FINANCIAL STATEMENT
DECEMBER 31, 2013**

Plan Termination

Although it has not expressed any intent to do so, the Company has the right to amend or discontinue the Plan at any time subject to the provisions of ERISA. Upon termination of the Plan, the account of each participant will be 100% vested.

NOTE 2 SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting and in conformity with generally accepted accounting principles in the United States ("GAAP").

Valuation of Investments

The Plan's investments, comprised of cash and cash equivalents, mutual funds, pooled separate accounts, and guaranteed investment contracts ("GICs"), are stated at the value as reported by Principal Life Insurance Company and Fidelity Management Trust Company (the "Trustees"), which approximates fair value.

Purchases and sales of securities are recorded on a trade-date basis. Gain or loss on sales of securities is based on average cost. Dividend income is recorded on the ex-dividend date. Interest income is recognized as earned on the accrual basis.

The Plan presents, in the statement of changes in net assets available for benefit, the net appreciation in the fair value of its investments. This consists of the realized gains or losses and the unrealized appreciation or depreciation in those investments.

Investment management expenses charged to the Plan for investments in pooled separate accounts are deducted from income earned and are not separately reflected. Consequently, investment management expenses are reflected as a reduction of investment return for such investments.

Use of Estimates

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

Forfeitures

Forfeitures of terminated non-vested accounts are used to reduce Employer contributions.

During 2013, the actual cash contributed by the Employer was reduced by approximately \$10,000 for forfeited nonvested accounts.

**SYNERGY HEALTH 401K PLAN
NOTES TO FINANCIAL STATEMENT
DECEMBER 31, 2013**

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2013 or 2012. If a participant ceases to make loan repayments and the plan administrator deems that participant loan to be in default, the participant loan balances is reduced and a benefit payment is recorded.

Excess Contributions

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions. The Plan distributed the 2013 excess contributions to the applicable participants in March 2014.

Benefit Payments

Benefits are recorded when paid.

Expenses

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in the net appreciation of fair value of investments.

Subsequent Events

In accordance with Financial Accounting Standards Board Accountancy Standards Codification "FASB ASC" Topic 855, *Subsequent Events*, the Plan evaluated subsequent events through September 25, 2014, the date the financial statements were available for issue.

**SYNERGY HEALTH 401K PLAN
NOTES TO FINANCIAL STATEMENT
DECEMBER 31, 2013**

NOTE 3 INVESTMENTS

The following presents investments that represent 5% or more of the fair value of the Plan's net assets at December 31:

	<u>2013</u>	<u>2012</u>
FID PRIME FUND	\$ 1,363,978	*
PIONEER BOND A	1,223,085	*
TRP RETIRE 2035 R	1,011,783	*
TRP RETIRE 2030 R	858,733	*
TRP RETIRE 2025 R	806,512	*
TRP RETIRE 2020 R	800,406	*
PIF SMCP S&P 600 R3	751,593	*
RDGWITH MID CAP VAL A	750,835	*
TRP RETIRE 2040 R	749,573	*
WFA PR LG CO GRTH A	692,087	*
Pooled Separate Accounts Prin Money Market Sep Acct-R2	*	1,151,662
Pooled Separate Accounts Prin Govt & HQ Bond SA-R2	*	984,516
Pooled Separate Accounts Prin LifeTime 2020 Sep Acct-R2	*	616,298
Pooled Separate Accounts Prin LifeTime 2035 Sep Acct-R2	*	587,597
Pooled Separate Accounts Prin LifeTime 2030 Sep Acct-R2	*	580,675
Pooled Separate Accounts Prin LifeTime 2025 Sep Acct-R2	*	568,475
Remaining investments, less than 5%	<u>4,323,784</u>	<u>5,587,990</u>
	<u>\$ 13,332,369</u>	<u>\$ 10,077,213</u>

* Investment did not represent 5% or more of the fair value of the Plan's net assets.

During 2013 and 2012, the Plan's investments (including investments purchased, sold, as well as held during the year) appreciated in fair value as determined by quoted market prices as follows:

	<u>2013</u>	<u>2012</u>
Quoted market prices:		
Pooled separate accounts	\$ 460,618	804,325
Mutual funds	<u>919,844</u>	<u>115,657</u>
Total net appreciation	<u>\$ 1,380,462</u>	<u>\$ 919,982</u>

**SYNERGY HEALTH 401K PLAN
NOTES TO FINANCIAL STATEMENT
DECEMBER 31, 2013**

NOTE 4 FAIR VALUE MEASUREMENTS

In accordance with FASB ASC 820, *Fair Value Measurements and Disclosures*, the Plan assessed the guidelines for measuring fair value. These guidelines provide a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. FASB ASC 820 establishes three levels of fair value hierarchy that 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 methodology include quoted prices for similar assets or liabilities in active markets and quoted prices for identical or similar assets or liabilities in inactive markets. Inputs other than quoted prices that are observable for the asset or liability and inputs that are derived principally from or corroborated by observable market data are also included. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability |
| Level 3 | Inputs to the valuation methodology are unobservable and significant to the fair value measurement. |

The following methods and assumptions were used to estimate fair value of each class of assets that are recognized at fair value:

Cash and cash equivalents

These investments, comprised of money market accounts, are carried at cost, which approximates fair value, due to their short term nature. As such, these investments are classified within Level 1 of the valuation hierarchy.

Mutual funds

The investments are public investment vehicles valued using the Net Asset Value (the "NAV") provided by the administrator of the fund. The NAV is based on the value of the underlying assets owned by the fund, minus the liabilities, and then divided by the number of shares outstanding. The NAV is a quoted price in an active market and classified within Level 1 of the valuation hierarchy.

Pooled separate accounts

These investments are public investment vehicles valued using the NAV provided by the administrator of the fund. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. The NAV is classified within the Level 2 of the valuation hierarchy because the NAV's unit price is quoted on a private market that is not active; however, the unit price is based on underlying investments which are traded on an active market.

**SYNERGY HEALTH 401K PLAN
NOTES TO FINANCIAL STATEMENT
DECEMBER 31, 2013**

Guaranteed investment contract

The guaranteed investment contract is valued at fair value by the insurance company by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the creditworthiness of the issuer.

The Plan's investments measured at fair value on a recurring basis were as follows as of December 31, 2013:

	December 31, 2013			
	Fair Value Measurements			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	\$ 1,363,978	\$ -	\$ -	\$ 1,363,978
Mututal funds	11,968,391	-	-	11,968,391
	<u>\$ 13,332,369</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 13,332,369</u>

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

	December 31, 2012			
	Fair Value Measurements			
	Level 1	Level 2	Level 3	Total
Pooled separate accounts				
Balanced/asset allocation	\$ -	\$ 3,675,653	\$ -	\$ 3,675,653
Short-term fixed income	-	1,151,662	-	1,151,662
Small/mid U.S. equity	-	1,144,772	-	1,144,772
Fixed income	-	1,117,932	-	1,117,932
Large U.S. equity	-	972,033	-	972,033
International equity	-	306,030	-	306,030
Other	-	17,811	-	17,811
	-	8,385,893	-	8,385,893
Guaranteed Investment contract				
Short-term fixed income	-	-	323,846	323,846
Mutual funds				
Fixed income	500,915	-	-	500,915
Large U.S. equity	435,170	-	-	435,170
International equity	255,436	-	-	255,436
Small/mid U.S. equity	118,038	-	-	118,038
Other	54,774	-	-	54,774
Balanced/asset allocation	3,141	-	-	3,141
	1,367,474	-	-	1,367,474
	\$ 1,367,474	\$ 8,385,893	\$ 323,846	\$ 10,077,213

**SYNERGY HEALTH 401K PLAN
NOTES TO FINANCIAL STATEMENT
DECEMBER 31, 2013**

The table below presents reconciliation for the year ended December 31, 2012 for all Level 3 assets (i.e., Separate Accounts and Guaranteed Investment Contract) that are measured at fair value on a recurring basis:

	Guaranteed Investment Contract
Balance, beginning of year	\$ 446,928
Total gains (losses)	8,815
Interest credited	(19)
Purchases	51,069
Issuances, Settlements	(182,947)
Transfers out	-
Balance, end of year	<u>\$ 323,846</u>
The amount of total gains (losses) for the year attributable to the change in unrealized gains (losses) relating to assets still held at the reporting date	<u>\$ (19)</u>

NOTE 5 PLAN MERGER AND TRANSFER IN

On July 1, 2013, an affiliated plan, MSI Surgical Solutions, LLC 401K Plan, was merged into the Plan. The value of the participant account balances, including notes receivable from participants, in the amount of approximately \$552,000, was transferred into the Plan.

In addition, on August 1, 2013, an affiliated plan, Synergy Health AST LLC 401K Plan, transferred all of its assets into the Plan. The value of the participant account balances, including notes receivable from participants, on the transfer date was approximately \$980,000.

NOTE 6 INVESTMENT CONTRACT

Prior to changing Trustees on July 1, 2013, the Plan had entered into a non-benefit responsive investment contract with its former trustee, Principal Life Insurance Company ("Principal"). Principal maintained the contributions in a general account to which it provides a guaranteed interest rate for a specified period of time as determined, or allowed by the Plan. The rate credited is the rate in effect on the day when each deposit is directed to the account. To simplify reporting to participants, all rates credited during the 12-month 'deposit year' were averaged into a single composite rate. The employer chose the 12-month period for deposit year, which is the same as the Plan year. Reports, expenses, and guarantee periods are based on deposit year.

The guaranteed investment contract promises contract value for a benefit event (termination, death, disability and retirement); however, there is a possible

**SYNERGY HEALTH 401K PLAN
NOTES TO FINANCIAL STATEMENT
DECEMBER 31, 2013**

surrender charge when funds are withdrawn prior to their maturity. Thus, the guaranteed investment contract is considered non benefit responsive.

Fair market value is the amount the Plan would receive currently if they were to withdraw or transfer funds within the Plan prior to their maturity. This fair market value represents contract value adjusted to reflect current market interest rates only to the extent such market rates exceed crediting rates. As of December 31, 2013, there were no investment contracts held by the Plan.

NOTE 7 INCOME TAX STATUS

The Plan has received a determination letter from the Internal Revenue Service dated October 9, 2003, with respect to the prototype as designed at the date of the letter. The letter states that the prototype is qualified under Section 401(a) of the Code and, therefore, the related trust is exempt from taxation. The Plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan is qualified and therefore no provision for income tax has been included in the Plan's financial statements.

GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2013, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. While the Plan is subject to routine audits by taxing authorities, the Plan is not currently being audited by any tax authorities. The Plan Administrator believes it is subject to income tax examinations for up to three years after tax returns are filed.

NOTE 8 RISKS AND UNCERTAINTIES

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

NOTE 9 INFORMATION CERTIFIED BY THE PLAN'S TRUSTEES

The Plan administrator has elected the method of compliance as permitted by Section 29 CFR 2520.109(c) of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Principal Life Insurance Company and Fidelity Management Trust Company, the Trustees of certain Plan

**SYNERGY HEALTH 401K PLAN
NOTES TO FINANCIAL STATEMENT
DECEMBER 31, 2013**

assets, has certified as to the completeness and accuracy of the funds held by them as reflected in the accompanying financial statements and supplemental schedule, including investments held at December 31, 2013 and 2012 and net appreciation in fair value of investments, interest, and dividends for the year ended December 31, 2013.

NOTE 10 PARTIES IN INTEREST AND RELATED PARTY TRANSACTIONS

Certain Plan investments are funds managed by the Trustees. Transactions involving these investments are considered to be party-in-interest transactions. Fees incurred by the Plan for the investment management services are included in net appreciation in fair value of investments, as they are paid through revenue sharing, rather than a direct payment. As described in Note 2, the Plan made a direct payment to the third party administrator of approximately \$13,000 which was not covered by revenue sharing. The Plan Sponsor pays directly any other fees related to the Plan's operations.

NOTE 11 RECONCILIATION TO FORM 5500

The following is a reconciliation of the accompanying financial statements as of and for the year ended December 31, 2013 to the 2013 Form 5500:

Net assets available for benefits per the financial statements	\$ 13,840,787
Add: Amounts allocated to excess contributions refundable at December 31, 2013	21,310
Less: participant receivables as of December 31, 2013	(33,972)
Less: employer receivables as of December 31, 2013	(11,569)
Net assets available for benefits per the Form 5500	<u>\$ 13,816,556</u>
Participants contributions per the financial statements	\$ 1,090,948
Add: Amounts allocated to excess contributions refundable at December 31, 2013	21,310
Less: participant receivables as of December 31, 2013	(33,972)
Participant contributions per the Form 5500	<u>\$ 1,078,286</u>
Employer contributions per the financial statements	\$ 348,428
Less: employer receivables as of December 31, 2013	(11,569)
Participant contributions per the Form 5500	<u>\$ 336,859</u>
Benefits paid to the participants per the financial statements	\$ 1,550,447
Add: Amounts allocated to excess contributions refundable at December 31, 2012	20,467
Benefits paid to participants per the Form 5500	<u>\$ 1,570,914</u>

SUPPLEMENTAL SCHEDULE

Synergy Health 401K Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
E.I.N.: 59-3252632 Plan No.: 001
December 31, 2013

(a)	(b)	(c)	(d)	(e)
	Identity of issuer, borrower, lessor or similar party.	Description of investment including maturity date, rate of interest, collateral, par or maturity value.	Cost	Current Value
	FID PRIME FUND	Money Markets	\$	1,363,978
	PIONEER BOND A	Registered Investment Company		1,223,085
	TRP RETIRE 2035 R	Registered Investment Company		1,011,783
	TRP RETIRE 2030 R	Registered Investment Company		858,733
	TRP RETIRE 2025 R	Registered Investment Company		806,512
	TRP RETIRE 2020 R	Registered Investment Company		800,406
	PIF SMCP S&P 600 R3	Registered Investment Company		751,593
	RDGWTM MID CAP VAL A	Registered Investment Company		750,835
	TRP RETIRE 2040 R	Registered Investment Company		749,573
	WFA PR LG CO GRTH A	Registered Investment Company		692,087
	JPM EQUITY IDX A	Registered Investment Company		647,211
	JPM US EQUITY A	Registered Investment Company		641,851
	PIM INTL SP US\$HG A	Registered Investment Company		543,007
	OPPHMR EQUITY INC A	Registered Investment Company		441,383
	PRU/J MID CAP GR A	Registered Investment Company		307,208
	TRP RETIRE 2015 R	Registered Investment Company		252,844
	MFS GLOBAL EQUITY R3	Registered Investment Company		181,268
	TRP RETIRE 2010 R	Registered Investment Company		161,283
	TRP RETIRE 2045 R	Registered Investment Company		157,303
	JANUS TRITON S	Registered Investment Company		150,799
	PIM GLB BD US\$HG A	Registered Investment Company		150,592
	FA REAL ESTATE A	Registered Investment Company		136,120
	TRP RETIRE 2050 R	Registered Investment Company		135,306
	OPPHMR DEV MKTS A	Registered Investment Company		96,748
	PIM REAL RETURN A	Registered Investment Company		83,180
	COL MID CAP IDX A	Registered Investment Company		70,033
	BLKRK HI YD BD INV A	Registered Investment Company		42,353
	FA SMALL CAP VAL A	Registered Investment Company		38,248
	TRP RETIRE 2055 R	Registered Investment Company		28,400
	PIMCO COMM REL RET A	Registered Investment Company		22,234
	FA STRAT INCOME A	Registered Investment Company		20,813
	TRP RETIRE INCOME R	Registered Investment Company		15,073
	BLKRK INTL INDEX A	Registered Investment Company		527
*	Participant Loans	Range of Interest Rates Range from 4.25% to 9.25%	-0-	484,187
			\$	<u>13,816,556</u>

* Indicates party-in-interest

SYNERGY HEALTH 401K PLAN

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

DECEMBER 31, 2013





INDEPENDENT AUDITORS' REPORT

To the Trustee Committee of
Synergy Health 401K Plan

Report on Financial Statements

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

Management's Responsibility for the Financial Statement

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

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 Principal Life Insurance Company and Fidelity Management Trust Company, the trustees of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that Fidelity Management Trust Company held the Plan's investment assets and executed investment transactions from July 1, 2013 to December 31, 2013, and that Principal Life Insurance Company held the Plan's investment assets and executed investment transactions as of December 31, 2012, and for the period January 1, 2013 to June 28, 2013. The plan administrator has obtained the certifications from the trustees as of and for the years ended December 31, 2013 and 2012, that the information provided to the plan administrator by the trustees 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 basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedule, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2013, is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is 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 schedule.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustees, 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.

Accell Audit & Compliance, PA

Tampa, Florida
September 25, 2014

SYNERGY HEALTH 401K PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2013 AND 2012

	<u>2013</u>	<u>2012</u>
Assets:		
Investments, at fair value:		
Pooled separate accounts	\$ -	\$ 8,385,893
Cash and cash equivalents	1,363,978	-
Mutual funds	11,968,391	1,367,474
Guaranteed investment contract	-	323,846
Total investments, at fair value	<u>13,332,369</u>	<u>10,077,213</u>
Receivables:		
Participant contributions	33,972	-
Employer contributions	11,569	-
Notes receivable from participants	484,187	379,272
Total receivables	<u>529,728</u>	<u>379,272</u>
Total assets	<u>13,862,097</u>	<u>10,456,485</u>
Liabilities:		
Excess contribution refundable	<u>21,310</u>	<u>20,467</u>
Net assets available for benefits	<u>\$ 13,840,787</u>	<u>\$ 10,436,018</u>

See accompanying notes to the financial statements and independent auditors' report.

SYNERGY HEALTH 401K PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2013

Additions to net assets available for benefits attributed to:

Investment income:

Net appreciation in fair value of investments	\$ 1,380,462
Interest and dividends	416,057
Total investment income	<u>1,796,519</u>

Contributions:

Participant	1,090,948
Employer	348,428
Participant rollovers	176,535
Total contributions	<u>1,615,911</u>

Transfers from merged plans	1,537,992
Interest income on notes receivable from participants	<u>17,377</u>

Total additions	<u>4,967,799</u>
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Deductions from net assets available for benefits attributed to:

Benefits paid to participants	1,550,447
Administrative expenses	<u>12,583</u>

Total deductions	<u>1,563,030</u>
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Net increase in net assets available for benefits	3,404,769
Net assets available for benefits - beginning of year	<u>10,436,018</u>

Net assets available for benefits - end of year	<u>\$ 13,840,787</u>
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See accompanying notes to the financial statements and independent auditors' report.

**SYNERGY HEALTH 401K PLAN
NOTES TO FINANCIAL STATEMENT
DECEMBER 31, 2013**

NOTE 1 DESCRIPTION OF THE PLAN

Organization

Synergy Health 401K Plan (the "Plan"), f/k/a SRI/Surgical Express, Inc. 401K Plan, is a defined contribution plan covering all eligible employees of Synergy Health North America Inc., Synergy Health AST, LLC, and MSI Surgical Solutions, LLC (collectively referred to as the "Company" the "Employer", or the "Plan Sponsor"). The Plan was established on January 1, 1999 and subsequently amended and restated effective July 1, 2013, on which day the Plan changed trustees and transferred its assets to Fidelity Management Trust Company. Additionally, MSI Surgical Solutions, LLC 401(k) Plan and Synergy Health AST LLC 401(k) Plan merged into Synergy Health 401K Plan effective July 1, 2013 and August 1, 2013, respectively. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

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

General

The Plan covers all eligible employees of the Company as defined by the Plan Document. To participate in the Plan, employees must complete three months of service and attain the age of 21. Employees are automatically enrolled to defer 2% of their pay unless they choose not to defer, or choose a different percentage. The elective deferral agreement is effective on the first day of the pay period following entry date. If an employee's contribution percentage is less than 6% of compensation, that employee's contribution percentage will increase by 1% each Plan Year in which that employee participates as follows:

<u>Plan Year</u>	<u>Automatic Deferral Percentage</u>
1	2%
2	3%
3	4%
4	5%
5	6%

Contributions

Participants in the Plan may contribute up to 90% of their annual pretax compensation not to exceed \$17,500, the maximum allowed by the Internal Revenue Code (the "Code") for 2013. The Plan also allows for post-tax contributions to a Roth 401(K). In addition, the Plan and the Code permit participants age 50 or over during the Plan year to make additional "catch-up contributions" of up to \$5,500 for 2013. Participants may also contribute amounts representing distributions from other qualified retirement plans.

The Company may make a discretionary matching employer contribution to the Plan. The matching contributions are based on participants' compensation and

**SYNERGY HEALTH 401K PLAN
NOTES TO FINANCIAL STATEMENT
DECEMBER 31, 2013**

elective deferrals. Matching contributions are made after each pay period and are made to all participants who were active at any time during the payroll period. For the year ended December 31, 2013, the Employer matching contribution, which matches different percentages of contributions for different groups of eligible participants, totaled approximately \$348,000, of which approximately \$8,000 in forfeitures were applied.

Investment Options

Upon enrollment, a participant may direct participant and Employer contributions to any of the Plan's fund options. Participants have a choice of 33 investment options as of December 31, 2013. Participants may also redirect their contributions or exchange their existing fund account balances on any business day.

Participant Accounts

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

Notes Receivable from Participants

Participants may borrow from their account balances a minimum of \$1,000 to a maximum of the lesser of one-half of the vested account value or \$50,000. The loan must be repaid in equal monthly installments, amortized over a term of no more than five years. Instances where the loan is for the purchase of the participant's primary residence, the repayment period can be no more than 10 years. The loans are secured by the balance in the participant's account and bear interest at 4.25% to 6.61%. At the time a participant terminates employment with the Company, outstanding loans are offset against the participant's account balance. Principal and interest are paid ratably through payroll deductions. The Plan provides for an early repayment option.

Vesting

Participant's contributions, including rollover contributions, and actual earnings thereon, are 100% vested. Employer contributions and actual earnings thereon are incrementally vested at 50% after two years of service and 100% after three years of service.

In the event of death, total or permanent disability, or retirement, participants become fully invested in the Employer contributions.

Payment of Benefits

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

**SYNERGY HEALTH 401K PLAN
NOTES TO FINANCIAL STATEMENT
DECEMBER 31, 2013**

Plan Termination

Although it has not expressed any intent to do so, the Company has the right to amend or discontinue the Plan at any time subject to the provisions of ERISA. Upon termination of the Plan, the account of each participant will be 100% vested.

NOTE 2 SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting and in conformity with generally accepted accounting principles in the United States ("GAAP").

Valuation of Investments

The Plan's investments, comprised of cash and cash equivalents, mutual funds, pooled separate accounts, and guaranteed investment contracts ("GICs"), are stated at the value as reported by Principal Life Insurance Company and Fidelity Management Trust Company (the "Trustees"), which approximates fair value.

Purchases and sales of securities are recorded on a trade-date basis. Gain or loss on sales of securities is based on average cost. Dividend income is recorded on the ex-dividend date. Interest income is recognized as earned on the accrual basis.

The Plan presents, in the statement of changes in net assets available for benefit, the net appreciation in the fair value of its investments. This consists of the realized gains or losses and the unrealized appreciation or depreciation in those investments.

Investment management expenses charged to the Plan for investments in pooled separate accounts are deducted from income earned and are not separately reflected. Consequently, investment management expenses are reflected as a reduction of investment return for such investments.

Use of Estimates

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

Forfeitures

Forfeitures of terminated non-vested accounts are used to reduce Employer contributions.

During 2013, the actual cash contributed by the Employer was reduced by approximately \$10,000 for forfeited nonvested accounts.

**SYNERGY HEALTH 401K PLAN
NOTES TO FINANCIAL STATEMENT
DECEMBER 31, 2013**

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2013 or 2012. If a participant ceases to make loan repayments and the plan administrator deems that participant loan to be in default, the participant loan balances is reduced and a benefit payment is recorded.

Excess Contributions

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions. The Plan distributed the 2013 excess contributions to the applicable participants in March 2014.

Benefit Payments

Benefits are recorded when paid.

Expenses

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in the net appreciation of fair value of investments.

Subsequent Events

In accordance with Financial Accounting Standards Board Accountancy Standards Codification "FASB ASC" Topic 855, *Subsequent Events*, the Plan evaluated subsequent events through September 25, 2014, the date the financial statements were available for issue.

SYNERGY HEALTH 401K PLAN
NOTES TO FINANCIAL STATEMENT
DECEMBER 31, 2013

NOTE 3 INVESTMENTS

The following presents investments that represent 5% or more of the fair value of the Plan's net assets at December 31:

	<u>2013</u>	<u>2012</u>
FID PRIME FUND	\$ 1,363,978	*
PIONEER BOND A	1,223,085	*
TRP RETIRE 2035 R	1,011,783	*
TRP RETIRE 2030 R	858,733	*
TRP RETIRE 2025 R	806,512	*
TRP RETIRE 2020 R	800,406	*
PIF SMCP S&P 600 R3	751,593	*
RDGWITH MID CAP VAL A	750,835	*
TRP RETIRE 2040 R	749,573	*
WFA PR LG CO GRTH A	692,087	*
Pooled Separate Accounts Prin Money Market Sep Acct-R2	*	1,151,662
Pooled Separate Accounts Prin Govt & HQ Bond SA-R2	*	984,516
Pooled Separate Accounts Prin LifeTime 2020 Sep Acct-R2	*	616,298
Pooled Separate Accounts Prin LifeTime 2035 Sep Acct-R2	*	587,597
Pooled Separate Accounts Prin LifeTime 2030 Sep Acct-R2	*	580,675
Pooled Separate Accounts Prin LifeTime 2025 Sep Acct-R2	*	568,475
Remaining investments, less than 5%	<u>4,323,784</u>	<u>5,587,990</u>
	<u>\$ 13,332,369</u>	<u>\$ 10,077,213</u>

* Investment did not represent 5% or more of the fair value of the Plan's net assets.

During 2013 and 2012, the Plan's investments (including investments purchased, sold, as well as held during the year) appreciated in fair value as determined by quoted market prices as follows:

	<u>2013</u>	<u>2012</u>
Quoted market prices:		
Pooled separate accounts	\$ 460,618	804,325
Mutual funds	<u>919,844</u>	<u>115,657</u>
Total net appreciation	<u>\$ 1,380,462</u>	<u>\$ 919,982</u>

**SYNERGY HEALTH 401K PLAN
NOTES TO FINANCIAL STATEMENT
DECEMBER 31, 2013**

NOTE 4 FAIR VALUE MEASUREMENTS

In accordance with FASB ASC 820, *Fair Value Measurements and Disclosures*, the Plan assessed the guidelines for measuring fair value. These guidelines provide a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. FASB ASC 820 establishes three levels of fair value hierarchy that 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 methodology include quoted prices for similar assets or liabilities in active markets and quoted prices for identical or similar assets or liabilities in inactive markets. Inputs other than quoted prices that are observable for the asset or liability and inputs that are derived principally from or corroborated by observable market data are also included. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability |
| Level 3 | Inputs to the valuation methodology are unobservable and significant to the fair value measurement. |

The following methods and assumptions were used to estimate fair value of each class of assets that are recognized at fair value:

Cash and cash equivalents

These investments, comprised of money market accounts, are carried at cost, which approximates fair value, due to their short term nature. As such, these investments are classified within Level 1 of the valuation hierarchy.

Mutual funds

The investments are public investment vehicles valued using the Net Asset Value (the "NAV") provided by the administrator of the fund. The NAV is based on the value of the underlying assets owned by the fund, minus the liabilities, and then divided by the number of shares outstanding. The NAV is a quoted price in an active market and classified within Level 1 of the valuation hierarchy.

Pooled separate accounts

These investments are public investment vehicles valued using the NAV provided by the administrator of the fund. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. The NAV is classified within the Level 2 of the valuation hierarchy because the NAV's unit price is quoted on a private market that is not active; however, the unit price is based on underlying investments which are traded on an active market.

**SYNERGY HEALTH 401K PLAN
NOTES TO FINANCIAL STATEMENT
DECEMBER 31, 2013**

Guaranteed investment contract

The guaranteed investment contract is valued at fair value by the insurance company by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the creditworthiness of the issuer.

The Plan's investments measured at fair value on a recurring basis were as follows as of December 31, 2013:

	December 31, 2013			
	Fair Value Measurements			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	\$ 1,363,978	\$ -	\$ -	\$ 1,363,978
Mututal funds	11,968,391	-	-	11,968,391
	<u>\$ 13,332,369</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 13,332,369</u>

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

	December 31, 2012			
	Fair Value Measurements			
	Level 1	Level 2	Level 3	Total
Pooled separate accounts				
Balanced/asset allocation	\$ -	\$ 3,675,653	\$ -	\$ 3,675,653
Short-term fixed income	-	1,151,662	-	1,151,662
Small/mid U.S. equity	-	1,144,772	-	1,144,772
Fixed income	-	1,117,932	-	1,117,932
Large U.S. equity	-	972,033	-	972,033
International equity	-	306,030	-	306,030
Other	-	17,811	-	17,811
	-	8,385,893	-	8,385,893
Guaranteed Investment contract				
Short-term fixed income	-	-	323,846	323,846
Mutual funds				
Fixed income	500,915	-	-	500,915
Large U.S. equity	435,170	-	-	435,170
International equity	255,436	-	-	255,436
Small/mid U.S. equity	118,038	-	-	118,038
Other	54,774	-	-	54,774
Balanced/asset allocation	3,141	-	-	3,141
	1,367,474	-	-	1,367,474
	\$ 1,367,474	\$ 8,385,893	\$ 323,846	\$ 10,077,213

**SYNERGY HEALTH 401K PLAN
NOTES TO FINANCIAL STATEMENT
DECEMBER 31, 2013**

The table below presents reconciliation for the year ended December 31, 2012 for all Level 3 assets (i.e., Separate Accounts and Guaranteed Investment Contract) that are measured at fair value on a recurring basis:

	Guaranteed Investment Contract
Balance, beginning of year	\$ 446,928
Total gains (losses)	8,815
Interest credited	(19)
Purchases	51,069
Issuances, Settlements	(182,947)
Transfers out	-
Balance, end of year	<u>\$ 323,846</u>
The amount of total gains (losses) for the year attributable to the change in unrealized gains (losses) relating to assets still held at the reporting date	<u>\$ (19)</u>

NOTE 5 PLAN MERGER AND TRANSFER IN

On July 1, 2013, an affiliated plan, MSI Surgical Solutions, LLC 401K Plan, was merged into the Plan. The value of the participant account balances, including notes receivable from participants, in the amount of approximately \$552,000, was transferred into the Plan.

In addition, on August 1, 2013, an affiliated plan, Synergy Health AST LLC 401K Plan, transferred all of its assets into the Plan. The value of the participant account balances, including notes receivable from participants, on the transfer date was approximately \$980,000.

NOTE 6 INVESTMENT CONTRACT

Prior to changing Trustees on July 1, 2013, the Plan had entered into a non-benefit responsive investment contract with its former trustee, Principal Life Insurance Company ("Principal"). Principal maintained the contributions in a general account to which it provides a guaranteed interest rate for a specified period of time as determined, or allowed by the Plan. The rate credited is the rate in effect on the day when each deposit is directed to the account. To simplify reporting to participants, all rates credited during the 12-month 'deposit year' were averaged into a single composite rate. The employer chose the 12-month period for deposit year, which is the same as the Plan year. Reports, expenses, and guarantee periods are based on deposit year.

The guaranteed investment contract promises contract value for a benefit event (termination, death, disability and retirement); however, there is a possible

**SYNERGY HEALTH 401K PLAN
NOTES TO FINANCIAL STATEMENT
DECEMBER 31, 2013**

surrender charge when funds are withdrawn prior to their maturity. Thus, the guaranteed investment contract is considered non benefit responsive.

Fair market value is the amount the Plan would receive currently if they were to withdraw or transfer funds within the Plan prior to their maturity. This fair market value represents contract value adjusted to reflect current market interest rates only to the extent such market rates exceed crediting rates. As of December 31, 2013, there were no investment contracts held by the Plan.

NOTE 7 INCOME TAX STATUS

The Plan has received a determination letter from the Internal Revenue Service dated October 9, 2003, with respect to the prototype as designed at the date of the letter. The letter states that the prototype is qualified under Section 401(a) of the Code and, therefore, the related trust is exempt from taxation. The Plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan is qualified and therefore no provision for income tax has been included in the Plan's financial statements.

GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2013, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. While the Plan is subject to routine audits by taxing authorities, the Plan is not currently being audited by any tax authorities. The Plan Administrator believes it is subject to income tax examinations for up to three years after tax returns are filed.

NOTE 8 RISKS AND UNCERTAINTIES

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

NOTE 9 INFORMATION CERTIFIED BY THE PLAN'S TRUSTEES

The Plan administrator has elected the method of compliance as permitted by Section 29 CFR 2520.109(c) of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Principal Life Insurance Company and Fidelity Management Trust Company, the Trustees of certain Plan

**SYNERGY HEALTH 401K PLAN
NOTES TO FINANCIAL STATEMENT
DECEMBER 31, 2013**

assets, has certified as to the completeness and accuracy of the funds held by them as reflected in the accompanying financial statements and supplemental schedule, including investments held at December 31, 2013 and 2012 and net appreciation in fair value of investments, interest, and dividends for the year ended December 31, 2013.

NOTE 10 PARTIES IN INTEREST AND RELATED PARTY TRANSACTIONS

Certain Plan investments are funds managed by the Trustees. Transactions involving these investments are considered to be party-in-interest transactions. Fees incurred by the Plan for the investment management services are included in net appreciation in fair value of investments, as they are paid through revenue sharing, rather than a direct payment. As described in Note 2, the Plan made a direct payment to the third party administrator of approximately \$13,000 which was not covered by revenue sharing. The Plan Sponsor pays directly any other fees related to the Plan's operations.

NOTE 11 RECONCILIATION TO FORM 5500

The following is a reconciliation of the accompanying financial statements as of and for the year ended December 31, 2013 to the 2013 Form 5500:

Net assets available for benefits per the financial statements	\$ 13,840,787
Add: Amounts allocated to excess contributions refundable at December 31, 2013	21,310
Less: participant receivables as of December 31, 2013	(33,972)
Less: employer receivables as of December 31, 2013	(11,569)
Net assets available for benefits per the Form 5500	<u>\$ 13,816,556</u>
Participants contributions per the financial statements	\$ 1,090,948
Add: Amounts allocated to excess contributions refundable at December 31, 2013	21,310
Less: participant receivables as of December 31, 2013	(33,972)
Participant contributions per the Form 5500	<u>\$ 1,078,286</u>
Employer contributions per the financial statements	\$ 348,428
Less: employer receivables as of December 31, 2013	(11,569)
Participant contributions per the Form 5500	<u>\$ 336,859</u>
Benefits paid to the participants per the financial statements	\$ 1,550,447
Add: Amounts allocated to excess contributions refundable at December 31, 2012	20,467
Benefits paid to participants per the Form 5500	<u>\$ 1,570,914</u>

SUPPLEMENTAL SCHEDULE

Synergy Health 401K Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
E.I.N.: 59-3252632 Plan No.: 001
December 31, 2013

(a)	(b)	(c)	(d)	(e)
	Identity of issuer, borrower, lessor or similar party.	Description of investment including maturity date, rate of interest, collateral, par or maturity value.	Cost	Current Value
	FID PRIME FUND	Money Markets	\$	1,363,978
	PIONEER BOND A	Registered Investment Company		1,223,085
	TRP RETIRE 2035 R	Registered Investment Company		1,011,783
	TRP RETIRE 2030 R	Registered Investment Company		858,733
	TRP RETIRE 2025 R	Registered Investment Company		806,512
	TRP RETIRE 2020 R	Registered Investment Company		800,406
	PIF SMCP S&P 600 R3	Registered Investment Company		751,593
	RDGWTM MID CAP VAL A	Registered Investment Company		750,835
	TRP RETIRE 2040 R	Registered Investment Company		749,573
	WFA PR LG CO GRTH A	Registered Investment Company		692,087
	JPM EQUITY IDX A	Registered Investment Company		647,211
	JPM US EQUITY A	Registered Investment Company		641,851
	PIM INTL SP US\$HG A	Registered Investment Company		543,007
	OPPHMR EQUITY INC A	Registered Investment Company		441,383
	PRU/J MID CAP GR A	Registered Investment Company		307,208
	TRP RETIRE 2015 R	Registered Investment Company		252,844
	MFS GLOBAL EQUITY R3	Registered Investment Company		181,268
	TRP RETIRE 2010 R	Registered Investment Company		161,283
	TRP RETIRE 2045 R	Registered Investment Company		157,303
	JANUS TRITON S	Registered Investment Company		150,799
	PIM GLB BD US\$HG A	Registered Investment Company		150,592
	FA REAL ESTATE A	Registered Investment Company		136,120
	TRP RETIRE 2050 R	Registered Investment Company		135,306
	OPPHMR DEV MKTS A	Registered Investment Company		96,748
	PIM REAL RETURN A	Registered Investment Company		83,180
	COL MID CAP IDX A	Registered Investment Company		70,033
	BLKRK HI YD BD INV A	Registered Investment Company		42,353
	FA SMALL CAP VAL A	Registered Investment Company		38,248
	TRP RETIRE 2055 R	Registered Investment Company		28,400
	PIMCO COMM REL RET A	Registered Investment Company		22,234
	FA STRAT INCOME A	Registered Investment Company		20,813
	TRP RETIRE INCOME R	Registered Investment Company		15,073
	BLKRK INTL INDEX A	Registered Investment Company		527
*	Participant Loans	Range of Interest Rates Range from 4.25% to 9.25%	-0-	484,187
			\$	<u>13,816,556</u>

* Indicates party-in-interest