

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2013</div> <div style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</div>
---	---	---

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 <u>E HEALTHCARE 401(K) PLAN</u>	1b Three-digit plan number (PN) ▶	<u>001</u>
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>E HEALTHCARE, LLC</u> <u>104 WOODMONT BLVD. SUITE 500</u> <u>NASHVILLE, TN 37205</u>	1c Effective date of plan <u>01/01/2003</u>	2b Employer Identification Number (EIN) <u>75-2977286</u>
	2c Sponsor's telephone number <u>615-467-7400</u>	2d Business code (see instructions) <u>621498</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	<u>10/14/2014</u>	<u>GWENDOLYNN JAYNE</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

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

Form 5500 (2013)
v. 130118

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		3c Administrator's telephone number 4b EIN 4c PN	
5 Total number of participants at the beginning of the plan year		5	433
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).			
a Active participants		6a	265
b Retired or separated participants receiving benefits		6b	4
c Other retired or separated participants entitled to future benefits.....		6c	111
d Subtotal. Add lines 6a , 6b , and 6c		6d	380
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e	0
f Total. Add lines 6d and 6e		6f	380
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	316
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	45
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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>E HEALTHCARE 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>E HEALTHCARE, LLC</u>	D Employer Identification Number (EIN) <u>75-2977286</u>

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
CAPITAL RESEARCH & MANAGEMENT CO.

95-1411037

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

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

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

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

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

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

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

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

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

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

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

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

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

CAPITAL RESEARCH & MANAGEMENT CO.

95-1411037

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 52 60 62 25 49 72	RECORDKEEPER	0	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 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>E HEALTHCARE 401(K) PLAN</u>		B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>E HEALTHCARE, LLC</u>		D Employer Identification Number (EIN) <u>75-2977286</u>

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	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)	270214	291170
	(2) U.S. Government securities	1c(2)	0	0
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)	0	0
	(B) All other.....	1c(3)(B)	0	0
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)	0	0
	(B) Common.....	1c(4)(B)	0	0
	(5) Partnership/joint venture interests	1c(5)	0	0
	(6) Real estate (other than employer real property).....	1c(6)	0	0
	(7) Loans (other than to participants)	1c(7)	0	0
	(8) Participant loans.....	1c(8)	0	0
	(9) Value of interest in common/collective trusts	1c(9)	0	0
	(10) Value of interest in pooled separate accounts	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)	0	0
	(12) Value of interest in 103-12 investment entities.....	1c(12)	0	0
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	7600922	10113760
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other.....	1c(15)	0	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	7871136	10404930

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	7871136	10404930
---	-----------	---------	----------

Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	581937	
(B) Participants	2a(1)(B)	981853	
(C) Others (including rollovers)	2a(1)(C)	181462	
(2) Noncash contributions	2a(2)	0	1745252
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	14	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		14

(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)	334734	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		334734

(3) Rents	2b(3)		0
-----------------	--------------	--	---

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

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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		1589407
c Other income.....	2c		3365
d Total income. Add all income amounts in column (b) and enter total.....	2d		3672772

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1138978	
(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)		1138978
f Corrective distributions (see instructions).....	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees.....	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	0	
(3) Investment advisory and management fees.....	2i(3)	0	
(4) Other.....	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		0
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1138978

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		2533794
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: CARR, RIGGS & INGRAM LLC

(2) EIN: 72-1396621

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		36417
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
4c		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	
4d		X	
e Was this plan covered by a fidelity bond?	X		506000
4e	X		506000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		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	
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

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.
---	--	--

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

A Name of plan <u>E HEALTHCARE 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>E HEALTHCARE, LLC</u>	D Employer Identification Number (EIN) <u>75-2977286</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>20-3691658</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)
----------------	--

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

E+HEALTHCARE 401(K) PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES

December 31, 2013



CRI CARR
RIGGS &
INGRAM

CPAs and Advisors

CRlcpa.com | blog.cricpa.com

**e+ healthcare 401(k) Plan
Table of Contents
December 31, 2013**

REPORT

Independent Auditors' Report	1
------------------------------	---

FINANCIAL STATEMENTS

Statements of Net Assets Available for Benefits as of December 31, 2013 and 2012	3
--	---

Statement of Changes in Net Assets Available for Benefits for the Year Ended December 31, 2013	4
---	---

Notes to Financial Statements	5
-------------------------------	---

SUPPLEMENTAL SCHEDULES

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)	13
--	----

Schedule H, Line 4a – Schedule of Delinquent Participant Contributions	14
--	----

Note: Other schedules required by the Department of Labor's Rules and Regulations for reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA") have been omitted because the conditions under which they are required are not present.

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
e+ healthcare 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of e+ healthcare 401(k) 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 Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Capital Bank and Trust, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certifications from the trustee as of December 31, 2013 and 2012 and for the year ended December 31, 2013, that the information provided to the Plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

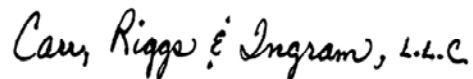
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Schedule H, line 4i-Schedule of Assets (Held At End of Year) and Schedule H, line 4a-Schedule of Delinquent Participant Contributions, which are the responsibility of plan management, are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedules referred to above.

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

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

A handwritten signature in cursive script that reads "Carr, Riggs & Ingram, L.L.C.".

CARR, RIGGS & INGRAM, LLC

Nashville, Tennessee

October 14, 2014

e+ healthcare 401(k) Plan
Statements of Net Assets Available for Benefits

<i>December 31,</i>	2013	2012
ASSETS		
Investments at fair value:		
Mutual funds	\$ 10,113,760	\$ 7,600,922
Interest-bearing cash	291,170	270,214
	10,404,930	7,871,136
Receivables:		
Participant contributions	32,792	26,744
Employer contributions	55,352	73,940
Total receivables	88,144	100,684
NET ASSETS AVAILABLE FOR BENEFITS	\$ 10,493,074	\$ 7,971,820

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

e+ healthcare 401(k) Plan
Statement of Changes in Net Assets Available for Benefits

<i>For the year ended December 31,</i>	2013
ADDITIONS TO NET ASSETS ATTRIBUTED TO:	
Investment income:	
Net appreciation in fair value of investments	\$ 1,589,406
Interest and dividend income	334,748
Other income	3,366
Total investment income	1,927,520
Contributions:	
Employer	563,349
Participants	987,901
Rollovers	181,462
Total contributions	1,732,712
Total additions	3,660,232
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:	
Benefits paid to participants	1,138,978
Total deductions	1,138,978
NET INCREASE	2,521,254
NET ASSETS AVAILABLE FOR BENEFITS:	
Beginning of year	7,971,820
End of year	\$ 10,493,074

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

NOTE 1: DESCRIPTION OF THE PLAN

The following description of the e+ healthcare 401(k) Plan (the “Plan”), as adopted on January 1, 2003, is provided for general information purposes only. Participants should refer to the Plan Agreement for a more complete description of the Plan’s provisions.

General

The Plan was established as a defined contribution plan for employees of e+ healthcare, LLC (the “Company”) and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Company serves as Plan Administrator.

The Plan covers employees who are at least 21 years old. Once employees have met the eligibility requirements, they may enter the Plan on the first day of the following month. Capital Bank and Trust serves as the trustee of the Plan.

Contribution

Participants may contribute up to the lesser of Form W-2 compensation, excluding fringe benefits, bonuses and commissions, or the statutory maximum to the Plan through a pretax salary deferral, as defined in the Plan Agreement. The salary deferral percentage can be changed at the discretion of the participant. The Plan provides for matching contributions equal to 100% of salary deferrals that do not exceed 3% of eligible compensation plus 50% of salary deferrals between 3% and 5% of eligible compensation. The Plan also provides for discretionary profit sharing contributions that can be made by the Company. No discretionary profit sharing contributions were made to the plan during the year ended December 31, 2013. Participants direct the investment of their contributions and the Company’s matching contributions into various investment options offered by the Plan. The Plan currently offers several mutual funds as investment options for participants.

Participant accounts

Each participant's account is credited with the participant's elective deferral contributions and withdrawals, allocations of the Company contributions, and Plan earnings. Allocations are based on either the participant's eligible compensation or account balance, as defined in the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

Participant loans

Participant loans are not permitted through the Plan.

NOTE 1: DESCRIPTION OF THE PLAN (Continued)

Hardship distributions

Hardship distributions are permitted if the distribution is due to expenses incurred or necessary for medical care described in the Internal Revenue Code ("IRC") Section 213(d), purchase of a principal residence, payment of tuition, to prevent eviction from or foreclosure of the principal residence, or any other condition which the Commissioner of the Internal Revenue Service determines is a deemed immediate and financial need of the participant.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Beginning January 1, 2008, the Plan elected "safe harbor" provisions, which provide for 100% immediate vesting of all employer matching contributions calculated on eligible compensation. Contributions prior to January 1, 2008 by participants formerly employed by Rocky Mountain Oncology Center, LLC (merged January 1, 2008) vest as follows:

0% = 1 Year of Service	20% = 2 Years of Service
40% = 3 Years of Service	60% = 4 Years of Service
80% = 5 Years of Service	100% = 6 Years of Service

Payments of benefits

On termination of service due to death, disability or retirement, a participant may elect to receive an amount equal to the value of his or her vested interest in their account, in either a lump-sum amount or paid directly to an eligible retirement plan specified by the participant in a direct rollover. For termination of service due to other reasons, a participant may elect any of the aforementioned options or roll over the account balance into an IRA or new employer's qualified plan. Participants should refer to the Plan documents for a full description of the distribution methods offered by the Plan.

Forfeited accounts

At December 31, 2013 and 2012, the forfeited non-vested accounts were \$12,981 and \$11,401 respectively. The funds are used to reduce future employer contributions or reallocated to participants as a percentage of compensation. During 2013, employer contributions were reduced by \$11,308.

NOTE 1: DESCRIPTION OF THE PLAN (Continued)

Investment options

Upon enrollment in the Plan, a participant may direct contributions in any investment funds approved by the Company. All investments are participant-directed. Participants should refer to the Company for a description of the investment options and their respective investment objectives.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting

The accompanying financial statements have been prepared on the accrual basis of accounting and present the net assets available for benefits and changes in net assets available for benefits of the Plan, in accordance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Investment valuation and income recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

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

The Plan considers all highly-liquid investments with original maturities of three months or less to be interest bearing cash.

Benefits paid

Benefits are recorded when paid.

e+ healthcare 401(k) Plan
Notes to Financial Statements

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Administrative expenses

Administrative expenses of the Plan may be paid by the Plan, the company or the self-directing participants.

Subsequent events

The Plan has evaluated subsequent events through October 14, 2014, the date the financial statements were available to be issued. No subsequent events were noted that meet the criteria to be recognized or disclosed except as described in Note 11.

NOTE 3: INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by the trustee as of December 31, 2013 and 2012 and for the year ended December 31, 2013. Investments that represent five percent or more of the Plan's net assets are individually listed.

	2013	2012
Investments:		
Mutual funds:		
American Funds Target Date 2050	\$ 1,775,196	\$ 1,275,504
American Funds Target Date 2025	835,251	655,943
American Funds Target Date 2030	792,223	664,061
American Funds Target Date 2045	706,792	453,361
American Funds Target Date 2035	637,637	453,876
American Funds Target Date 2040	624,897	437,033
American Funds Growth Fund of America	617,668	420,451
PIMCO Real Return Fund	*	531,575
Others individually less than 5% of Plan's net assets	4,124,096	2,709,118
Interest-bearing cash:		
American Funds Money Market Fund	291,170	270,214
	\$ 10,404,930	\$ 7,871,136
Investment gain:		
Net appreciation in fair value of investments	\$ 1,589,406	
Interest and dividend income	334,748	
Investment gain	\$ 1,924,154	

*Investment did not exceed 5% of the Plan's net assets for the respective year.

NOTE 4: FAIR VALUE MEASUREMENTS

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

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 – Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2013 or 2012.

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

Interest-bearing cash: Valued at the net asset value of shares held by the Plan at year end.

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

e+ healthcare 401(k) Plan Notes to Financial Statements

NOTE 4: FAIR VALUE MEASUREMENTS (Continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2013 and 2012:

Assets at Fair Value as of December 31, 2013				
	Level 1	Level 2	Level 3	Total
Mutual funds:				
Balanced/asset allocation	\$ 6,066,406	\$ -	\$ -	\$ 6,066,406
Large U.S. equity	2,406,731	-	-	2,406,731
Small/mid U.S. equity	663,176	-	-	663,176
Bond	324,860	-	-	324,860
International equity	652,587	-	-	652,587
	10,113,760	-	-	10,113,760
Interest-bearing cash	291,170	-	-	291,170
Total investments at fair value	\$ 10,404,930	\$ -	\$ -	\$ 10,404,930

Assets at Fair Value as of December 31, 2012				
	Level 1	Level 2	Level 3	Total
Mutual funds:				
Balanced/asset allocation	\$ 4,438,961	\$ -	\$ -	\$ 4,438,961
Large U.S. equity	1,661,586	-	-	1,661,586
Small/mid U.S. equity	531,459	-	-	531,459
Bond	531,575	-	-	531,575
International equity	437,341	-	-	437,341
	7,600,922	-	-	7,600,922
Interest-bearing cash	270,214	-	-	270,214
Total investments at fair value	\$ 7,871,136	\$ -	\$ -	\$ 7,871,136

NOTE 5: RELATED PARTY TRANSACTIONS

Certain Plan investments are shares of mutual funds managed by American Funds Group, a related party to Capital Bank and Trust, the trustee of the Plan; therefore, these transactions qualify as party-in-interest transactions.

NOTE 6: PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of a Plan termination, participants will become 100% vested in their employer contributions and the assets under the Plan will be distributed to the participants based upon their account balances.

NOTE 7: TAX STATUS

The Company adopted the American Funds Prototype Basic Plan Document. An opinion letter has been issued by the national office of the Internal Revenue Service as evidence that the Plan is qualified under section 401 of the IRC as tax-exempt. The Plan has been amended since receiving the determination letter. However, the Plan's administrator and the Plan's tax counsel believe the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (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. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2010.

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: RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 at December 31, 2013 and 2012:

	2013	2012
Net assets available for benefits per the financial statements	\$ 10,493,074	\$ 7,971,820
Participant contributions receivable	(32,792)	(26,744)
Employer contributions receivable	(55,352)	(73,940)
Net assets per Form 5500	\$ 10,404,930	\$ 7,871,136

NOTE 9: RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (Continued)

The following is a reconciliation of employer contributions per the financial statements to Form 5500 for the year ended December 31, 2013:

Employer contributions per the financial statements	\$	563,349
2012 Employer contributions receivable		73,940
2013 Employer contributions receivable		(55,352)
Employer contributions per Form 5500	\$	581,937

The following is a reconciliation of participant contributions per the financial statements to Form 5500 for the year ended December 31, 2013:

Participant contributions per the financial statements	\$	987,901
2012 Participant contributions receivable		26,744
2013 Participant contributions receivable		(32,792)
Participant contributions per Form 5500	\$	981,853

10. PROHIBITED TRANSACTIONS

The Company failed to remit to the Plan's trustee certain employee contributions totaling \$36,417 within the period prescribed by Department of Labor regulations. Delays in remitting contributions to the trustee were due to administrative errors, and the company has calculated and remitted the lost earnings on those late deposits.

11. SUBSEQUENT EVENT

Effective June 1, 2014, the Company engaged Massachusetts Mutual Life Insurance Company to provide recordkeeping and administrative services. Also effective June 1, 2014, the trustee has been changed to Reliance Trust Company.

e+ healthcare 401(k) Plan
EIN 75-2977286 Plan Number 001
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2013

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
*	American Funds Group	American Funds 2050 Target Date Fund	#	\$ 1,775,196
*	American Funds Group	American Funds 2025 Target Date Fund	#	835,251
*	American Funds Group	American Funds 2030 Target Date Fund	#	792,223
*	American Funds Group	American Funds 2045 Target Date Fund	#	706,792
*	American Funds Group	American Funds 2035 Target Date Fund	#	637,637
*	American Funds Group	American Funds 2040 Target Date Fund	#	624,897
*	American Funds Group	American Funds Growth Fund of America	#	617,668
*	American Funds Group	American Funds Invest Co. of America	#	496,678
	Franklin Resources, Inc.	Templeton Foreign Fund	#	444,871
*	American Funds Group	American Funds 2020 Target Date Fund	#	409,087
	Federated Investors, Inc.	Federated Kaufmann Fund	#	371,399
	Pacific Investment Management Company, LLC	PIMCO Real Return Fund	#	324,860
*	American Funds Group	American Funds SMALLCAP World Fund	#	291,777
*	American Funds Group	American Funds Money Market Fund	#	291,170
	Invesco Aim Distributors, Inc.	INVESCO Global Health Care Fund	#	244,800
*	American Funds Group	American Funds Europacific Growth Fund	#	229,822
*	American Funds Group	American Funds Capital World Growth & Income Fund	#	219,719
*	American Funds Group	American Funds Fundamental Investors	#	210,445
	AllianceBernstein Investments, Inc.	Alliance Bernstein Discovery Value	#	207,716
*	American Funds Group	American Funds New Economy Fund	#	200,346
	Federated Investors, Inc.	Federated Max Cap Index Fund	#	187,253
*	American Funds Group	American Funds 2010 Target Date Fund	#	173,287
*	American Funds Group	American Funds 2015 Target Date Fund	#	72,997
*	American Funds Group	American Funds 2055 Target Date Fund	#	39,039
				<u>\$ 10,404,930</u>

* Represents a party-in-interest.

Not required for participant-directed accounts.

e+ healthcare 401(k) Plan
EIN 75-2977286 Plan Number 001

Schedule H, Line 4a – Schedule of Delinquent Participant Contributions
December 31, 2013

Participant Contributions				
Transferred Late to Plan		Total that Constitute Nonexempt Prohibited Transactions		
Check here if Late Participant Loan Repayments are Included:	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
	\$ -	\$ 36,417	\$ -	\$ -

[illegible]

ASSETS HELD FOR INVESTMENT PURPOSES

e+healthcare 401(k) Plan

01-JAN-13 to 31-DEC-13

25-JAN-14 08:24:05

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
IRERBX			180,832.21	229,822.12
IRGABX			466,454.90	617,667.62
IRNGBX			145,465.10	200,346.00
IRSLBX			223,706.31	291,776.57
IABCSX			169,531.60	207,716.40
IKAUCX			332,367.48	371,399.33
IGTHCX			199,518.97	244,799.53
IRWIBX			164,756.13	219,718.78
IRFNBX			151,038.43	210,445.03
IRICBX			389,642.36	496,677.78
IMXCCX			178,107.43	187,252.63
ITEFTX			390,149.19	444,870.94
IPRTCX			340,694.56	324,860.11
IRABXX			278,189.46	278,189.46
IRBATX			160,799.09	173,287.25
IRBJTX			64,977.61	72,997.11
IRBCTX			334,234.42	409,087.43
IRBDTX			678,682.68	835,250.68
IRBETX			629,638.49	792,223.46
IRBFTX			525,712.29	637,636.75
IRBKTX			475,171.69	624,897.30
IRBHTX			554,291.58	706,791.93
IRBITX			1,341,742.15	1,775,195.96
IRBMTX			32,636.61	39,038.93
			8,408,340.74	10,391,949.10
FORFEITURES			12,980.89	12,980.89

ASSETS HELD FOR INVESTMENT PURPOSES

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1	12/31/2000	0.05	1000000	1000000
2	12/31/2001	0.05	1000000	1000000
3	12/31/2002	0.05	1000000	1000000
4	12/31/2003	0.05	1000000	1000000
5	12/31/2004	0.05	1000000	1000000
6	12/31/2005	0.05	1000000	1000000
7	12/31/2006	0.05	1000000	1000000
8	12/31/2007	0.05	1000000	1000000
9	12/31/2008	0.05	1000000	1000000
10	12/31/2009	0.05	1000000	1000000
11	12/31/2010	0.05	1000000	1000000
12	12/31/2011	0.05	1000000	1000000
13	12/31/2012	0.05	1000000	1000000
14	12/31/2013	0.05	1000000	1000000
15	12/31/2014	0.05	1000000	1000000
16	12/31/2015	0.05	1000000	1000000
17	12/31/2016	0.05	1000000	1000000
18	12/31/2017	0.05	1000000	1000000
19	12/31/2018	0.05	1000000	1000000
20	12/31/2019	0.05	1000000	1000000
21	12/31/2020	0.05	1000000	1000000
22	12/31/2021	0.05	1000000	1000000
23	12/31/2022	0.05	1000000	1000000
24	12/31/2023	0.05	1000000	1000000
25	12/31/2024	0.05	1000000	1000000
26	12/31/2025	0.05	1000000	1000000
27	12/31/2026	0.05	1000000	1000000
28	12/31/2027	0.05	1000000	1000000
29	12/31/2028	0.05	1000000	1000000
30	12/31/2029	0.05	1000000	1000000
31	12/31/2030	0.05	1000000	1000000
32	12/31/2031	0.05	1000000	1000000
33	12/31/2032	0.05	1000000	1000000
34	12/31/2033	0.05	1000000	1000000
35	12/31/2034	0.05	1000000	1000000
36	12/31/2035	0.05	1000000	1000000
37	12/31/2036	0.05	1000000	1000000
38	12/31/2037	0.05	1000000	1000000
39	12/31/2038	0.05	1000000	1000000
40	12/31/2039	0.05	1000000	1000000
41	12/31/2040	0.05	1000000	1000000
42	12/31/2041	0.05	1000000	1000000
43	12/31/2042	0.05	1000000	1000000
44	12/31/2043	0.05	1000000	1000000
45	12/31/2044	0.05	1000000	1000000
46	12/31/2045	0.05	1000000	1000000
47	12/31/2046	0.05	1000000	1000000
48	12/31/2047	0.05	1000000	1000000
49	12/31/2048	0.05	1000000	1000000
50	12/31/2049	0.05	1000000	1000000
51	12/31/2050	0.05	1000000	1000000
52	12/31/2051	0.05	1000000	1000000
53	12/31/2052	0.05	1000000	1000000
54	12/31/2053	0.05	1000000	1000000
55	12/31/2054	0.05	1000000	1000000
56	12/31/2055	0.05	1000000	1000000
57	12/31/2056	0.05	1000000	1000000
58	12/31/2057	0.05	1000000	1000000
59	12/31/2058	0.05	1000000	1000000
60	12/31/2059	0.05	1000000	1000000
61	12/31/2060	0.05	1000000	1000000
62	12/31/2061	0.05	1000000	1000000
63	12/31/2062	0.05	1000000	1000000
64	12/31/2063	0.05	1000000	1000000
65	12/31/2064	0.05	1000000	1000000
66	12/31/2065	0.05	1000000	1000000
67	12/31/2066	0.05	1000000	1000000
68	12/31/2067	0.05	1000000	1000000
69	12/31/2068	0.05	1000000	1000000
70	12/31/2069	0.05	1000000	1000000
71	12/31/2070	0.05	1000000	1000000
72	12/31/2071	0.05	1000000	1000000
73	12/31/2072	0.05	1000000	1000000
74	12/31/2073	0.05	1000000	1000000
75	12/31/2074	0.05	1000000	1000000
76	12/31/2075	0.05	1000000	1000000
77	12/31/2076	0.05	1000000	1000000
78	12/31/2077	0.05	1000000	1000000
79	12/31/2078	0.05	1000000	1000000
80	12/31/2079	0.05	1000000	1000000
81	12/31/2080	0.05	1000000	1000000
82	12/31/2081	0.05	1000000	1000000
83	12/31/2082	0.05	1000000	1000000
84	12/31/2083	0.05	1000000	1000000
85	12/31/2084	0.05	1000000	1000000
86	12/31/2085	0.05	1000000	1000000
87	12/31/2086	0.05	1000000	1000000
88	12/31/2087	0.05	1000000	1000000
89	12/31/2088	0.05	1000000	1000000
90	12/31/2089	0.05	1000000	1000000
91	12/31/2090	0.05	1000000	1000000
92	12/31/2091	0.05	1000000	1000000
93	12/31/2092	0.05	1000000	1000000
94	12/31/2093	0.05	1000000	1000000
95	12/31/2094	0.05	1000000	1000000
96	12/31/2095	0.05	1000000	1000000
97	12/31/2096	0.05	1000000	1000000
98	12/31/2097	0.05	1000000	1000000
99	12/31/2098	0.05	1000000	1000000
100	12/31/2099	0.05	1000000	1000000

LEGEND

INVESTMENT OPTION:

IRERBX	American Funds EuroPacific Gr R2	IRGABX	American Funds Growth Fund of Amer R2
IRNGBX	American Funds New Economy R2	IRSLBX	American Funds SMALLCAP World R2
IABCSX	AllianceBernstein Discovery Value C	KAUCX	Federated Kaufmann Fund - C
IGTHCX	INVESCO Global Health Care Fund - C	RWIBX	American Funds Capital World G/I R2
IRFNBX	American Funds Fundamental Invs R2	RICBX	American Funds Invmt Co of America R2
IMXCCX	Federated Max Cap Index Fund - C	ITEFTX	Templeton Foreign Fund C
IPRTCX	PIMCO Real Return Fund - C	IRABXX	American Funds Money Market R2
IRBATX	American Funds 2010 Target Date Fund R2	IRBJTX	American Funds 2015 Target Date Fund R2
IRBCTX	American Funds 2020 Target Date Fund R2	IRBDTX	American Funds 2025 Target Date Fund R2
IRBETX	American Funds 2030 Target Date Fund R2	IRBFTX	American Funds 2035 Target Date Fund R2
IRBKTX	American Funds 2040 Target Date Fund R2	IRBHTX	American Funds 2045 Target Date Fund R2
IRBITX	American Funds 2050 Target Date Fund R2	IRBMTX	American Funds 2055 Target Date Fund R2

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

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year