

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: 1.5em; font-weight: bold;">2014</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); 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 BEAVER MEDICAL GROUP 401(K) PROFIT-SHARING PLAN	1b Three-digit plan number (PN) ▶	002	
	1c Effective date of plan	10/01/1977	
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) BEAVER MEDICAL GROUP, L.P. JOHN GOODMAN 1615 ORANGE TREE LANE REDLANDS, CA 92374-2804	2b Employer Identification Number (EIN)	33-0645967	
	2c Plan Sponsor's telephone number	909-786-0701	
	2d Business code (see instructions)	621111	

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

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

SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional) KIRK G. STITT SOREN MCADAM CHRISTENSON LLP 2068 ORANGE TREE LANE, SUITE 100 REDLANDS, CA 92374			Preparer's telephone number (optional) 909-798-2222

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 1856
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 6a(2) 1555 6b 9 6c 350 6d 1914 6e 7 6f 1921 6g 1702 6h 76
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 2R 2S 2T b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☐ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III**Form M-1 Compliance Information (to be completed by welfare benefit plans)**

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

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
		2014
		This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan BEAVER MEDICAL GROUP 401(K) PROFIT-SHARING PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 BEAVER MEDICAL GROUP, L.P.	D Employer Identification Number (EIN) 33-0645967

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
FIDELITY INVESTMENTS INST. OP. CO.

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 INST. OP. CO.

P.O. BOX 770002
CINCINNATI, OH 45277

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 64 65 71	RECORDKEEPER	10192	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

VANGUARD

P.O. BOX 2600
VALLEY FORGE, PA 19482

(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?
71	FUND MANAGEMENT	0	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

LOOMIS SAYLES FUNDS

1 FINANCIAL CENTER
BOSTON, MA 02111

(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?
71	FUND MANAGEMENT	0	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

PIMCO

840 NEWPORT CENTER DRIVE
NEWPORT BEACH, CA 92660

(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?
71	FUND MANAGEMENT	0	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

OPPENHEIMER FUNDS

P.O. BOX 5270
DENVER, CO 80217

(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?
71	FUND MANAGEMENT	0	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

BLACKROCK

1 FINANCIAL CENTER, SUITE 31
BOSTON, MA 02111

(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?
71	FUND MANAGEMENT	0	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

DODGE & COX

P.O. BOX 8422
BOSTON, MA 02266

(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?
71	FUND MANAGEMENT	0	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

AMERICAN CENTURY INVESTMENTS

P.O. BOX 419200
KANSAS CITY, MO 64141

(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?
71	FUND MANAGEMENT	0	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

AMERICAN FUNDS

STUART TOWER 1 MARKET ST, STE 200
SAN FRANCISCO, CA 94105

(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?
71	FUND MANAGEMENT	0	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

JP MORGAN

P.O. BOX 8528
BOSTON, MA 02266

(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?
71	FUND MANAGEMENT	0	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

DAVIS FUNDS

P.O. BOX 8406
BOSTON, MA 02266

(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?
71	FUND MANAGEMENT	0	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

AMERICAN BEACON

4151 AMON CARTER BLVD MD2450
FORT WORTH, TX 76155

(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?
71	FUND MANAGEMENT	0	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

ARTISAN

875 E. WISCONSIN AVE. STE 800
MILWAUKEE, WI 53202

(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?
71	FUND MANAGEMENT	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 ☐

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 INST. OP. CO.	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.	
ABF SM CAP VAL INST-BOS FIN 04-2526037	FORMULA = 0.04%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INST. OP. CO.	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.	
AF EUROPAC GROWTH R5-AM FUND 95-2566717	FORMULA = 0.05%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INST. OP. CO.	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.	
AM CENT GROWTH INST - AM CEN 44-0619208	FORMULA = 0.15%	

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 INST. OP. CO.	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.
BLKRK EQ DIC I - BNY MELLON P.O. BOX 9793 PROVIDENCE, RI 02940	FORMULA = 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 INST. OP. CO.	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.
DAVIS NY VENTURE Y - BOS FIN 330 W. 9TH STREET KANSAS CITY, MO 66160	FORMULA = 0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INST. OP. CO.	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.
DODGE & COX INTL STK - BOS F P.O. BOX 8480 BOSTON, MA 02266	FORMULA = 0.10%	

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 INST. OP. CO.	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.
DODGE & COX STOCK - BOS FIN P.O. BOX 8480 BOSTON, MA 02266	FORMULA = 0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INST. OP. CO.	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.
JPM MIDCAP VALUE IS -BOS FIN 330 W. 9TH STREET KANSAS CITY, MO 66160	FORMULA = 0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INST. OP. CO.	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.
LOOMIS SM CP GRTH IS-BOS FIN P.O. BOX 8480 BOSTON, MA 02266	FORMULA = 0.15%	

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 INST. OP. CO.	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 MS SM&MD CP Y 225 LIBERTY STREET, 14TH FLOOR NEW YORK, NY 10281	FORMULA = 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 INST. OP. CO.	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 TOTAL RT INST - BOS FIN P.O. BOX 8480 BOSTON, MA 02266	FORMULA = 0.03%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INST. OP. CO.	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.
WELLS FARGO STABLE VALUE FUN P.O. BOX 8266 BOSTON, MA 02266	FORMULA = 0.25%	

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
(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
(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
(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
(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
(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:

<p style="text-align: center;">SCHEDULE D (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p>	<p style="text-align: center;">DFE/Participating Plan Information</p> <p style="text-align: center; font-size: small;">This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p style="text-align: center; font-weight: bold;">▶ File as an attachment to Form 5500.</p>	<p style="text-align: center; font-size: small;">OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: large; font-weight: bold;">2014</p> <hr/> <p style="text-align: center; font-size: small;">This Form is Open to Public Inspection.</p>
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan BEAVER MEDICAL GROUP 401(K) PROFIT-SHARING PLAN	B Three-digit plan number (PN) ▶	002
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BEAVER MEDICAL GROUP, L.P.	D Employer Identification Number (EIN) 33-0645967	

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)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO STABLE VALUE FUND

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN 94-6751924-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9141974
--	--	---

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)
-----------------	----------------------	---

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)
-----------------	----------------------	---

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)
-----------------	----------------------	---

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)
-----------------	----------------------	---

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)
-----------------	----------------------	---

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)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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)**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)**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)**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)**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)**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)**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)**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)**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)**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)

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
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
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) <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> 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>		
A Name of plan <u>BEAVER MEDICAL GROUP 401(K) PROFIT-SHARING PLAN</u>		B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BEAVER MEDICAL GROUP, L.P.</u>		D Employer Identification Number (EIN) <u>33-0645967</u>

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	8664615	8993055
(2) Participant contributions.....	1b(2)		29545
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	4911803	6287873
(2) U.S. Government securities	1c(2)	165199	58674
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	82269	228786
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)	11185300	11805273
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)	2670451	2802314
(9) Value of interest in common/collective trusts	1c(9)	10538973	9141974
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	145718025	161064252
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	183936635	200411746

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	183936635	200411746
---	-----------	-----------	-----------

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)	8993055	
(B) Participants	2a(1)(B)	5961806	
(C) Others (including rollovers)	2a(1)(C)	101215	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		15056076
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	10867	
(B) U.S. Government securities	2b(1)(B)	784	
(C) Corporate debt instruments	2b(1)(C)	5605	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	110267	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		127523
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	195127	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	13182899	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		13378026
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	27986419	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	27823310	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		163109
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	331021	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		331021

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		97603
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-3651092
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		25502266

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	9006397	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		9006397
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		10565
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)	10193	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		10193
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		9027155

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		16475111
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: SOREN MCADAM CHRISTENSON, LLP

(2) EIN: 77-0549163

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

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

Part IV Compliance Questions

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

During the plan year:

- a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....
- b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
4d			
e Was this plan covered by a fidelity bond?	X		500000
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k			
l Has the plan failed to provide any benefit when due under the plan?.....		X	
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	
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

**Beaver Medical Group 401(k)
Profit-Sharing Plan**

**Financial Statements
and
Supplemental Schedule
with
Independent Auditors' Report**

December 31, 2014 and 2013

Table of Contents

	Page
Independent Auditors' Report	1
Financial Statements	
Statements of Net Assets Available for Benefits	3
Statement of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5
Supplemental Schedule	
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)	15



Independent Auditors' Report

To the Board of Directors of the
Beaver Medical Group 401(k) Profit-Sharing Plan

We were engaged to audit the accompanying financial statements of Beaver Medical Group 401(k) Profit-Sharing Plan (the Plan), which comprise the statement of net assets available for benefits as of December 31, 2014 and 2013, and the related statement of changes in net assets available for benefits for the year ended December 31, 2014, 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.

Auditor's 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 (DOL) 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 Fidelity Management Trust Company, Trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan Administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the Trustee as of December 31, 2014 and 2013 and for the year ended December 31, 2014, 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 – Supplemental Schedule

The supplemental schedule on pages 15 through 18 as of December 31, 2014, is required by the 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 basic 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 this 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 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 DOL Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Soren McAdam Christensen LLP

Redlands, California
July 21, 2015

Beaver Medical Group 401(k) Profit-Sharing Plan

Statements of Net Assets Available for Benefits

	December 31,	
	2014	2013
ASSETS		
Investments, at fair value	<u>\$ 188,727,716</u>	<u>\$ 172,686,148</u>
Receivables		
Notes receivable from participants	2,802,314	2,670,451
Employer contributions	8,993,055	8,664,615
Participant contributions	<u>29,545</u>	<u>—</u>
Total receivables	<u>11,824,914</u>	<u>11,335,066</u>
Net assets available for benefits, at fair value	200,552,630	184,021,214
Adjustment from fair value to contract value for fully benefit-responsive investment accounts	<u>(140,884)</u>	<u>(84,579)</u>
Net assets available for benefits	<u><u>\$ 200,411,746</u></u>	<u><u>\$ 183,936,635</u></u>

See accompanying notes to financial statements

Beaver Medical Group 401(k) Profit-Sharing Plan

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2014

Contributions

Participants	\$ 5,961,806
Employer	8,993,055
Rollovers	<u>101,215</u>

Total contributions	<u>15,056,076</u>
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Investment income (loss)

Interest	17,256
Dividend	13,378,026
Net depreciation in fair value of investments	<u>(3,059,359)</u>

Total investment income	<u>10,335,923</u>
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Interest income on notes receivable from participants	<u>110,267</u>
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Benefits paid to participants	<u>(9,016,962)</u>
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Administrative expenses	<u>(10,193)</u>
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Change in net assets available for benefits	16,475,111
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Net assets available for benefits

Balance, December 31, 2013	<u>183,936,635</u>
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Balance, December 31, 2014	<u><u>\$ 200,411,746</u></u>
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See accompanying notes to financial statements

Beaver Medical Group 401(k) Profit-Sharing Plan

Notes to Financial Statements

1. Description of Plan

The following description of the Beaver Medical Group 401(k) Profit-Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan providing benefits to all employees of Beaver Medical Group, L.P. and EPIC Management, L.P., affiliated employers, (collectively known as the Employer) who have completed twelve consecutive months of employment and are age twenty-one. The Plan is subject to the provisions of the Employment Retirement Income Security Act of 1974 (ERISA).

Contributions

Under the provisions of the Plan, each active participant may enter into a salary deferral agreement with the Employer, up to the maximum allowable amount as determined yearly by the Internal Revenue Service (IRS). Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans.

The Employer will provide a Safe Harbor Nonelective contribution of 3.25 percent of compensation to each employee who is eligible to participate in salary deferrals. The Employer shall also make a matching contribution for each participant who makes an elective deferral equal to a percentage of his or her elective deferrals; such percentage amount and any limitation thereon shall be determined each Plan year by the Employer at its sole discretion. The Employer shall also make a profit-sharing contribution in that amount, if any, which it in its sole discretion determines to be a proper contribution. Total contributions are subject to certain IRS limitations.

Participant Account

An account is maintained for each participant. The participant's account is credited with the participant's contribution, Employer Safe Harbor Nonelective contribution, Employer matching contribution, Employer profit-sharing contribution and participant's Plan earnings and losses.

Vesting

Participants are immediately vested in their contributions and Employer's Safe Harbor Nonelective contributions plus earnings thereon. Vesting in the Employer matching and profit-sharing contributions are based on years of service. A year of service is given for each Plan year of continuous employment subsequent to the year of eligibility. After two years of service, a participant becomes 20 percent vested. Each service year thereafter will increase the participant's vesting by 20 percent, with 100 percent vesting after six years.

Investment Options

Each participant directs employee and Employer contributions to his account in a number of investment options offered by the Plan. These investment options are comprised of mutual funds, a stable value fund and a self-directed brokerage account service, which allows additional investments in publically traded stocks, bonds and mutual funds.

Beaver Medical Group 401(k) Profit-Sharing Plan

Notes to Financial Statements

1. Description of Plan (Continued)

Notes Receivable from Participants

Participants may borrow from their accounts up to a maximum equal to the lesser of \$50,000 or 50 percent of their vested account balance. The loans are secured by the vested balance in the participant's account and bear interest at rates that range from 4.25 percent to 9.25 percent, which are commensurate with local prevailing rates as determined periodically by the Plan Administrator. Loan terms range from one to five years or up to fifteen years for the purchase of a primary residence. Principal and interest are paid ratably through payroll deductions. Any outstanding loan balance will become due and payable in its entirety upon occurrence of a distributable event.

Payment of Benefits

On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in their account, or installments over a period not exceeding the participant's life expectancy or the joint life expectancy of the participant and a designated beneficiary. Participants who terminate employment shall receive the value of the vested interest in their account as a lump-sum distribution.

Forfeited Accounts

At December 31, 2014 and 2013 forfeited nonvested accounts totaled \$213,267 and \$286,977, respectively. These funds are available to reduce future Employer contributions. During the year ended December 31, 2014, Employer contributions were reduced by \$125,470 from forfeited nonvested accounts.

2. Summary of Accounting Policies

The preparation of these financial statements requires Plan management to make estimates and assumptions. Those estimates and assumptions affect the reported amounts of net assets available for benefits, and net depreciation in fair value of investments, as well as disclosures of contingent assets and liabilities. Actual results could differ from those estimates. Plan management has considered events occurring through July 21, 2015 in its evaluation of the conditions on which estimates were based or for changes in conditions subsequent to the date of the statement of net assets available for benefits, which should be disclosed. The financial statements were available to be issued at this date.

Plan management also determines the accounting principles to be used in the preparation of financial statements. A description of the significant accounting policies employed in the preparation of these financial statements follows:

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting.

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. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the Plan trustee. See Note 5 for fair value measurements.

Beaver Medical Group 401(k) Profit-Sharing Plan

Notes to Financial Statements

2. Summary of Accounting Policies (Continued)

Investment Valuation and Income Recognition (Continued)

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balances plus any accrued but unpaid interest. Delinquent notes receivable are reclassified as distributions based upon the terms of the Plan document.

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 statement of net assets available for benefits.

Payment of Benefits

Benefits are recorded when paid.

Expenses

Certain expenses of maintaining the Plan are paid directly by the Employer 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 net depreciation in fair value of investments.

Beaver Medical Group 401(k) Profit-Sharing Plan

Notes to Financial Statements

3. Information Certified by the Trustee (Unaudited)

At December 31, 2014 and 2013, the Plan's investments were held by the Trustee, Fidelity Management Trust Company. The following is a summary of the Plan's financial information that is included in the financial statements based on information certified by the Trustee as complete and accurate in accordance with Section 2520.103-5(c) of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

	<u>2014</u>	<u>2013</u>
Investments		
Mutual funds	\$ 145,128,707	\$ 130,761,257
Brokerage link accounts	34,316,151	31,301,339
Common collective trust	<u>9,282,858</u>	<u>10,623,552</u>
Total investments	<u>\$ 188,727,716</u>	<u>\$ 172,686,148</u>
Notes receivable from participants	<u>\$ 2,802,314</u>	<u>\$ 2,670,451</u>
Investment income (loss)		
Interest income	\$ 17,256	
Dividend income	13,378,026	
Net depreciation in fair value of investments	<u>(3,059,359)</u>	
Total investment income	<u>\$ 10,335,923</u>	
Interest income on notes receivable from participants	<u>\$ 110,267</u>	

Beaver Medical Group 401(k) Profit-Sharing Plan

Notes to Financial Statements

4. Investments (Unaudited)

The fair value of individual investments that represent 5 percent or more of the Plan's net assets as of December 31 are as follows:

	<u>2014</u>	<u>2013</u>
Fidelity Freedom K 2020 1,504,018.961 and 1,354,350.626 shares, respectively	\$ 21,417,230	\$ 20,152,737
Fidelity Freedom K 2025 1,162,365.183 and 931,787.113 shares, respectively	17,272,747	14,452,018
Fidelity Freedom K 2030 900,983.087 and 830,174.817 shares, respectively	13,667,913	13,166,573
Fidelity Freedom K 2015 1,041,109.753 and 845,114.388 shares, respectively	14,159,093	12,034,429
Fidelity Freedom K 2010 735,229.016 shares	—	10,315,263
Wells Fargo Stable Value Fund, at fair value 220,850.229 shares	—	10,623,552

During the year ended December 31, 2014, the Plan's investments (including gains and losses on investments bought and sold, as well as investments held during the year) appreciated (depreciated) in value by \$3,059,359 as follows:

Mutual funds	\$ (3,769,822)
Brokerage link accounts	612,861
Common collective trust	<u>97,602</u>
	<u>\$ (3,059,359)</u>

Beaver Medical Group 401(k) Profit-Sharing Plan

Notes to Financial Statements

5. Fair Value Measurements

The framework for measuring fair value 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 the Accounting Standards Codification Topic 820 are described below:

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

Level 2 Inputs to the valuation 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's 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.

The following is a description of the valuation methodologies used for investments measured at fair value. There have been no changes in the valuation methodologies used at December 31, 2014 and 2013.

Mutual funds: Valued at the daily closing price as reported by the fund, which represents the net asset value (NAV) of shares held by the plan at year end.

Brokerage link account (includes mutual funds, common stocks, U.S. government securities, corporate bonds and interest-bearing cash): Valued at the closing price reported on the active market on which the individual securities are traded.

Common collective trust: The Wells Fargo Stable Value Fund M is a large stable value collective trust fund trusteesd by Wells Fargo Bank, N.A. and advised by Galliard Capital Management, Inc., a wholly owned subsidiary of Wells Fargo & Company. The fair value of investments in collective trust funds, are measured at the NAV of units of the collective trust. The NAV, as provided by the trust, is used as a practical expedient to determine fair value, and is based on the common collective trust's underlying investments based on the information reported by the investment advisor using audited financial statements of the common collective trust at year-end.

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

Beaver Medical Group 401(k) Profit-Sharing Plan

Notes to Financial Statements

5. Fair Value Measurements (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2014:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds:				
Index funds	\$ 10,265,944	\$ —	\$ —	\$ 10,265,944
Growth funds	16,302,423	—	—	16,302,423
Fixed income	6,975,872	—	—	6,975,872
Value funds	5,745,523	—	—	5,745,523
Blend funds	8,291,017	—	—	8,291,017
Target date funds	<u>97,547,928</u>	<u>—</u>	<u>—</u>	<u>97,547,928</u>
Total mutual funds	<u>145,128,707</u>	<u>—</u>	<u>—</u>	<u>145,128,707</u>
Brokerage link accounts:				
Mutual funds	15,935,545	—	—	15,935,545
Common stock	11,805,273	—	—	11,805,273
U.S. government securities	58,674	—	—	58,674
Corporate bonds	228,786	—	—	228,786
Interest-bearing cash	<u>6,287,873</u>	<u>—</u>	<u>—</u>	<u>6,287,873</u>
Total brokerage link accounts	<u>34,316,151</u>	<u>—</u>	<u>—</u>	<u>34,316,151</u>
Common collective trust	<u>—</u>	<u>9,282,858</u>	<u>—</u>	<u>9,282,858</u>
Total investments at fair value	<u>\$ 179,444,858</u>	<u>\$ 9,282,858</u>	<u>\$ —</u>	<u>\$ 188,727,716</u>

Beaver Medical Group 401(k) Profit-Sharing Plan

Notes to Financial Statements

5. Fair Value Measurements (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2013:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds:				
Index funds	\$ 6,183,438	\$ —	\$ —	\$ 6,183,438
Growth funds	17,189,714	—	—	17,189,714
Fixed income	5,873,472	—	—	5,873,472
Value funds	5,909,570	—	—	5,909,570
Blend funds	7,284,394	—	—	7,284,394
Target date funds	88,320,669	—	—	88,320,669
Total mutual funds	<u>130,761,257</u>	<u>—</u>	<u>—</u>	<u>130,761,257</u>
Brokerage link accounts:				
Mutual funds	14,956,768	—	—	14,956,768
Common stock	11,185,300	—	—	11,185,300
U.S. government securities	165,199	—	—	165,199
Corporate bonds	82,269	—	—	82,269
Interest-bearing cash	4,911,803	—	—	4,911,803
Total brokerage link accounts	<u>31,301,339</u>	<u>—</u>	<u>—</u>	<u>31,301,339</u>
Common collective trust	<u>—</u>	<u>10,623,552</u>	<u>—</u>	<u>10,623,552</u>
Total investments at fair value	<u>\$ 162,062,596</u>	<u>\$ 10,623,552</u>	<u>\$ —</u>	<u>\$ 172,686,148</u>

6. Fully Benefit-Responsive Investment Contracts

At December 31, 2014 and 2013, an investment option available to participants was the Wells Fargo Stable Value Fund M (Fund), a large stable value collective trust fund. As of December 31, 2014 and 2013, the Fund was 100 percent invested in Wells Fargo Stable Return Fund G, sponsored by Wells Fargo Bank, N.A., whose investments include investment contracts issued by insurance companies and other financial institutions. The contract value of the Fund is based on the underlying unit values reported by the collective trust fund investment. The Fund is included in the financial statements at contract value and fair value as reported to the Plan by Wells Fargo. Contract value represents the contributions made under the contract, plus earnings, less participant withdrawals.

The objective of the fund is to seek safety of principal and consistency of returns while attempting to maintain minimal volatility. The Fund is designed for investors seeking more income than money market funds without the price fluctuation of stock or bond funds. The Fund is primarily comprised of Guaranteed Investment Contracts (GICs), Separate Account GICs, and Security Backed Investment Contracts. GICs are issued by insurance companies which guarantee the return of principal and a stated rate of interest. Separate Account GICs are GICs issued by an insurance company and are maintained within a separate account. GICs are backed by the general account of the insurance company while Separate Account GICs are backed by a segregated pool of assets.

Beaver Medical Group 401(k) Profit-Sharing Plan

Notes to Financial Statements

6. Fully Benefit-Responsive Investment Contracts (Continued)

Security Backed Investment Contracts are comprised of two components: investment contracts issued by a financial institution and underlying portfolios of fixed income securities (i.e. bonds) whose market prices fluctuate. The investment contract is designed to allow participants to transact at book value without reference to the price fluctuations of the underlying fixed income securities.

The Fund required a twelve month notice from plan sponsors for withdrawal of the Plan's assets from the Fund. This requirement, sometimes referred to as a twelve month put, minimizes the impact from the actions of one or more plan sponsors from adversely impacting other plan investors, reduces the need for excess liquidity to accommodate potential withdrawals, thereby allowing the Fund manager to more fully invest the Fund's assets and optimize yield and makes wrap contracts, which are essential to the stable value product, more accessible and less expensive than they would otherwise be. Providers of these contracts view the twelve month notice as an important element for a healthy stable value fund. Stable value crediting rates tend to lag market rates when there is a significant move up or down in interest rates. The risk is managed by introducing a requirement that Plan participants may not transfer their assets from the Stable Return Fund directly into a competing investment option, such as a money market fund. In order to transfer assets in their account from the Stable Return Fund to a competing option, participants must first transfer the assets into a non-competing option for at least ninety days.

The yield earned by the Fund at December 31, 2014 was 1.40 percent. This represents the annualized earnings of all investments in the Fund, including the earnings recorded at the underlying collective trust funds, divided by the fair value of all investments in the Fund at December 31, 2014.

The yield earned by the Fund with an adjustment to reflect the actual interest rate credited to participants in the Fund at December 31, 2014 was 1.64 percent. This represents the annualized earnings credited to the participants in the Fund, divided by the fair value of all investments in the Fund at December 31, 2014.

7. Related-Party and Party-in-Interest Transactions

The Plan invests in shares of mutual funds managed by an affiliate of Fidelity Management Trust Company. Fidelity Management Trust Company acts as Trustee for only those investments as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions which are exempt from the prohibited transaction rules. Fees incurred by the plan for investment management services are included as a reduction of the return earned on each investment, as the fees are paid through revenue sharing, rather than paid as a direct payment. As described in Note 2, the Plan made a direct payment to the third party administrator of \$10,193 for services related to the Plan, which was not covered by revenue sharing. The Plan Sponsor directly pays any other fees related to the Plan's operations.

8. Tax Status

The Plan obtained an opinion letter dated September 26, 2013, in which the IRS stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. 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 if the organization has taken an uncertain tax position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax period in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2011.

Beaver Medical Group 401(k) Profit-Sharing Plan

Notes to Financial Statements

9. Plan Termination

Although it has not expressed any intent to do so, the Employer 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 Plan termination, participants would become 100 percent vested in their Employer contributions.

Supplemental Schedule

Beaver Medical Group 401(k) Profit-Sharing Plan

EIN # 33-0645967 Plan 002

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

December 31, 2014

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost **	(e) Current Value
	Mutual Funds			
	ABF Fund	Registered investment co. ABF Small Cap Value 45,136.679 shares		\$ 1,131,577
	AF Eurpoac Growth R5	Registered investment co. AF Europac Growth R5 21,436.530 shares		1,008,374
	Artisan Fund	Registered Investment co. Artisan Mid Cap Institutional 47,443.716 shares		2,273,028
	Dodge & Cox Funds	Registered investment co. Dodge & Cox International Stock Fund 41,830.182 shares		1,761,469
	Dodge & Cox Funds	Registered investment co. Dodge & Cox Stock Fund 36,086.814 shares		6,529,548
	Loomis, Sayles & Company, L.P.	Registered investment co. Loomis Small Cap Growth Instl. 79,258.011 shares		1,802,327
*	Fidelity Investments	Registered investment co. Fidelity Diversified International K Fund 47,294.421 shares		1,626,455
*	Fidelity Investments	Registered investment co. Fidelity Freedom K Income 68,016.476 shares		805,315
*	Fidelity Investments	Registered investment co. Fidelity Freedom K 2005 112,119.379 shares		1,454,188
*	Fidelity Investments	Registered investment co. Fidelity Freedom K 2010 645,223.644 shares		8,516,952

Beaver Medical Group 401(k) Profit-Sharing Plan

EIN # 33-0645967 Plan 002

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

December 31, 2014

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost **	(e) Current Value
	Mutual Funds (Continued)			
*	Fidelity Investments	Registered investment co. Fidelity Freedom K 2015 1,041,109.753 shares		\$ 14,159,093
*	Fidelity Investments	Registered investment co. Fidelity Freedom K 2020 1,504,018.961 shares		21,417,230
*	Fidelity Investments	Registered investment co. Fidelity Freedom K 2025 1,162,365.183 shares		17,272,747
*	Fidelity Investments	Registered investment co. Fidelity Freedom K 2030 900,983.087 shares		13,667,913
*	Fidelity Investments	Registered investment co. Fidelity Freedom K 2035 593,628.841 shares		9,266,546
*	Fidelity Investments	Registered investment co. Fidelity Freedom K 2040 394,548.949 shares		6,174,691
*	Fidelity Investments	Registered investment co. Fidelity Freedom K 2045 205,279.025 shares		3,296,781
*	Fidelity Investments	Registered investment co. Fidelity Freedom K 2050 119,264.296 shares		1,928,504
*	Fidelity Investments	Registered investment co. Fidelity Freedom K 2055 33,048.961 shares		393,283
*	Fidelity Investments	Registered investment co. Fidelity Growth Company Fund 24,474.531 shares		3,223,785

Beaver Medical Group 401(k) Profit-Sharing Plan

EIN # 33-0645967 Plan 002

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

December 31, 2014

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost **	(e) Current Value
	Mutual Funds (Continued)			
*	Fidelity Investments	Registered investment co. Fidelity Low-Priced Stock Fund 41,374.388 shares		\$ 2,076,994
*	Fidelity Investments	Registered investment co. Spartan Extended Market Index 7,268.223 shares		401,061
*	Fidelity Investments	Registered investment co. Fidelity Strategic Income Fund 78,049.413 shares		834,348
	PIMCO	Registered investment co. Pim Total RT Fund 500,582.479 shares		5,336,209
	John Hancock Investments	Registered investment co. Disciplined Value Fund 113,422.960 shares		2,152,768
	Vanguard Investments	Registered investment co. Vanguard Institutional Index Fund 31,113.194 shares		5,870,126
	Vanguard Investments	Registered investment co. Vanguard Total Bond Market Index Fund 195,102.285 shares		2,120,762
	Vanguard Investments	Registered investment co. Vanguard Total Stock Market 28,662.649 shares		1,478,993
	Vanguard Investments	Registered investment co. Vanguard Total Int'l Stock Index Admiral 15,192.366 shares		395,002
	American Century Investments	Registered investment co. AM Cent Growth Inst 144,620.457 shares		4,215,686

Beaver Medical Group 401(k) Profit-Sharing Plan

EIN # 33-0645967 Plan 002

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

December 31, 2014

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost **	(e) Current Value
	Mutual Funds (Continued)			
	JP Morgan	Registered investment co. JPM Midcap Value Fund IS 68,289.422 shares		\$ <u>2,536,952</u>
	Total assets held in mutual funds			<u>145,128,707</u>
	Brokerage link accounts			
	Assets in brokerage link accounts	Various investments, including registered investment companies, common stocks, U.S. government securities, corporate bonds, and interest-bearing cash		<u>34,316,151</u>
	Total assets held in brokerage link accounts			<u>34,316,151</u>
	Common collective trust			
	Wells Fargo	Wells Fargo Stable Value Fund Class M 189,706.867 shares		\$ <u>9,282,858</u>
	Total assets held in common collective trust			<u>9,282,858</u>
	Total investments			<u><u>\$ 188,727,716</u></u>
	Notes receivable from participants			
*	Participant loans	Various terms collateralized by vested account balance with the interest rates ranging from 4.25 percent to 9.25 percent with varying maturities		<u><u>\$ 2,802,314</u></u>

* A party-in-interest as defined by ERISA

** Cost omitted for participant directed investments

Beaver Medical Group 401(k) Profit-Sharing Plan

EIN # 33-0645967 Plan 002

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

December 31, 2014

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	Mutual Funds			
	ABF Fund	Registered investment co. ABF Small Cap Value 45,136.679 shares		\$ 1,131,577
	AF Eurpoac Growth R5	Registered investment co. AF Europac Growth R5 21,436.530 shares		1,008,374
	Artisan Fund	Registered Investment co. Artisan Mid Cap Institutional 47,443.716 shares		2,273,028
	Dodge & Cox Funds	Registered investment co. Dodge & Cox International Stock Fund 41,830.182 shares		1,761,469
	Dodge & Cox Funds	Registered investment co. Dodge & Cox Stock Fund 36,086.814 shares		6,529,548
	Loomis, Sayles & Company, L.P.	Registered investment co. Loomis Small Cap Growth Instl. 79,258.011 shares		1,802,327
*	Fidelity Investments	Registered investment co. Fidelity Diversified International K Fund 47,294.421 shares		1,626,455
*	Fidelity Investments	Registered investment co. Fidelity Freedom K Income 68,016.476 shares		805,315
*	Fidelity Investments	Registered investment co. Fidelity Freedom K 2005 112,119.379 shares		1,454,188
*	Fidelity Investments	Registered investment co. Fidelity Freedom K 2010 645,223.644 shares		8,516,952

Beaver Medical Group 401(k) Profit-Sharing Plan

EIN # 33-0645967 Plan 002

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

December 31, 2014

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost **	(e) Current Value
	Mutual Funds (Continued)			
*	Fidelity Investments	Registered investment co. Fidelity Freedom K 2015 1,041,109.753shares		\$ 14,159,093
*	Fidelity Investments	Registered investment co. Fidelity Freedom K 2020 1,504,018.961 shares		21,417,230
*	Fidelity Investments	Registered investment co. Fidelity Freedom K 2025 1,162,365.183 shares		17,272,747
*	Fidelity Investments	Registered investment co. Fidelity Freedom K 2030 900,983.087shares		13,667,913
*	Fidelity Investments	Registered investment co. Fidelity Freedom K 2035 593,628.841 shares		9,266,546
*	Fidelity Investments	Registered investment co. Fidelity Freedom K 2040 394,548.949 shares		6,174,691
*	Fidelity Investments	Registered investment co. Fidelity Freedom K 2045 205,279.025 shares		3,296,781
*	Fidelity Investments	Registered investment co. Fidelity Freedom K 2050 119,264.296 shares		1,928,504
*	Fidelity Investments	Registered investment co. Fidelity Freedom K 2055 33,048.961 shares		393,283
*	Fidelity Investments	Registered investment co. Fidelity Growth Company Fund 24,474.531 shares		3,223,785

Beaver Medical Group 401(k) Profit-Sharing Plan

EIN # 33-0645967 Plan 002

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

December 31, 2014

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost **	(e) Current Value
	Mutual Funds (Continued)			
*	Fidelity Investments	Registered investment co. Fidelity Low-Priced Stock Fund 41,374.388 shares		\$ 2,076,994
*	Fidelity Investments	Registered investment co. Spartan Extended Market Index 7,268.223 shares		401,061
*	Fidelity Investments	Registered investment co. Fidelity Strategic Income Fund 78,049.413 shares		834,348
	PIMCO	Registered investment co. Pim Total RT Fund 500,582.479 shares		5,336,209
	John Hancock Investments	Registered investment co. Disciplined Value Fund 113,422.960 shares		2,152,768
	Vanguard Investments	Registered investment co. Vanguard Institutional Index Fund 31,113.194 shares		5,870,126
	Vanguard Investments	Registered investment co. Vanguard Total Bond Market Index Fund 195,102.285 shares		2,120,762
	Vanguard Investments	Registered investment co. Vanguard Total Stock Market 28,662.649 shares		1,478,993
	Vanguard Investments	Registered investment co. Vanguard Total Intr'l Stock Index Admiral 15,192.366 shares		395,002
	American Century Investments	Registered investment co. AM Cent Growth Inst 144,620.457 shares		4,215,686

Beaver Medical Group 401(k) Profit-Sharing Plan

EIN # 33-0645967 Plan 002

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

December 31, 2014

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost **	(e) Current Value
	Mutual Funds (Continued)			
	JP Morgan	Registered investment co. JPM Midcap Value Fund IS 68,289.422 shares		<u>\$ 2,536,952</u>
	Total assets held in mutual funds			<u>145,128,707</u>
	Brokerage link accounts			
	Assets in brokerage link accounts	Various investments, including registered investment companies, common stocks, U.S. government securities, corporate bonds, and interest-bearing cash		<u>34,316,151</u>
	Total assets held in brokerage link accounts			<u>34,316,151</u>
	Common collective trust			
	Wells Fargo	Wells Fargo Stable Value Fund Class M 189,706.867 shares		<u>\$ 9,282,858</u>
	Total assets held in common collective trust			<u>9,282,858</u>
	Total investments			<u><u>\$ 188,727,716</u></u>
	Notes receivable from participants			
*	Participant loans	Various terms collateralized by vested account balance with the interest rates ranging from 4.25 percent to 9.25 percent with varying maturities		<u>\$ 2,802,314</u>

* A party-in-interest as defined by ERISA

** Cost omitted for participant directed investments

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment 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. 1510-0046
1510-0089**2014****This Form is Open to Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2014 or fiscal plan year beginning **01/01/2014** and ending **12/31/2014**

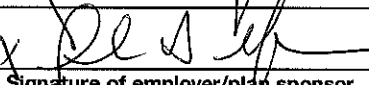
- A** This return/report is for: ☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the forms instr.); or ☒ a single-employer plan; ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first return/report; ☐ 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 BEAVER MEDICAL GROUP 401(K) PROFIT-SHARING PLAN	1b Three-digit plan number (PN) ▶ 002
	1c Effective date of plan 10/01/1977
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) BEAVER MEDICAL GROUP, L.P. JOHN GOODMAN 1615 ORANGE TREE LANE REDLANDS CA 92374-2804	2b Employer Identification Number (EIN) 33-0645967 2c Plan Sponsor's telephone number (909) 786-0701 2d Business code (see instructions) 621111

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 	7/21/15	John D. Goodman
Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE 	7/21/15	John D. Goodman
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) KIRK G. STITT SOREN MCADAM CHRISTENSON LLP 2068 ORANGE TREE LANE, SUITE 100 REDLANDS CA 92374		Preparer's telephone number (optional) (909) 798-2222

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

Form 5500 (2014)
v. 140124