

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

Part I	Annual Report Identification Information
For calendar plan year 2013 or fiscal plan year beginning <u>12/01/2013</u> and ending <u>11/30/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information										
1a Name of plan ORTHOPAEDIC CONSULTANTS OF CINCINNATI, INC. PROFIT SHARING PLAN WITH 401(K) AND SAFE HARBOR INTEGRATION FEATURES	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;">001</td> </tr> <tr> <td colspan="2">1c Effective date of plan 12/31/1968</td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) 31-0741747</td> </tr> <tr> <td colspan="2">2c Sponsor's telephone number 513-588-2467</td> </tr> <tr> <td colspan="2">2d Business code (see instructions) 621111</td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan 12/31/1968		2b Employer Identification Number (EIN) 31-0741747		2c Sponsor's telephone number 513-588-2467		2d Business code (see instructions) 621111	
1b Three-digit plan number (PN) ▶	001										
1c Effective date of plan 12/31/1968											
2b Employer Identification Number (EIN) 31-0741747											
2c Sponsor's telephone number 513-588-2467											
2d Business code (see instructions) 621111											
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) ORTHOPAEDIC CONSULTANTS OF CINCINNATI, INC. 4701 CREEK ROAD, SUITE 110 CINCINNATI, OH 45242											

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.	09/15/2015	JOYCE BILLOW
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☐ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address PROFIT SHARING PLAN COMMITTEE 4701 CREEK ROAD, SUITE 110 CINCINNATI, OH 45242		3b Administrator's EIN 31-0741747
		3c Administrator's telephone number 513-588-2485
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		5 224
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants		6a 33
b Retired or separated participants receiving benefits		6b 1
c Other retired or separated participants entitled to future benefits		6c 128
d Subtotal. Add lines 6a , 6b , and 6c		6d 162
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e 0
f Total. Add lines 6d and 6e		6f 162
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g 154
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2G 2J 2A		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110
		2013
		This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning **12/01/2013** and ending **11/30/2014**

A Name of plan ORTHOPAEDIC CONSULTANTS OF CINCINNATI, INC. PROFIT SHARING PLAN WITH 401(K) AND SAFE HARBOR INTEGRATION FEATURES	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 ORTHOPAEDIC CONSULTANTS OF CINCINNATI, INC.	D Employer Identification Number (EIN) 31-0741747	

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

1 Coverage Information:

(a) Name of insurance carrier

GREAT WEST LIFE INSURANCE CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0467907	68322	4839351		12/01/2013	11/30/2014

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4****5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶ 1960 CSO @ 4 1/2%**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☒ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b****c** Additions: (1) Contributions deposited during the year **7c(1)**
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)**
(4) Transferred from separate account **7c(4)**
(5) Other (specify below) **7c(5)**
▶(6) Total additions **7c(6)****d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d****e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**(2) Administration charge made by carrier **7e(2)**(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)**
▶(5) Total deductions **7e(5)****f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f**

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2013
		This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 12/01/2013 and ending 11/30/2014

A Name of plan <u>ORTHOPAEDIC CONSULTANTS OF CINCINNATI, INC. PROFIT SHARING PLAN WITH 401(K) AND SAFE HARBOR INTEGRATION FEATURES</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ORTHOPAEDIC CONSULTANTS OF CINCINNATI, INC.</u>	D Employer Identification Number (EIN) <u>31-0741747</u>

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

<u>AMERICAN BEACON</u>	<u>4151 AMON CARTER BLVD</u> <u>FORT WORTH, TX 76155</u>
------------------------	---

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

<u>AMERICAN CENTURY</u>	<u>PO BOX 419200</u> <u>KANSAS CITY, MO 64141</u>
-------------------------	--

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

<u>AMERICAN FUNDS</u>	<u>333 SOUTH HOPE STREET</u> <u>LOS ANGELES, CA 90071</u>
-----------------------	--

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

<u>DREYFUS</u>	<u>144 GLENN CURTISS BLVD.</u> <u>UNIONDALE, NY 11556</u>
----------------	--

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

FEDERATED

FEDERATED INVESTORS TOWER
101 LIBERTY AVENUE
PITTSBURGH, PA 15222

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

JANUS

151 DETROIT ST.
DENVER, CO 80206

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

MFS

111 HUNTINGTON AVENUE
BOSTON, MA 02199-7632

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

PIMCO

840 NEWPORT CENTER DRIVE
SUITE 100
NEWPORT BEACH, CA 92660

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

PNC

620 LIBERTY AVENUE
PITTSBURGH, PA 15222

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

ROYCE

745 FIFTH AVENUE
NEW YORK, NY 10151

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

VANGUARD

100 VANGUARD BLVD.
MALVERN, PA 19355

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

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

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

PNC BANK, N.A.

25-1211909

(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?
25 59 60 63	TRUSTEE	2860	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PNC BANK, N.A.	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.
AMERICAN BEACON LARGE CAP VALUE FUN 4151 AMON CARTER BLVD., MD 2450 FORT WORTH, TX 76155	35 BASIS POINTS ANNUALLY-60	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PNC BANK, N.A.	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 CENTURY AGGRESSIVE FUND P.O. BOX 419385 KANSAS CITY, MO 64141	15 BASIS POINTS ANNUALLY-60	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PNC BANK, N.A.	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 CENTURY CONSERVATIVE FUND P.O. BOX 419385 KANSAS CITY, MO 64141	15 BASIS POINTS ANNUALLY-60	

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
PNC BANK, N.A.	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.
AMERICAN CENTURY MODERATE FUND P.O. BOX 419385 KANSAS CITY, MO 64141	15 BASIS POINTS ANNUALLY-60	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PNC BANK, N.A.	60 63	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.
AMERICAN FUNDS - AMERICAN BALANCED 333 SOUTH HOPE STREET LOS ANGELES, CA 90071	5 BASIS POINTS ANNUALLY-60 25 BASIS POINTS ANNUALLY-63	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PNC BANK, N.A.	60 63	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.
AMERICAN FUNDS - EUROPACIFIC GROWTH 333 SOUTH HOPE STREET LOS ANGELES, CA 90071	5 BASIS POINTS ANNUALLY-60 25 BASIS POINTS ANNUALLY-63	

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
PNC BANK, N.A.	60 63	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.
AMERICAN FUNDS - INVESTMENT COMPANY	333 SOUTH HOPE STREET LOS ANGELES, CA 90071	5 BASIS POINTS ANNUALLY-60 25 BASIS POINTS ANNUALLY-63
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PNC BANK, N.A.	60 63	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.
AMERICAN FUNDS - NEW PERSPECTIVE FU	333 SOUTH HOPE STREET LOS ANGELES, CA 90071	5 BASIS POINTS ANNUALLY-60 25 BASIS POINTS ANNUALLY-63
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PNC BANK, N.A.	59 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.
DREYFUS MIDCAP INDEX FUND	200 PARK AVENUE NEW YORK, NY 10166	25 BASIS POINTS ANNUALLY-59 10 BASIS POINTS ANNUALLY-60

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
PNC BANK, N.A.	59 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.
DREYFUS SMALL CAP STOCK INDEX 200 PARK AVENUE NEW YORK, NY 10166	25 BASIS POINTS ANNUALLY-59 10 BASIS POINTS ANNUALLY-60	
(a) Enter service provider name as it appears on line 2		(b) Service Codes (see instructions)
(c) Enter amount of indirect compensation		
PNC BANK, N.A.	59 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.
FEDERATED TOTAL RETURN GOVT BOND FU FEDERATED INVESTORS TOWER PITTSBURGH, PA 15222	25 BASIS POINTS ANNUALLY-59 5 BASIS POINTS ANNUALLY-60	
(a) Enter service provider name as it appears on line 2		(b) Service Codes (see instructions)
(c) Enter amount of indirect compensation		
PNC BANK, N.A.	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.
JANUS BALANCED FUND T 151 DETROIT STREET DENVER, CO 80206	25 BASIS POINTS ANNUALLY-60	

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
PNC BANK, N.A.	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.
JANUS ENTERPRISE FUND T	151 DETROIT STREET DENVER, CO 80206	25 BASIS POINTS ANNUALLY-60
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
PNC BANK, N.A.	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIMCO TOTAL RETURN FUND P	1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105	10 BASIS POINTS ANNUALLY-60
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
PNC BANK, N.A.	60 63	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.
ROYCE PREMIER FUND SVC	745 5TH AVENUE, 24TH FLOOR NEW YORK, NY 10151	10 BASIS POINTS ANNUALLY-60 25 BASIS POINTS ANNUALLY-63

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
---	--	---

For calendar plan year 2013 or fiscal plan year beginning <u>12/01/2013</u> and ending <u>11/30/2014</u>		
A Name of plan <u>ORTHOPAEDIC CONSULTANTS OF CINCINNATI, INC. PROFIT SHARING PLAN WITH 401(K) AND SAFE HARBOR INTEGRATION FEATURES</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ORTHOPAEDIC CONSULTANTS OF CINCINNATI, INC.</u>	D Employer Identification Number (EIN) <u>31-0741747</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
	Assets			
a	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	1058722	571793
	(2) Participant contributions	1b(2)		
	(3) Other	1b(3)		
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
	(2) U.S. Government securities	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)		
	(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)	94676	46146
	(9) Value of interest in common/collective trusts	1c(9)	1621803	1592081
	(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)	29462247	28859052
	(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
	(15) Other	1c(15)	1832162	813593

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	34069610	31882665

Liabilities

g Benefit claims payable	1g	81940	
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	81940	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	33987670	31882665
---	-----------	----------	----------

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)	571793	
(B) Participants	2a(1)(B)	360947	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		932740
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	3098	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3098
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1387083	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1387083
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	9258820	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	9186637	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		72183
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	91765	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		91765

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(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)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2486869

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	4551777	
(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)		4551777
f Corrective distributions (see instructions).....	2f		14956
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	2859	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)	22282	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		25141
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		4591874

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-2105005
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: SOMERSET CPA'S

(2) EIN: 20-1717681

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	
4b		X	

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

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

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

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

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

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

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

For calendar plan year 2013 or fiscal plan year beginning 12/01/2013 and ending 11/30/2014

A Name of plan <u>ORTHOPAEDIC CONSULTANTS OF CINCINNATI, INC. PROFIT SHARING PLAN WITH 401(K) AND SAFE HARBOR INTEGRATION FEATURES</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ORTHOPAEDIC CONSULTANTS OF CINCINNATI, INC.</u>	D Employer Identification Number (EIN) <u>31-0741747</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>25-1211909</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
----------------	--

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**ORTHOPAEDIC CONSULTANTS
OF CINCINNATI, INC.
PROFIT SHARING RETIREMENT PLAN
Financial Statements
Year Ended November 30, 2014**

**ORTHOPAEDIC CONSULTANTS
OF CINCINNATI, INC.
PROFIT SHARING RETIREMENT PLAN**

TABLE OF CONTENTS

Independent Auditors' Report on the Financial Statements and Supplemental Schedule.....	Page 1-2
Financial Statements	
Statements of Net Assets Available for Benefits	3
Statement of Changes in Net Assets Available for Benefits.....	4
Notes to Financial Statements.....	5-13
Supplemental Schedule	
Schedule of Assets Held for Investment Purposes at End of Year	14

Independent Auditors' Report

**To the Plan Trustees
ORTHOPAEDIC CONSULTANTS OF CINCINNATI, INC.
PROFIT SHARING RETIREMENT PLAN
Cincinnati, Ohio**

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of ORTHOPAEDIC CONSULTANTS OF CINCINNATI, INC. PROFIT SHARING RETIREMENT PLAN (the Plan), which comprise the statements of net assets available for benefits as of November 30, 2014 and 2013, and the related statement of changes in net assets available for benefits for the year ended November 30, 2014, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note C, which was certified by the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the custodian as of November 30, 2014 and 2013, and for the year ended November 30, 2014, that the information provided to the Plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedule of assets held for investment purposes as of November 30, 2014, is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on 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 custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Somerset CPAs, P.C.

September 14, 2015

ORTHOPAEDIC CONSULTANTS OF CINCINNATI, INC.
PROFIT SHARING RETIREMENT PLAN
Statements of Net Assets Available for Benefits
November 30, 2014 and 2013

	<u>2014</u>	<u>2013</u>
Assets		
Investments, at Fair Value		
Common / collective trust	\$ 1,616,682	\$ 1,651,661
Registered investment companies	28,859,052	29,462,247
Self-directed funds	<u>813,593</u>	<u>1,832,162</u>
Total Investments at Fair Value	<u>31,289,327</u>	<u>32,946,070</u>
Receivables		
Employer contributions	571,793	1,058,722
Notes receivable - participants	<u>46,146</u>	<u>94,676</u>
Total Receivables	<u>617,939</u>	<u>1,153,398</u>
Net Assets Available for Benefits at Fair Value	<u><u>\$ 31,907,266</u></u>	<u><u>\$ 34,099,468</u></u>
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	<u>(24,601)</u>	<u>(29,858)</u>
Net Assets Available for Benefits	<u><u>\$ 31,882,665</u></u>	<u><u>\$ 34,069,610</u></u>

See accompanying notes.

ORTHOPAEDIC CONSULTANTS OF CINCINNATI, INC.
PROFIT SHARING RETIREMENT PLAN
Statement of Changes in Net Assets Available for Benefits
For the Year Ended November 30, 2014

Additions to Net Assets Attributed to:

Net appreciation in fair market value of investments including realized gains and losses	\$ 141,666
Investment income including loan interest	1,390,181
Employer contributions	571,793
Employee contributions	<u>360,947</u>
Total Additions	<u>2,464,587</u>

Deductions from Net Assets Attributed to:

Benefits paid to participants	4,648,673
Self directed account expenses	<u>2,859</u>
Total Deductions	<u>4,651,532</u>

Net Decrease	(2,186,945)
---------------------	-------------

Net Assets Available for Benefits, Beginning of Year	<u>34,069,610</u>
--	-------------------

Net Assets Available for Benefits, End of Year	<u><u>\$ 31,882,665</u></u>
---	-----------------------------

ORTHOPAEDIC CONSULTANTS OF CINCINNATI, INC.
PROFIT SHARING RETIREMENT PLAN
Notes to Financial Statements
November 30, 2014

Note A - Description of the Plan:

The following brief description of the Orthopaedic Consultants of Cincinnati, Inc. Profit Sharing Retirement 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 covering employees of the Company who have one year of credited service and are age 20 or older. The Plan entry dates are June 30 and December 31 each year for any employer contributions, and December 1 and June 1 each year for employee contributions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Plan Amendment

Effective December 1, 2013, the Plan was retroactively amended to change the year end of the Plan from December 31 to November 30. All relevant provisions of the amendment are included in the Plan's financial statements at November 30, 2014.

Contributions

The Plan allows voluntary, tax-deferred 401(k) contributions by participants. Each eligible employee who elects to participate in the salary reduction plan may contribute up to 100% of pre-tax annual compensation as defined in the Plan. In addition, the Company can contribute an amount to the Plan at the discretion of its Board of Directors. Contributions are subject to certain limitations. Participants direct the investment of their contributions and any Company contributions into various investment options offered by the Plan.

Forfeitures from terminated participant non-vested accounts are used to reduce future Company contributions. Forfeitures used to reduce Company contributions for the period ended November 30, 2014, totaled \$22,870. Amounts available for future use were \$10,026 as of November 30, 2014.

Participant Accounts

Each participant's account is credited with the participant's contributions and allocations of (a) Company contributions and (b) Plan earnings. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

ORTHOPAEDIC CONSULTANTS OF CINCINNATI, INC.
PROFIT SHARING RETIREMENT PLAN
Notes to Financial Statements
November 30, 2014

Note A - Description of the Plan (Continued):

Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the remainder of their accounts is based on years of continuous service. A participant is 20% vested after the second year and 20% each additional year. A participant is 100% vested after six years of credited service.

Payment of Benefits

On retirement, death, disability or termination of service, a participant (or participant's beneficiary in the event of death) may elect to receive a lump-sum distribution equal to the value of the participant's vested account balance. If a participant dies while still an employee of the Company, the full amount of the participant's account will become 100% vested. In-service withdrawals are permitted with certain restrictions. In addition, hardship distributions are permitted if certain criteria are met.

Participant Loans

Participants may borrow from their accounts a minimum of \$1,000 up to the amount that is equal to the lesser of \$50,000 or 50% of the present value of the participant's non-forfeitable accrued benefit. All loans are to be repaid over a period not to exceed five years, although an extension of the repayment period may be granted if the loan proceeds are used to purchase a participant's principal residence. Interest is charged at a rate commensurate with prevailing market rates as determined by the Plan administrator. Any loans shall reduce the participant's balance in the individual's account and will be restored as the principal balance when such loan is repaid. All interest paid by the participant shall be credited to his own individual account. Loans are valued at the unpaid principal balance plus accrued but unpaid interest.

Plan Termination

Although they have not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

ORTHOPAEDIC CONSULTANTS OF CINCINNATI, INC.
PROFIT SHARING RETIREMENT PLAN
Notes to Financial Statements
November 30, 2014

Note A - Description of the Plan (Continued):

Recently Issued Accounting Pronouncement

In July 2015, the FASB issued Accounting Standards Update 2015-12, "Plan Accounting (Topics 960, 962, and 965) — (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient". Part I of the update designates contract value as the only required measure for fully benefit-responsive investment contracts. Part II of the update eliminates the requirements for participant-directed investments and nonparticipant-directed investments to disclose individual investments that represent 5 percent or more of net assets available for benefits as well as the net appreciation or depreciation for investments by general type. Part III of the update establishes a practical expedient to permit plans to measure investments and investment-related accounts as of a month-end date closest to the plan's fiscal year end, when the fiscal period does not coincide with a month end. The amendments in each part of the accounting standards update take effect for fiscal years beginning after December 15, 2015, with early application permitted. The Plan is currently evaluating the impact of this accounting standards update.

Note B - Summary of Significant Accounting Policies:

Basis of Accounting

The Plan's financial statements are prepared on the accrual basis of accounting.

Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

As described in Accounting Standards Codification (ASC) 940-210, *Reporting of Fully Benefit-Responsive Investment Contracts Held by Certain Investment Companies Subject to the AICPA Investment Company Guide and Defined-Contribution Health and Welfare and Pension Plans*, investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. As required by the standard, the statement of net assets available for benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The statement of changes in net assets available for benefits is prepared on a contract value basis.

ORTHOPAEDIC CONSULTANTS OF CINCINNATI, INC.
PROFIT SHARING RETIREMENT PLAN
Notes to Financial Statements
November 30, 2014

Note B - Summary of Significant Accounting Policies (Continued):

Fair Value Measurements

ASC 820 defines and establishes a framework for measuring fair value and enhances disclosures about fair value measurements. Fair value is defined as the exchange price that would be received for an asset or paid to transfer a liability (or exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants at the measurement date. Valuation techniques used to measure fair value must maximize the use of observable inputs and minimize the use of unobservable inputs. Observable inputs are inputs that market participants would use in pricing the asset or liability based on market data obtained from sources independent of the Plan. Unobservable inputs are inputs that reflect the Plan's assumptions about the inputs that market participants would use in pricing the asset or liability and are developed based on the best information available in the circumstances. The three levels of the fair value hierarchy 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.

Note C - Information Prepared and Certified by Custodian:

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified as complete and accurate by the custodian.

	<u>2014</u>	<u>2013</u>
Investments, at contract value	\$ 31,264,726	\$ 32,916,212
Notes receivable - participants	46,146	94,676
Investment income	1,528,749	
Loan interest income	3,098	

ORTHOPAEDIC CONSULTANTS OF CINCINNATI, INC.
PROFIT SHARING RETIREMENT PLAN
Notes to Financial Statements
November 30, 2014

Note D - Investments:

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

	<u>2014</u>	<u>2013</u>
Registered Investment Companies		
American Europacific Growth Fund	\$ 2,182,233	\$ 2,413,249
Royce Premier	2,188,539	2,547,725
American Century Moderate Fund	3,926,853	3,877,702
Pimco Total Return Fund	3,305,249	3,170,720
MFS Massachusetts Investors	3,359,989	3,017,383
American New Perspective Fund	1,849,236	2,017,526
American Investment Fund of America	1,599,786	1,716,808
Vanguard 500 Index Signal	1,996,532	2,178,809
Self-Directed Participant Accounts	0 *	1,832,162

* Investment did not exceed 5% for the year ended

During the year ended November 30, 2014, the Plan's investments appreciated (depreciated) (including investments bought, sold and held during the year) in value as follows:

Registered investment companies	\$ 1,187,081
Common / collective trust	23,424
Self-directed funds	<u>(1,068,839)</u>
	<u>\$ 141,666</u>

Note E - Tax Status of Plan:

The Plan received a favorable determination letter from the Internal Revenue Service dated April 20, 2009, stating the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter, however the Plan administrator and the Plan's tax counsel believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, they believe the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

Authoritative accounting standards require the Plan to examine its tax positions for uncertain positions. Management is not aware of any tax positions that are more likely than not to change in the next twelve months or that would not sustain an examination by applicable taxing authorities.

ORTHOPAEDIC CONSULTANTS OF CINCINNATI, INC.
PROFIT SHARING RETIREMENT PLAN
Notes to Financial Statements
November 30, 2014

Note E - Tax Status of Plan (Continued):

The Plan's policy is to recognize penalties and interest as incurred in its statement of changes, which totaled \$0 for the year ended November 30, 2014.

The Plan's federal information returns for 2011 through 2014 are subject to examination by the applicable tax authorities, generally for three years after the later of the original or extended due date.

Note F - Party in Interest Transactions:

Certain Plan investments are managed by PNC Financial Services Group, Inc. (PNC). PNC is the custodian and record keeper of the Plan, as designated by the Plan Trustees.

Note G - Administrative Expenses:

Certain administrative expenses are paid by the Plan sponsor.

Note H - Fair Value Measurements:

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at November 30, 2014.

Registered investment companies – Valued at the quoted net asset value (NAV) of the shares held by the Plan at year end.

Common collective trust – The fair value of the investments in the common collective trust is determined by the fund trustee based on fair value of the underlying securities within the fund, which represent the net asset value of the shares held by the Plan at year end.

Self-Directed brokerage accounts – Valued at the quoted market price on the active market on which the individual securities held at year end are traded in the case of common stocks, corporate bonds and U.S. government securities, and at the quoted net asset value (NAV) of the shares held at year end in the case of registered investment companies.

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, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

ORTHOPAEDIC CONSULTANTS OF CINCINNATI, INC.
PROFIT SHARING RETIREMENT PLAN
Notes to Financial Statements
November 30, 2014

Note H - Fair Value Measurements (Continued):

There have been no changes in valuation methodologies at November 30, 2014, compared to November 30, 2013. The Company's policy is to recognize transfers between levels at the end of each reporting period, if applicable. There were no transfers between Level 1, 2, or 3 assets or liabilities during the year ended November 30, 2014.

The following table sets forth by level, with the fair value hierarchy, the Plan's assets at fair value:

Assets at Fair Value as of November 30, 2014

	<u>Level 1</u>	<u>Level 2</u>	<u>Total</u>
<u>Participant Directed:</u>			
Registered investment companies:			
Balanced funds	\$ 6,774,803	\$ 0	\$ 6,774,803
Fixed income funds	4,252,465	0	4,252,465
Large growth/value/blend funds	11,161,314	0	11,161,314
Mid growth/value/blend funds	2,117,734	0	2,117,734
Small growth/value/blend funds	2,370,503	0	2,370,503
International	2,182,233	0	2,182,233
Common/collective trust:			
Fixed income	0	1,616,682	1,616,682
<u>Self Directed:</u>			
Registered investment companies:			
Balanced funds	25,429	0	25,429
Fixed income funds	45,708	0	45,708
Large growth/value/blend funds	266,099	0	266,099
Mid growth/value/blend funds	102,505	0	102,505
Small growth/value/blend funds	49,498	0	49,498
International	128,247	0	128,247
Common stock:			
Precious metals	16,817	0	16,817
Corporate bonds:			
Fixed income	<u>0</u>	<u>46,977</u>	<u>46,977</u>
Total Assets at Fair Value	<u>\$ 29,493,355</u>	<u>\$ 1,663,659</u>	<u>\$ 31,157,014</u>

ORTHOPAEDIC CONSULTANTS OF CINCINNATI, INC.
PROFIT SHARING RETIREMENT PLAN
Notes to Financial Statements
November 30, 2014

Note H - Fair Value Measurements (Continued):

Assets at Fair Value as of November 30, 2013

	<u>Level 1</u>	<u>Level 2</u>	<u>Total</u>
<u>Participant Directed:</u>			
Registered investment companies:			
Balanced funds	\$ 6,965,998	\$ 0	\$ 6,965,998
Fixed income funds	4,214,334	0	4,214,334
Large growth/value/blend funds	11,047,274	0	11,047,274
Mid growth/value/blend funds	2,130,128	0	2,130,128
Small growth/value/blend funds	2,691,264	0	2,691,264
International	2,413,249	0	2,413,249
Common/collective trust:			
Fixed income	0	1,651,661	1,651,661
<u>Self Directed:</u>			
Registered investment companies:			
Balanced funds	25,273	0	25,273
Fixed income funds	47,006	0	47,006
Large growth/value/blend funds	240,617	0	240,617
Mid growth/value/blend funds	94,073	0	94,073
Small growth/value/blend funds	47,758	0	47,758
International	131,079	0	131,079
Common stock:			
Precious metals	18,105	0	18,105
Large growth/value/blend funds	352,110	0	352,110
Mid growth/value/blend funds	173,023	0	173,023
Small growth/value/blend funds	106,355	0	106,355
International	162,780	0	162,780
Corporate bonds:			
Fixed income	0	47,006	47,006
Total Assets at Fair Value	<u>\$ 30,860,426</u>	<u>\$ 1,698,667</u>	<u>\$ 32,559,093</u>

ORTHOPAEDIC CONSULTANTS OF CINCINNATI, INC.
PROFIT SHARING RETIREMENT PLAN
Notes to Financial Statements
November 30, 2014

Note I - Reconciliation of Financial Statements to Schedule H of Form 5500:

The following is a reconciliation of net assets available for benefits per the financial statements at November 30, 2013, to Schedule H of Form 5500:

	<u>2014</u>	<u>2013</u>
Net assets available for benefits per the financial statements	\$ 31,882,665	\$ 34,069,610
Amounts allocated to withdrawing participants	<u>0</u>	<u>(81,940)</u>
Net assets available for benefits per Schedule H of the Form 5500	<u>\$ 31,882,665</u>	<u>\$ 33,987,670</u>

The following is a reconciliation of benefits paid to participants per the financial statements for the period ended November 30, 2014, to the Schedule H Form 5500:

Benefits paid to participants per the financial statements	\$ 4,648,673
Less: Amounts allocated to withdrawing participants at November 30, 2013	<u>(81,940)</u>
Benefits paid to participants per Schedule H of the 5500	<u>\$ 4,566,733</u>

Amounts allocated to withdrawing participants are recorded on the Schedule H of Form 5500 for benefits claims that have been processed and approved for payments prior to November 30, 2014, but not yet paid as of that date.

Note J - 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 the amounts reported in the statements of net assets available for benefits.

Note K - Subsequent Events:

The Company has evaluated subsequent events through September 14, 2015, the date on which the financial statements were available to be issued.

ORTHOPAEDIC CONSULTANTS OF CINCINNATI, INC.
PROFIT SHARING RETIREMENT PLAN
Plan Number 001, EIN 31-0741747
Form 5500, Schedule H, Part IV, 4(i)
Schedule of Assets Held for Investment Purposes at End of Year
November 30, 2014

(a)	(b)	(c)	(e)
	Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Current Value
	Common Collective Trust		
*	PNC Investment Contract	437,024.77 Units	\$ 1,616,682
	Registered Investment Companies		
	American Beacon Large Cap Fund	25,915.93 Shares	780,329
	American Investment Fund of America	38,530.49 Shares	1,599,786
	American New Perspective Fund	46,686.08 Shares	1,849,236
	American Europacific Growth Fund	43,855.16 Shares	2,182,233
	Dreyfus Midcap Index Fund	32,014.91 Shares	1,275,794
	Dreyfus Small Cap Stock Index	5,995.52 Shares	181,964
	Federated Total Government Bond Fund	84,875.96 Shares	947,216
	Janus Balanced Fund	27,149.47 Shares	875,570
	Vanguard 500 Index Signal	10,429.03 Shares	1,996,532
	Pimco Total Return Fund	299,659.89 Shares	3,305,249
	American Century Growth Large	42,637.13 Shares	1,575,442
	American Century Conservative Fund	85,590.52 Shares	531,517
	American Century Moderate Fund	511,309.06 Shares	3,926,853
	American Century Aggressive Fund	58,454.37 Shares	535,442
	Royce Premier	101,274.35 Shares	2,188,539
	American Balanced Fund	34,361.32 Shares	905,421
	MFS Massachusetts Investor	131,506.41 Shares	3,359,989
	Janus Enterprise Fund	9,294.99 Shares	841,940
			<u>28,859,052</u>
	Self-Directed Participant Accounts		<u>813,593</u>
*	Participant Loans	7.25% Interest	46,146
			<u><u>\$ 31,335,473</u></u>

* Represents party-in-interest with respect to the Plan.



CERTIFICATION FOR ENCLOSURE WITH FORM 5500

April 2015

Re: *PNC Stable Value Fund*
Audited Financials 2014

Dear Plan Sponsor:

As a part of our ongoing commitment to you enclosed you will find the annual audited financial statement for the PNC Stable Value Fund for 2014. Our records indicate your plan held a position in the fund as of December 31, 2014.

We certify that pursuant to Department of Labor Regulations §2520.103-9(c) the Fund Trustee will file with the Department of Labor on or before the filing due date a Form 5500 for the 2014 calendar year for the collective trust listed below. This filing will include an annual Statement of Assets and Liabilities for the following PNC Bank Collective Investment Trust Funds held by Employee Benefits plans:

FUND	TRUST NO.	FUND EIN
PNC Stable Value Fund	1028398	25-1197336

As always, if you have any questions or need any additional information, please do not hesitate to contact us at 800-762-0061.

I, Sherri L. Painter, Senior Vice President, certify the accuracy and completeness of the information provided in this certification and in the above-described Statement of Assets and Liabilities.

Sincerely,

A handwritten signature in cursive script that reads "Sherri L. Painter".

Sherri L. Painter
Senior Vice President
Director, Vested Interest Plan Administration

Cc: Enclosure

The PNC Financial Services Group, Inc. ("PNC") uses the marketing names PNC Wealth Management® and Hawthorn, PNC Family Wealth® to provide investment, wealth management, and fiduciary services through its subsidiary, PNC Bank, National Association ("PNC Bank"), which is a **Member FDIC**, and to provide specific fiduciary and agency services through its subsidiary, PNC Delaware Trust Company. PNC also uses the marketing name PNC Institutional Asset ManagementSM for the various discretionary and non-discretionary institutional investment activities conducted through PNC Bank and PNC's subsidiary PNC Capital Advisors, LLC, a registered investment adviser ("PNC Capital Advisors"). PNC Bank uses the marketing names PNC Retirement SolutionsSM and Vested Interest® to provide non-discretionary defined contribution plan services and PNC Institutional Advisory SolutionsSM to provide discretionary investment management, trustee, and other related services. Standalone custody, escrow, and directed trustee services; FDIC-insured banking products and services; and lending of funds are also provided through PNC Bank. PNC does not provide legal, tax, or accounting advice unless, with respect to tax advice, PNC Bank has entered into a written tax services agreement. PNC does not provide services in any jurisdiction in which it is not authorized to conduct business. PNC does not provide investment advice to PNC Retirement Solutions and Vested Interest plan sponsors or participants. PNC Bank is not registered as a municipal advisor under the Dodd-Frank Wall Street Reform and Consumer Protection Act ("Act"). Investment management and related products and services provided to a "municipal entity" or "obligated person" regarding "proceeds of municipal securities" (as such terms are defined in the Act) will be provided by PNC Capital Advisors.

"PNC Wealth Management," "Hawthorn, PNC Family Wealth," and "Vested Interest" are registered trademarks and "PNC Institutional Asset Management," "PNC Retirement Solutions" and "PNC Institutional Advisory Solutions" are service marks of The PNC Financial Services Group, Inc. **Investments: Not FDIC Insured. No Bank Guarantee. May Lose Value.**

**ORTHOPAEDIC CONSULTANTS
OF CINCINNATI, INC.
PROFIT SHARING RETIREMENT PLAN
Financial Statements
Year Ended November 30, 2014**

**ORTHOPAEDIC CONSULTANTS
OF CINCINNATI, INC.
PROFIT SHARING RETIREMENT PLAN**

TABLE OF CONTENTS

Independent Auditors' Report on the Financial Statements and Supplemental Schedule.....	Page 1-2
Financial Statements	
Statements of Net Assets Available for Benefits	3
Statement of Changes in Net Assets Available for Benefits.....	4
Notes to Financial Statements.....	5-13
Supplemental Schedule	
Schedule of Assets Held for Investment Purposes at End of Year	14

Independent Auditors' Report

**To the Plan Trustees
ORTHOPAEDIC CONSULTANTS OF CINCINNATI, INC.
PROFIT SHARING RETIREMENT PLAN
Cincinnati, Ohio**

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of ORTHOPAEDIC CONSULTANTS OF CINCINNATI, INC. PROFIT SHARING RETIREMENT PLAN (the Plan), which comprise the statements of net assets available for benefits as of November 30, 2014 and 2013, and the related statement of changes in net assets available for benefits for the year ended November 30, 2014, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note C, which was certified by the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the custodian as of November 30, 2014 and 2013, and for the year ended November 30, 2014, that the information provided to the Plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedule of assets held for investment purposes as of November 30, 2014, is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on 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 custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Somerset CPAs, P.C.

September 14, 2015

ORTHOPAEDIC CONSULTANTS OF CINCINNATI, INC.
PROFIT SHARING RETIREMENT PLAN
Statements of Net Assets Available for Benefits
November 30, 2014 and 2013

	<u>2014</u>	<u>2013</u>
Assets		
Investments, at Fair Value		
Common / collective trust	\$ 1,616,682	\$ 1,651,661
Registered investment companies	28,859,052	29,462,247
Self-directed funds	<u>813,593</u>	<u>1,832,162</u>
Total Investments at Fair Value	<u>31,289,327</u>	<u>32,946,070</u>
Receivables		
Employer contributions	571,793	1,058,722
Notes receivable - participants	<u>46,146</u>	<u>94,676</u>
Total Receivables	<u>617,939</u>	<u>1,153,398</u>
Net Assets Available for Benefits at Fair Value	<u><u>\$ 31,907,266</u></u>	<u><u>\$ 34,099,468</u></u>
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	<u>(24,601)</u>	<u>(29,858)</u>
Net Assets Available for Benefits	<u><u>\$ 31,882,665</u></u>	<u><u>\$ 34,069,610</u></u>

See accompanying notes.

ORTHOPAEDIC CONSULTANTS OF CINCINNATI, INC.
PROFIT SHARING RETIREMENT PLAN
Statement of Changes in Net Assets Available for Benefits
For the Year Ended November 30, 2014

Additions to Net Assets Attributed to:

Net appreciation in fair market value of investments including realized gains and losses	\$ 141,666
Investment income including loan interest	1,390,181
Employer contributions	571,793
Employee contributions	<u>360,947</u>
Total Additions	<u>2,464,587</u>

Deductions from Net Assets Attributed to:

Benefits paid to participants	4,648,673
Self directed account expenses	<u>2,859</u>
Total Deductions	<u>4,651,532</u>

Net Decrease	(2,186,945)
---------------------	-------------

Net Assets Available for Benefits, Beginning of Year	<u>34,069,610</u>
--	-------------------

Net Assets Available for Benefits, End of Year	<u><u>\$ 31,882,665</u></u>
---	-----------------------------

See accompanying notes.

ORTHOPAEDIC CONSULTANTS OF CINCINNATI, INC.
PROFIT SHARING RETIREMENT PLAN
Notes to Financial Statements
November 30, 2014

Note A - Description of the Plan:

The following brief description of the Orthopaedic Consultants of Cincinnati, Inc. Profit Sharing Retirement 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 covering employees of the Company who have one year of credited service and are age 20 or older. The Plan entry dates are June 30 and December 31 each year for any employer contributions, and December 1 and June 1 each year for employee contributions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Plan Amendment

Effective December 1, 2013, the Plan was retroactively amended to change the year end of the Plan from December 31 to November 30. All relevant provisions of the amendment are included in the Plan's financial statements at November 30, 2014.

Contributions

The Plan allows voluntary, tax-deferred 401(k) contributions by participants. Each eligible employee who elects to participate in the salary reduction plan may contribute up to 100% of pre-tax annual compensation as defined in the Plan. In addition, the Company can contribute an amount to the Plan at the discretion of its Board of Directors. Contributions are subject to certain limitations. Participants direct the investment of their contributions and any Company contributions into various investment options offered by the Plan.

Forfeitures from terminated participant non-vested accounts are used to reduce future Company contributions. Forfeitures used to reduce Company contributions for the period ended November 30, 2014, totaled \$22,870. Amounts available for future use were \$10,026 as of November 30, 2014.

Participant Accounts

Each participant's account is credited with the participant's contributions and allocations of (a) Company contributions and (b) Plan earnings. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

ORTHOPAEDIC CONSULTANTS OF CINCINNATI, INC.
PROFIT SHARING RETIREMENT PLAN
Notes to Financial Statements
November 30, 2014

Note A - Description of the Plan (Continued):

Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the remainder of their accounts is based on years of continuous service. A participant is 20% vested after the second year and 20% each additional year. A participant is 100% vested after six years of credited service.

Payment of Benefits

On retirement, death, disability or termination of service, a participant (or participant's beneficiary in the event of death) may elect to receive a lump-sum distribution equal to the value of the participant's vested account balance. If a participant dies while still an employee of the Company, the full amount of the participant's account will become 100% vested. In-service withdrawals are permitted with certain restrictions. In addition, hardship distributions are permitted if certain criteria are met.

Participant Loans

Participants may borrow from their accounts a minimum of \$1,000 up to the amount that is equal to the lesser of \$50,000 or 50% of the present value of the participant's non-forfeitable accrued benefit. All loans are to be repaid over a period not to exceed five years, although an extension of the repayment period may be granted if the loan proceeds are used to purchase a participant's principal residence. Interest is charged at a rate commensurate with prevailing market rates as determined by the Plan administrator. Any loans shall reduce the participant's balance in the individual's account and will be restored as the principal balance when such loan is repaid. All interest paid by the participant shall be credited to his own individual account. Loans are valued at the unpaid principal balance plus accrued but unpaid interest.

Plan Termination

Although they have not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

ORTHOPAEDIC CONSULTANTS OF CINCINNATI, INC.
PROFIT SHARING RETIREMENT PLAN
Notes to Financial Statements
November 30, 2014

Note A - Description of the Plan (Continued):

Recently Issued Accounting Pronouncement

In July 2015, the FASB issued Accounting Standards Update 2015-12, "Plan Accounting (Topics 960, 962, and 965) — (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient". Part I of the update designates contract value as the only required measure for fully benefit-responsive investment contracts. Part II of the update eliminates the requirements for participant-directed investments and nonparticipant-directed investments to disclose individual investments that represent 5 percent or more of net assets available for benefits as well as the net appreciation or depreciation for investments by general type. Part III of the update establishes a practical expedient to permit plans to measure investments and investment-related accounts as of a month-end date closest to the plan's fiscal year end, when the fiscal period does not coincide with a month end. The amendments in each part of the accounting standards update take effect for fiscal years beginning after December 15, 2015, with early application permitted. The Plan is currently evaluating the impact of this accounting standards update.

Note B - Summary of Significant Accounting Policies:

Basis of Accounting

The Plan's financial statements are prepared on the accrual basis of accounting.

Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

As described in Accounting Standards Codification (ASC) 940-210, *Reporting of Fully Benefit-Responsive Investment Contracts Held by Certain Investment Companies Subject to the AICPA Investment Company Guide and Defined-Contribution Health and Welfare and Pension Plans*, investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. As required by the standard, the statement of net assets available for benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The statement of changes in net assets available for benefits is prepared on a contract value basis.

ORTHOPAEDIC CONSULTANTS OF CINCINNATI, INC.
PROFIT SHARING RETIREMENT PLAN
Notes to Financial Statements
November 30, 2014

Note B - Summary of Significant Accounting Policies (Continued):

Fair Value Measurements

ASC 820 defines and establishes a framework for measuring fair value and enhances disclosures about fair value measurements. Fair value is defined as the exchange price that would be received for an asset or paid to transfer a liability (or exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants at the measurement date. Valuation techniques used to measure fair value must maximize the use of observable inputs and minimize the use of unobservable inputs. Observable inputs are inputs that market participants would use in pricing the asset or liability based on market data obtained from sources independent of the Plan. Unobservable inputs are inputs that reflect the Plan's assumptions about the inputs that market participants would use in pricing the asset or liability and are developed based on the best information available in the circumstances. The three levels of the fair value hierarchy 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.

Note C - Information Prepared and Certified by Custodian:

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified as complete and accurate by the custodian.

	<u>2014</u>	<u>2013</u>
Investments, at contract value	\$ 31,264,726	\$ 32,916,212
Notes receivable - participants	46,146	94,676
Investment income	1,528,749	
Loan interest income	3,098	

ORTHOPAEDIC CONSULTANTS OF CINCINNATI, INC.
PROFIT SHARING RETIREMENT PLAN
Notes to Financial Statements
November 30, 2014

Note D - Investments:

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

	<u>2014</u>	<u>2013</u>
Registered Investment Companies		
American Europacific Growth Fund	\$ 2,182,233	\$ 2,413,249
Royce Premier	2,188,539	2,547,725
American Century Moderate Fund	3,926,853	3,877,702
Pimco Total Return Fund	3,305,249	3,170,720
MFS Massachusetts Investors	3,359,989	3,017,383
American New Perspective Fund	1,849,236	2,017,526
American Investment Fund of America	1,599,786	1,716,808
Vanguard 500 Index Signal	1,996,532	2,178,809
Self-Directed Participant Accounts	0 *	1,832,162

* Investment did not exceed 5% for the year ended

During the year ended November 30, 2014, the Plan's investments appreciated (depreciated) (including investments bought, sold and held during the year) in value as follows:

Registered investment companies	\$ 1,187,081
Common / collective trust	23,424
Self-directed funds	<u>(1,068,839)</u>
	<u>\$ 141,666</u>

Note E - Tax Status of Plan:

The Plan received a favorable determination letter from the Internal Revenue Service dated April 20, 2009, stating the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter, however the Plan administrator and the Plan's tax counsel believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, they believe the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

Authoritative accounting standards require the Plan to examine its tax positions for uncertain positions. Management is not aware of any tax positions that are more likely than not to change in the next twelve months or that would not sustain an examination by applicable taxing authorities.

ORTHOPAEDIC CONSULTANTS OF CINCINNATI, INC.
PROFIT SHARING RETIREMENT PLAN
Notes to Financial Statements
November 30, 2014

Note E - Tax Status of Plan (Continued):

The Plan's policy is to recognize penalties and interest as incurred in its statement of changes, which totaled \$0 for the year ended November 30, 2014.

The Plan's federal information returns for 2011 through 2014 are subject to examination by the applicable tax authorities, generally for three years after the later of the original or extended due date.

Note F - Party in Interest Transactions:

Certain Plan investments are managed by PNC Financial Services Group, Inc. (PNC). PNC is the custodian and record keeper of the Plan, as designated by the Plan Trustees.

Note G - Administrative Expenses:

Certain administrative expenses are paid by the Plan sponsor.

Note H - Fair Value Measurements:

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at November 30, 2014.

Registered investment companies – Valued at the quoted net asset value (NAV) of the shares held by the Plan at year end.

Common collective trust – The fair value of the investments in the common collective trust is determined by the fund trustee based on fair value of the underlying securities within the fund, which represent the net asset value of the shares held by the Plan at year end.

Self-Directed brokerage accounts – Valued at the quoted market price on the active market on which the individual securities held at year end are traded in the case of common stocks, corporate bonds and U.S. government securities, and at the quoted net asset value (NAV) of the shares held at year end in the case of registered investment companies.

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, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

ORTHOPAEDIC CONSULTANTS OF CINCINNATI, INC.
PROFIT SHARING RETIREMENT PLAN
Notes to Financial Statements
November 30, 2014

Note H - Fair Value Measurements (Continued):

There have been no changes in valuation methodologies at November 30, 2014, compared to November 30, 2013. The Company's policy is to recognize transfers between levels at the end of each reporting period, if applicable. There were no transfers between Level 1, 2, or 3 assets or liabilities during the year ended November 30, 2014.

The following table sets forth by level, with the fair value hierarchy, the Plan's assets at fair value:

Assets at Fair Value as of November 30, 2014

	<u>Level 1</u>	<u>Level 2</u>	<u>Total</u>
<u>Participant Directed:</u>			
Registered investment companies:			
Balanced funds	\$ 6,774,803	\$ 0	\$ 6,774,803
Fixed income funds	4,252,465	0	4,252,465
Large growth/value/blend funds	11,161,314	0	11,161,314
Mid growth/value/blend funds	2,117,734	0	2,117,734
Small growth/value/blend funds	2,370,503	0	2,370,503
International	2,182,233	0	2,182,233
Common/collective trust:			
Fixed income	0	1,616,682	1,616,682
<u>Self Directed:</u>			
Registered investment companies:			
Balanced funds	25,429	0	25,429
Fixed income funds	45,708	0	45,708
Large growth/value/blend funds	266,099	0	266,099
Mid growth/value/blend funds	102,505	0	102,505
Small growth/value/blend funds	49,498	0	49,498
International	128,247	0	128,247
Common stock:			
Precious metals	16,817	0	16,817
Corporate bonds:			
Fixed income	<u>0</u>	<u>46,977</u>	<u>46,977</u>
Total Assets at Fair Value	<u>\$ 29,493,355</u>	<u>\$ 1,663,659</u>	<u>\$ 31,157,014</u>

ORTHOPAEDIC CONSULTANTS OF CINCINNATI, INC.
PROFIT SHARING RETIREMENT PLAN
Notes to Financial Statements
November 30, 2014

Note H - Fair Value Measurements (Continued):

Assets at Fair Value as of November 30, 2013

	<u>Level 1</u>	<u>Level 2</u>	<u>Total</u>
<u>Participant Directed:</u>			
Registered investment companies:			
Balanced funds	\$ 6,965,998	\$ 0	\$ 6,965,998
Fixed income funds	4,214,334	0	4,214,334
Large growth/value/blend funds	11,047,274	0	11,047,274
Mid growth/value/blend funds	2,130,128	0	2,130,128
Small growth/value/blend funds	2,691,264	0	2,691,264
International	2,413,249	0	2,413,249
Common/collective trust:			
Fixed income	0	1,651,661	1,651,661
<u>Self Directed:</u>			
Registered investment companies:			
Balanced funds	25,273	0	25,273
Fixed income funds	47,006	0	47,006
Large growth/value/blend funds	240,617	0	240,617
Mid growth/value/blend funds	94,073	0	94,073
Small growth/value/blend funds	47,758	0	47,758
International	131,079	0	131,079
Common stock:			
Precious metals	18,105	0	18,105
Large growth/value/blend funds	352,110	0	352,110
Mid growth/value/blend funds	173,023	0	173,023
Small growth/value/blend funds	106,355	0	106,355
International	162,780	0	162,780
Corporate bonds:			
Fixed income	0	47,006	47,006
Total Assets at Fair Value	<u>\$ 30,860,426</u>	<u>\$ 1,698,667</u>	<u>\$ 32,559,093</u>

ORTHOPAEDIC CONSULTANTS OF CINCINNATI, INC.
PROFIT SHARING RETIREMENT PLAN
Notes to Financial Statements
November 30, 2014

Note I - Reconciliation of Financial Statements to Schedule H of Form 5500:

The following is a reconciliation of net assets available for benefits per the financial statements at November 30, 2013, to Schedule H of Form 5500:

	<u>2014</u>	<u>2013</u>
Net assets available for benefits per the financial statements	\$ 31,882,665	\$ 34,069,610
Amounts allocated to withdrawing participants	<u>0</u>	<u>(81,940)</u>
Net assets available for benefits per Schedule H of the Form 5500	<u>\$ 31,882,665</u>	<u>\$ 33,987,670</u>

The following is a reconciliation of benefits paid to participants per the financial statements for the period ended November 30, 2014, to the Schedule H Form 5500:

Benefits paid to participants per the financial statements	\$ 4,648,673
Less: Amounts allocated to withdrawing participants at November 30, 2013	<u>(81,940)</u>
Benefits paid to participants per Schedule H of the 5500	<u>\$ 4,566,733</u>

Amounts allocated to withdrawing participants are recorded on the Schedule H of Form 5500 for benefits claims that have been processed and approved for payments prior to November 30, 2014, but not yet paid as of that date.

Note J - 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 the amounts reported in the statements of net assets available for benefits.

Note K - Subsequent Events:

The Company has evaluated subsequent events through September 14, 2015, the date on which the financial statements were available to be issued.

ORTHOPAEDIC CONSULTANTS OF CINCINNATI, INC.
PROFIT SHARING RETIREMENT PLAN
Plan Number 001, EIN 31-0741747
Form 5500, Schedule H, Part IV, 4(i)
Schedule of Assets Held for Investment Purposes at End of Year
November 30, 2014

(a)	(b)	(c)	(e)
	Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Current Value
	Common Collective Trust		
*	PNC Investment Contract	437,024.77 Units	\$ 1,616,682
	Registered Investment Companies		
	American Beacon Large Cap Fund	25,915.93 Shares	780,329
	American Investment Fund of America	38,530.49 Shares	1,599,786
	American New Perspective Fund	46,686.08 Shares	1,849,236
	American Europacific Growth Fund	43,855.16 Shares	2,182,233
	Dreyfus Midcap Index Fund	32,014.91 Shares	1,275,794
	Dreyfus Small Cap Stock Index	5,995.52 Shares	181,964
	Federated Total Government Bond Fund	84,875.96 Shares	947,216
	Janus Balanced Fund	27,149.47 Shares	875,570
	Vanguard 500 Index Signal	10,429.03 Shares	1,996,532
	Pimco Total Return Fund	299,659.89 Shares	3,305,249
	American Century Growth Large	42,637.13 Shares	1,575,442
	American Century Conservative Fund	85,590.52 Shares	531,517
	American Century Moderate Fund	511,309.06 Shares	3,926,853
	American Century Aggressive Fund	58,454.37 Shares	535,442
	Royce Premier	101,274.35 Shares	2,188,539
	American Balanced Fund	34,361.32 Shares	905,421
	MFS Massachusetts Investor	131,506.41 Shares	3,359,989
	Janus Enterprise Fund	9,294.99 Shares	841,940
			<u>28,859,052</u>
	Self-Directed Participant Accounts		<u>813,593</u>
*	Participant Loans	7.25% Interest	46,146
			<u><u>\$ 31,335,473</u></u>

* Represents party-in-interest with respect to the Plan.

**ORTHOPAEDIC CONSULTANTS
OF CINCINNATI, INC.
PROFIT SHARING RETIREMENT PLAN
Financial Statements
Year Ended November 30, 2014**

**ORTHOPAEDIC CONSULTANTS
OF CINCINNATI, INC.
PROFIT SHARING RETIREMENT PLAN**

TABLE OF CONTENTS

Independent Auditors' Report on the Financial Statements and Supplemental Schedule.....	Page 1-2
Financial Statements	
Statements of Net Assets Available for Benefits	3
Statement of Changes in Net Assets Available for Benefits.....	4
Notes to Financial Statements.....	5-13
Supplemental Schedule	
Schedule of Assets Held for Investment Purposes at End of Year	14

Independent Auditors' Report

**To the Plan Trustees
ORTHOPAEDIC CONSULTANTS OF CINCINNATI, INC.
PROFIT SHARING RETIREMENT PLAN
Cincinnati, Ohio**

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of ORTHOPAEDIC CONSULTANTS OF CINCINNATI, INC. PROFIT SHARING RETIREMENT PLAN (the Plan), which comprise the statements of net assets available for benefits as of November 30, 2014 and 2013, and the related statement of changes in net assets available for benefits for the year ended November 30, 2014, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note C, which was certified by the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the custodian as of November 30, 2014 and 2013, and for the year ended November 30, 2014, that the information provided to the Plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedule of assets held for investment purposes as of November 30, 2014, is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on 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 custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Somerset CPAs, P.C.

September 14, 2015

ORTHOPAEDIC CONSULTANTS OF CINCINNATI, INC.
PROFIT SHARING RETIREMENT PLAN
Statements of Net Assets Available for Benefits
November 30, 2014 and 2013

	<u>2014</u>	<u>2013</u>
Assets		
Investments, at Fair Value		
Common / collective trust	\$ 1,616,682	\$ 1,651,661
Registered investment companies	28,859,052	29,462,247
Self-directed funds	<u>813,593</u>	<u>1,832,162</u>
Total Investments at Fair Value	<u>31,289,327</u>	<u>32,946,070</u>
Receivables		
Employer contributions	571,793	1,058,722
Notes receivable - participants	<u>46,146</u>	<u>94,676</u>
Total Receivables	<u>617,939</u>	<u>1,153,398</u>
Net Assets Available for Benefits at Fair Value	<u><u>\$ 31,907,266</u></u>	<u><u>\$ 34,099,468</u></u>
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	<u>(24,601)</u>	<u>(29,858)</u>
Net Assets Available for Benefits	<u><u>\$ 31,882,665</u></u>	<u><u>\$ 34,069,610</u></u>

See accompanying notes.

ORTHOPAEDIC CONSULTANTS OF CINCINNATI, INC.
PROFIT SHARING RETIREMENT PLAN
Statement of Changes in Net Assets Available for Benefits
For the Year Ended November 30, 2014

Additions to Net Assets Attributed to:

Net appreciation in fair market value of investments including realized gains and losses	\$ 141,666
Investment income including loan interest	1,390,181
Employer contributions	571,793
Employee contributions	<u>360,947</u>
Total Additions	<u>2,464,587</u>

Deductions from Net Assets Attributed to:

Benefits paid to participants	4,648,673
Self directed account expenses	<u>2,859</u>
Total Deductions	<u>4,651,532</u>

Net Decrease	(2,186,945)
---------------------	-------------

Net Assets Available for Benefits, Beginning of Year	<u>34,069,610</u>
--	-------------------

Net Assets Available for Benefits, End of Year	<u><u>\$ 31,882,665</u></u>
---	-----------------------------

See accompanying notes.

ORTHOPAEDIC CONSULTANTS OF CINCINNATI, INC.
PROFIT SHARING RETIREMENT PLAN
Notes to Financial Statements
November 30, 2014

Note A - Description of the Plan:

The following brief description of the Orthopaedic Consultants of Cincinnati, Inc. Profit Sharing Retirement 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 covering employees of the Company who have one year of credited service and are age 20 or older. The Plan entry dates are June 30 and December 31 each year for any employer contributions, and December 1 and June 1 each year for employee contributions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Plan Amendment

Effective December 1, 2013, the Plan was retroactively amended to change the year end of the Plan from December 31 to November 30. All relevant provisions of the amendment are included in the Plan's financial statements at November 30, 2014.

Contributions

The Plan allows voluntary, tax-deferred 401(k) contributions by participants. Each eligible employee who elects to participate in the salary reduction plan may contribute up to 100% of pre-tax annual compensation as defined in the Plan. In addition, the Company can contribute an amount to the Plan at the discretion of its Board of Directors. Contributions are subject to certain limitations. Participants direct the investment of their contributions and any Company contributions into various investment options offered by the Plan.

Forfeitures from terminated participant non-vested accounts are used to reduce future Company contributions. Forfeitures used to reduce Company contributions for the period ended November 30, 2014, totaled \$22,870. Amounts available for future use were \$10,026 as of November 30, 2014.

Participant Accounts

Each participant's account is credited with the participant's contributions and allocations of (a) Company contributions and (b) Plan earnings. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

ORTHOPAEDIC CONSULTANTS OF CINCINNATI, INC.
PROFIT SHARING RETIREMENT PLAN
Notes to Financial Statements
November 30, 2014

Note A - Description of the Plan (Continued):

Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the remainder of their accounts is based on years of continuous service. A participant is 20% vested after the second year and 20% each additional year. A participant is 100% vested after six years of credited service.

Payment of Benefits

On retirement, death, disability or termination of service, a participant (or participant's beneficiary in the event of death) may elect to receive a lump-sum distribution equal to the value of the participant's vested account balance. If a participant dies while still an employee of the Company, the full amount of the participant's account will become 100% vested. In-service withdrawals are permitted with certain restrictions. In addition, hardship distributions are permitted if certain criteria are met.

Participant Loans

Participants may borrow from their accounts a minimum of \$1,000 up to the amount that is equal to the lesser of \$50,000 or 50% of the present value of the participant's non-forfeitable accrued benefit. All loans are to be repaid over a period not to exceed five years, although an extension of the repayment period may be granted if the loan proceeds are used to purchase a participant's principal residence. Interest is charged at a rate commensurate with prevailing market rates as determined by the Plan administrator. Any loans shall reduce the participant's balance in the individual's account and will be restored as the principal balance when such loan is repaid. All interest paid by the participant shall be credited to his own individual account. Loans are valued at the unpaid principal balance plus accrued but unpaid interest.

Plan Termination

Although they have not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

ORTHOPAEDIC CONSULTANTS OF CINCINNATI, INC.
PROFIT SHARING RETIREMENT PLAN
Notes to Financial Statements
November 30, 2014

Note A - Description of the Plan (Continued):

Recently Issued Accounting Pronouncement

In July 2015, the FASB issued Accounting Standards Update 2015-12, "Plan Accounting (Topics 960, 962, and 965) — (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient". Part I of the update designates contract value as the only required measure for fully benefit-responsive investment contracts. Part II of the update eliminates the requirements for participant-directed investments and nonparticipant-directed investments to disclose individual investments that represent 5 percent or more of net assets available for benefits as well as the net appreciation or depreciation for investments by general type. Part III of the update establishes a practical expedient to permit plans to measure investments and investment-related accounts as of a month-end date closest to the plan's fiscal year end, when the fiscal period does not coincide with a month end. The amendments in each part of the accounting standards update take effect for fiscal years beginning after December 15, 2015, with early application permitted. The Plan is currently evaluating the impact of this accounting standards update.

Note B - Summary of Significant Accounting Policies:

Basis of Accounting

The Plan's financial statements are prepared on the accrual basis of accounting.

Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

As described in Accounting Standards Codification (ASC) 940-210, *Reporting of Fully Benefit-Responsive Investment Contracts Held by Certain Investment Companies Subject to the AICPA Investment Company Guide and Defined-Contribution Health and Welfare and Pension Plans*, investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. As required by the standard, the statement of net assets available for benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The statement of changes in net assets available for benefits is prepared on a contract value basis.

ORTHOPAEDIC CONSULTANTS OF CINCINNATI, INC.
PROFIT SHARING RETIREMENT PLAN
Notes to Financial Statements
November 30, 2014

Note B - Summary of Significant Accounting Policies (Continued):

Fair Value Measurements

ASC 820 defines and establishes a framework for measuring fair value and enhances disclosures about fair value measurements. Fair value is defined as the exchange price that would be received for an asset or paid to transfer a liability (or exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants at the measurement date. Valuation techniques used to measure fair value must maximize the use of observable inputs and minimize the use of unobservable inputs. Observable inputs are inputs that market participants would use in pricing the asset or liability based on market data obtained from sources independent of the Plan. Unobservable inputs are inputs that reflect the Plan's assumptions about the inputs that market participants would use in pricing the asset or liability and are developed based on the best information available in the circumstances. The three levels of the fair value hierarchy 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.

Note C - Information Prepared and Certified by Custodian:

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified as complete and accurate by the custodian.

	<u>2014</u>	<u>2013</u>
Investments, at contract value	\$ 31,264,726	\$ 32,916,212
Notes receivable - participants	46,146	94,676
Investment income	1,528,749	
Loan interest income	3,098	

ORTHOPAEDIC CONSULTANTS OF CINCINNATI, INC.
PROFIT SHARING RETIREMENT PLAN
Notes to Financial Statements
November 30, 2014

Note D - Investments:

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

	<u>2014</u>	<u>2013</u>
Registered Investment Companies		
American Europacific Growth Fund	\$ 2,182,233	\$ 2,413,249
Royce Premier	2,188,539	2,547,725
American Century Moderate Fund	3,926,853	3,877,702
Pimco Total Return Fund	3,305,249	3,170,720
MFS Massachusetts Investors	3,359,989	3,017,383
American New Perspective Fund	1,849,236	2,017,526
American Investment Fund of America	1,599,786	1,716,808
Vanguard 500 Index Signal	1,996,532	2,178,809
Self-Directed Participant Accounts	0 *	1,832,162

* Investment did not exceed 5% for the year ended

During the year ended November 30, 2014, the Plan's investments appreciated (depreciated) (including investments bought, sold and held during the year) in value as follows:

Registered investment companies	\$ 1,187,081
Common / collective trust	23,424
Self-directed funds	<u>(1,068,839)</u>
	<u>\$ 141,666</u>

Note E - Tax Status of Plan:

The Plan received a favorable determination letter from the Internal Revenue Service dated April 20, 2009, stating the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter, however the Plan administrator and the Plan's tax counsel believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, they believe the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

Authoritative accounting standards require the Plan to examine its tax positions for uncertain positions. Management is not aware of any tax positions that are more likely than not to change in the next twelve months or that would not sustain an examination by applicable taxing authorities.

ORTHOPAEDIC CONSULTANTS OF CINCINNATI, INC.
PROFIT SHARING RETIREMENT PLAN
Notes to Financial Statements
November 30, 2014

Note E - Tax Status of Plan (Continued):

The Plan's policy is to recognize penalties and interest as incurred in its statement of changes, which totaled \$0 for the year ended November 30, 2014.

The Plan's federal information returns for 2011 through 2014 are subject to examination by the applicable tax authorities, generally for three years after the later of the original or extended due date.

Note F - Party in Interest Transactions:

Certain Plan investments are managed by PNC Financial Services Group, Inc. (PNC). PNC is the custodian and record keeper of the Plan, as designated by the Plan Trustees.

Note G - Administrative Expenses:

Certain administrative expenses are paid by the Plan sponsor.

Note H - Fair Value Measurements:

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at November 30, 2014.

Registered investment companies – Valued at the quoted net asset value (NAV) of the shares held by the Plan at year end.

Common collective trust – The fair value of the investments in the common collective trust is determined by the fund trustee based on fair value of the underlying securities within the fund, which represent the net asset value of the shares held by the Plan at year end.

Self-Directed brokerage accounts – Valued at the quoted market price on the active market on which the individual securities held at year end are traded in the case of common stocks, corporate bonds and U.S. government securities, and at the quoted net asset value (NAV) of the shares held at year end in the case of registered investment companies.

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, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

ORTHOPAEDIC CONSULTANTS OF CINCINNATI, INC.
PROFIT SHARING RETIREMENT PLAN
Notes to Financial Statements
November 30, 2014

Note H - Fair Value Measurements (Continued):

There have been no changes in valuation methodologies at November 30, 2014, compared to November 30, 2013. The Company's policy is to recognize transfers between levels at the end of each reporting period, if applicable. There were no transfers between Level 1, 2, or 3 assets or liabilities during the year ended November 30, 2014.

The following table sets forth by level, with the fair value hierarchy, the Plan's assets at fair value:

Assets at Fair Value as of November 30, 2014

	<u>Level 1</u>	<u>Level 2</u>	<u>Total</u>
<u>Participant Directed:</u>			
Registered investment companies:			
Balanced funds	\$ 6,774,803	\$ 0	\$ 6,774,803
Fixed income funds	4,252,465	0	4,252,465
Large growth/value/blend funds	11,161,314	0	11,161,314
Mid growth/value/blend funds	2,117,734	0	2,117,734
Small growth/value/blend funds	2,370,503	0	2,370,503
International	2,182,233	0	2,182,233
Common/collective trust:			
Fixed income	0	1,616,682	1,616,682
<u>Self Directed:</u>			
Registered investment companies:			
Balanced funds	25,429	0	25,429
Fixed income funds	45,708	0	45,708
Large growth/value/blend funds	266,099	0	266,099
Mid growth/value/blend funds	102,505	0	102,505
Small growth/value/blend funds	49,498	0	49,498
International	128,247	0	128,247
Common stock:			
Precious metals	16,817	0	16,817
Corporate bonds:			
Fixed income	<u>0</u>	<u>46,977</u>	<u>46,977</u>
Total Assets at Fair Value	<u>\$ 29,493,355</u>	<u>\$ 1,663,659</u>	<u>\$ 31,157,014</u>

ORTHOPAEDIC CONSULTANTS OF CINCINNATI, INC.
PROFIT SHARING RETIREMENT PLAN
Notes to Financial Statements
November 30, 2014

Note H - Fair Value Measurements (Continued):

Assets at Fair Value as of November 30, 2013

	<u>Level 1</u>	<u>Level 2</u>	<u>Total</u>
<u>Participant Directed:</u>			
Registered investment companies:			
Balanced funds	\$ 6,965,998	\$ 0	\$ 6,965,998
Fixed income funds	4,214,334	0	4,214,334
Large growth/value/blend funds	11,047,274	0	11,047,274
Mid growth/value/blend funds	2,130,128	0	2,130,128
Small growth/value/blend funds	2,691,264	0	2,691,264
International	2,413,249	0	2,413,249
Common/collective trust:			
Fixed income	0	1,651,661	1,651,661
<u>Self Directed:</u>			
Registered investment companies:			
Balanced funds	25,273	0	25,273
Fixed income funds	47,006	0	47,006
Large growth/value/blend funds	240,617	0	240,617
Mid growth/value/blend funds	94,073	0	94,073
Small growth/value/blend funds	47,758	0	47,758
International	131,079	0	131,079
Common stock:			
Precious metals	18,105	0	18,105
Large growth/value/blend funds	352,110	0	352,110
Mid growth/value/blend funds	173,023	0	173,023
Small growth/value/blend funds	106,355	0	106,355
International	162,780	0	162,780
Corporate bonds:			
Fixed income	0	47,006	47,006
Total Assets at Fair Value	<u>\$ 30,860,426</u>	<u>\$ 1,698,667</u>	<u>\$ 32,559,093</u>

ORTHOPAEDIC CONSULTANTS OF CINCINNATI, INC.
PROFIT SHARING RETIREMENT PLAN
Notes to Financial Statements
November 30, 2014

Note I - Reconciliation of Financial Statements to Schedule H of Form 5500:

The following is a reconciliation of net assets available for benefits per the financial statements at November 30, 2013, to Schedule H of Form 5500:

	<u>2014</u>	<u>2013</u>
Net assets available for benefits per the financial statements	\$ 31,882,665	\$ 34,069,610
Amounts allocated to withdrawing participants	<u>0</u>	<u>(81,940)</u>
Net assets available for benefits per Schedule H of the Form 5500	<u>\$ 31,882,665</u>	<u>\$ 33,987,670</u>

The following is a reconciliation of benefits paid to participants per the financial statements for the period ended November 30, 2014, to the Schedule H Form 5500:

Benefits paid to participants per the financial statements	\$ 4,648,673
Less: Amounts allocated to withdrawing participants at November 30, 2013	<u>(81,940)</u>
Benefits paid to participants per Schedule H of the 5500	<u>\$ 4,566,733</u>

Amounts allocated to withdrawing participants are recorded on the Schedule H of Form 5500 for benefits claims that have been processed and approved for payments prior to November 30, 2014, but not yet paid as of that date.

Note J - 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 the amounts reported in the statements of net assets available for benefits.

Note K - Subsequent Events:

The Company has evaluated subsequent events through September 14, 2015, the date on which the financial statements were available to be issued.

ORTHOPAEDIC CONSULTANTS OF CINCINNATI, INC.
PROFIT SHARING RETIREMENT PLAN
Plan Number 001, EIN 31-0741747
Form 5500, Schedule H, Part IV, 4(i)
Schedule of Assets Held for Investment Purposes at End of Year
November 30, 2014

(a)	(b)	(c)	(e)
	Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Current Value
	Common Collective Trust		
*	PNC Investment Contract	437,024.77 Units	\$ 1,616,682
	Registered Investment Companies		
	American Beacon Large Cap Fund	25,915.93 Shares	780,329
	American Investment Fund of America	38,530.49 Shares	1,599,786
	American New Perspective Fund	46,686.08 Shares	1,849,236
	American Europacific Growth Fund	43,855.16 Shares	2,182,233
	Dreyfus Midcap Index Fund	32,014.91 Shares	1,275,794
	Dreyfus Small Cap Stock Index	5,995.52 Shares	181,964
	Federated Total Government Bond Fund	84,875.96 Shares	947,216
	Janus Balanced Fund	27,149.47 Shares	875,570
	Vanguard 500 Index Signal	10,429.03 Shares	1,996,532
	Pimco Total Return Fund	299,659.89 Shares	3,305,249
	American Century Growth Large	42,637.13 Shares	1,575,442
	American Century Conservative Fund	85,590.52 Shares	531,517
	American Century Moderate Fund	511,309.06 Shares	3,926,853
	American Century Aggressive Fund	58,454.37 Shares	535,442
	Royce Premier	101,274.35 Shares	2,188,539
	American Balanced Fund	34,361.32 Shares	905,421
	MFS Massachusetts Investor	131,506.41 Shares	3,359,989
	Janus Enterprise Fund	9,294.99 Shares	841,940
			<u>28,859,052</u>
	Self-Directed Participant Accounts		<u>813,593</u>
*	Participant Loans	7.25% Interest	46,146
			<u>\$ 31,335,473</u>

* Represents party-in-interest with respect to the Plan.