

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 2014 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information		
1a Name of plan <u>SYNERGY HEALTH 401(K) PLAN</u>	1b Three-digit plan number (PN) ▶	<u>001</u>	
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>SYNERGY HEALTH 401(K) PLAN</u> <u>401 E. JACKSON STREET</u> <u>SUITE 3100</u> <u>TAMPA, FL 33602</u>	1c Effective date of plan <u>01/01/1999</u>	2b Employer Identification Number (EIN) <u>59-3252632</u>	
		2c Plan Sponsor's telephone number <u>813-891-9550</u>	
		2d Business code (see instructions) <u>812990</u>	

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2015	RAY REILLY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 867
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 816 6a(2) 1123 6b 1 6c 106 6d 1230 6e 1 6f 1231 6g 992 6h 85
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: 3D 3H 2E 2F 2G 2J 2K 2S 2T b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ 0 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2014
		This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
A Name of plan SYNERGY HEALTH 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SYNERGY HEALTH 401(K) PLAN	D Employer Identification Number (EIN) 59-3252632	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

04-2647786

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 60 64 65	RECORDKEEPER	7275	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

NFP SECURITIES INC

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
55	ADVISOR	0	Yes ☒ No ☐	Yes ☐ No ☒	33815	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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BLKRK HI YD BD INV A - BNY MELLON P.O. BOX 9793 PROVIDENCE, RI 02940	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BLKRK INTL INDEX A - BNY MELLON IN P.O. BOX 9793 PROVIDENCE, RI 02940	0.05%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
COL MID CAP IDX A - COLUMBIA MGT I P.O. BOX 8081 BOSTON, MA 02266	0.10%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
JANUS TRITON S - JANUS SERVICES LL 43-1804048	0.25%	
(a) Enter service provider name as it appears on line 2		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
JPM EQUITY IDX A - BOSTON FINANCIA 330 W. 9TH STREET KANSAS CITY, MO 66160	0.05%	
(a) Enter service provider name as it appears on line 2		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
JPM US EQUITY A - BOSTON FINANCIAL 330 W. 9TH STREET KANSAS CITY, MO 66160	0.25%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MFS GLOBAL EQUITY R3 - MFS SERVICE 04-2865649	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
OPPHMR DEV MKTS A - OFI GLOBAL ASS TWO WORLD FINANCIAL CENTER 225 LIBERTY STREET, 14TH FLOOR NEW YORK, NY 10281	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
OPPHMR EQUITY INC A - OFI GLOBAL A TWO WORLD FINANCIAL CENTER 225 LIBERTY STREET, 14TH FLOOR NEW YORK, NY 10281	0.25%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIF SMCP S&P 600 R3 - PRINCIPAL SH P.O. BOX 8480 BOSTON, MA 02266	0.30%	
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIM GLB BD US HG A - BOSTON FINANC P.O. BOX 8480 BOSTON, MA 02266	0.25%	
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIM INTL SP USHG A - BOSTON FINAN P.O. BOX 8480 BOSTON, MA 02266	0.25%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIM REAL RETURN A - BOSTON FINANCI P.O. BOX 8480 BOSTON, MA 02266	0.25%	
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIMCO COMM REL RET A - BOSTON FINA P.O. BOX 8480 BOSTON, MA 02266	0.25%	
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIONEER BOND A - PIONEER INVESTMEN 04-2890696	0.35%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation PRU/J MID CAP GR A - PRUDENTIAL MU 22-3703799		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. 0.25%		
(a) Enter service provider name as it appears on line 2 FIDELITY INVESTMENTS INSTITUTIONAL		
(b) Service Codes (see instructions) 60		
(c) Enter amount of indirect compensation 0		
(d) Enter name and EIN (address) of source of indirect compensation RDGWTH MID CAP VAL A - BOSTON FINA P.O. BOX 8480 BOSTON, MA 02266		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. 0.40%		
(a) Enter service provider name as it appears on line 2 FIDELITY INVESTMENTS INSTITUTIONAL		
(b) Service Codes (see instructions) 60		
(c) Enter amount of indirect compensation 0		
(d) Enter name and EIN (address) of source of indirect compensation TRP RETIRE BAL R - T. ROWE PRICE S 52-2269240		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. 0.40%		

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
TRP RETIRE 2005 R - T. ROWE PRICE	0.40%	
52-2269240		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
TRP RETIRE 2010 R - T. ROWE PRICE	0.40%	
52-2269240		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
TRP RETIRE 2015 R - T. ROWE PRICE	0.40%	
52-2269240		

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
TRP RETIRE 2020 R - T. ROWE PRICE	0.40%	
52-2269240		
(a) Enter service provider name as it appears on line 2		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
TRP RETIRE 2025 R - T. ROWE PRICE	0.40%	
52-2269240		
(a) Enter service provider name as it appears on line 2		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
TRP RETIRE 2030 R - T. ROWE PRICE	0.40%	
52-2269240		

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
TRP RETIRE 2035 R - T. ROWE PRICE	0.40%	
52-2269240		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
TRP RETIRE 2040 R - T. ROWE PRICE	0.40%	
52-2269240		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
TRP RETIRE 2045 R - T. ROWE PRICE	0.40%	
52-2269240		

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
TRP RETIRE 2050 R - T. ROWE PRICE 52-2269240	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
TRP RETIRE 2055 R - T. ROWE PRICE 52-2269240	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
WFA PR LG CO GRTH A - BOSTON FINAN P.O. BOX 8480 BOSTON, MA 02266	0.30%	

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
NFP SECURITIES INC	55	33815

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
NATIONAL FINANCIAL SERVICES LLC 04-3523567	---

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>		
A Name of plan <u>SYNERGY HEALTH 401(K) PLAN</u>		B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SYNERGY HEALTH 401(K) PLAN</u>		D Employer Identification Number (EIN) <u>59-3252632</u>

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	0	0
(2) Participant contributions.....	1b(2)	0	0
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	1363978	1358960
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common.....	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property).....	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans.....	1c(8)	484187	666776
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities.....	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	11968391	15096643
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	0	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	13816556	17122379

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	13816556	17122379
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	455493	
(B) Participants	2a(1)(B)	1412955	
(C) Others (including rollovers)	2a(1)(C)	519560	
(2) Noncash contributions	2a(2)	0	2388008
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	141	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	21224	
(F) Other	2b(1)(F)	0	21365
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		

(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	756120	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		756120

(3) Rents	2b(3)		0
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		161571
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		3327064

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1862385	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other.....	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		1862385
f Corrective distributions (see instructions).....	2f		20533
g Certain deemed distributions of participant loans (see instructions).....	2g		820
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees.....	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	0	
(3) Investment advisory and management fees.....	2i(3)	0	
(4) Other.....	2i(4)	7275	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		7275
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1891013

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		1436051
l Transfers of assets:			
(1) To this plan.....	2l(1)		1869772
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

(1) Name: ACCELL AUDIT & COMPLIANCE PA

(2) EIN: 27-0563459

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

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

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

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

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

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

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

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 2014 This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>04-6568107</u>	
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
- b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

SYNERGY HEALTH 401K PLAN

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

DECEMBER 31, 2014





INDEPENDENT AUDITORS' REPORT

To the Trustee Committee of
Synergy Health 401K Plan

Report on Financial Statements

We were engaged to audit the accompanying financial statements of Synergy Health 401K Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statement of changes in net assets available for benefits for the year ended December 31, 2014, and the related notes to the financial statements.

Management's Responsibility for the Financial Statement

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Fidelity Management Trust Company, the trustee 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 trustees hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from the trustee as of December 31, 2014 and 2013, and for the year ended December 31, 2014, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedule, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 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 the supplemental schedule.

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

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

Accell Audit & Compliance, PA

Tampa, Florida
September 28, 2015

SYNERGY HEALTH 401K PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2014 AND 2013

	<u>2014</u>	<u>2013</u>
Assets:		
Investments, at fair value:		
Cash and cash equivalents	\$ 1,358,960	\$ 1,363,978
Mutual funds	<u>15,096,643</u>	<u>11,968,391</u>
Total investments, at fair value	<u>16,455,603</u>	<u>13,332,369</u>
Receivables:		
Participant contributions	-	33,972
Employer contributions	-	11,569
Notes receivable from participants	<u>666,776</u>	<u>484,187</u>
Total receivables	<u>666,776</u>	<u>529,728</u>
Total assets	<u>17,122,379</u>	<u>13,862,097</u>
Liabilities:		
Excess contribution refundable	<u>18,215</u>	<u>21,310</u>
Net assets available for benefits	<u>\$ 17,104,164</u>	<u>\$ 13,840,787</u>

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

SYNERGY HEALTH 401K PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2014

Additions to net assets available for benefits attributed to:	
Investment income:	
Net appreciation in fair value of investments	\$ 161,570
Interest and dividends	756,261
Total investment income	<u>917,831</u>
Contributions:	
Participant	1,360,768
Employer	443,924
Participant rollovers	519,560
Total contributions	<u>2,324,252</u>
Interest income on notes receivable from participants	<u>21,224</u>
Total additions	<u>3,263,307</u>
Deductions from net assets available for benefits attributed to:	
Benefits paid to participants	1,841,895
Corrective refund distribution	20,533
Administrative expenses	7,274
Total deductions	<u>1,869,702</u>
Net increase in net assets available for benefits	1,393,605
Transfers from merged plans	1,869,772
Net assets available for benefits - beginning of year	<u>13,840,787</u>
Net assets available for benefits - end of year	<u>\$ 17,104,164</u>

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

**SYNERGY HEALTH 401K PLAN
NOTES TO FINANCIAL STATEMENT
DECEMBER 31, 2014**

NOTE 1 DESCRIPTION OF THE PLAN

Organization

Synergy Health 401K Plan (the "Plan"), f/k/a SRI/Surgical Express, Inc. 401K Plan, is a defined contribution plan covering all eligible employees of Synergy Health North America Inc., Synergy Health AST, LLC, Synergy Health Outsourcing Solutions, Inc. and MSI Surgical Solutions, LLC (collectively referred to as the "Company" the "Employer", or the "Plan Sponsor"). The Plan was established on January 1, 1999. Additionally, SterilMed 401(k) Salary Savings Plan merged into Synergy Health 401K Plan effective December 1, 2014. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

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

General

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

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

Contributions

Participants in the Plan may contribute up to 90% of their annual pretax compensation not to exceed \$17,500, the maximum allowed by the Internal Revenue Code (the "Code") for 2014. The Plan also allows for post-tax contributions to a Roth 401(K). In addition, the Plan and the Code permit participants age 50 or over during the Plan year to make additional "catch-up contributions" of up to \$5,500 for 2014. Participants may also contribute amounts representing distributions from other qualified retirement plans.

The Company may make a discretionary matching employer contribution to the Plan. The matching contributions are based on participants' compensation and elective deferrals. Matching contributions are made after each pay period and are made to all participants who were active at any time during the payroll period. For

**SYNERGY HEALTH 401K PLAN
NOTES TO FINANCIAL STATEMENT
DECEMBER 31, 2014**

the year ended December 31, 2014, the Employer matching contribution, which matches different percentages of contributions for different groups of eligible participants, totaled approximately \$444,000.

Investment Options

Upon enrollment, a participant may direct participant and Employer contributions to any of the Plan's fund options. Participants have a choice of 34 investment options as of December 31, 2014. Participants may also redirect their contributions or exchange their existing fund account balances on any business day.

Participant Accounts

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

Notes Receivable from Participants

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

Vesting

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

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

Payment of Benefits

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

**SYNERGY HEALTH 401K PLAN
NOTES TO FINANCIAL STATEMENT
DECEMBER 31, 2014**

Plan Termination

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

NOTE 2 SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

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

Valuation of Investments

The Plan's investments, comprised of cash and cash equivalents and mutual funds, are stated at the value as reported by Fidelity Management Trust Company (the "Trustee"), which approximates fair value.

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

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

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

Use of Estimates

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

Forfeitures

Forfeitures of terminated non-vested accounts are used to reduce Employer contributions. There were no forfeitures during the year ended December 31, 2014.

**SYNERGY HEALTH 401K PLAN
NOTES TO FINANCIAL STATEMENT
DECEMBER 31, 2014**

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2014 or 2013. If a participant ceases to make loan repayments and the plan administrator deems that participant loan to be in default, the participant loan balances is reduced and a benefit payment is recorded.

Excess Contributions

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions. The Plan distributed the 2014 excess contributions to the applicable participants in March 2015.

Benefit Payments

Benefits are recorded when paid.

Expenses

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

Subsequent Events

In accordance with Financial Accounting Standards Board Accountancy Standards Codification "FASB ASC" Topic 855, *Subsequent Events*, the Plan evaluated subsequent events through September 28, 2015, the date the financial statements were available for issue.

**SYNERGY HEALTH 401K PLAN
NOTES TO FINANCIAL STATEMENT
DECEMBER 31, 2014**

NOTE 3 INVESTMENTS

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

	<u>2014</u>	<u>2013</u>
T. Rowe Price Retirement 2030 Fund R	\$ 1,471,784	\$ 858,733
Prime Fund	1,358,960	1,363,978
Pioneer Bond Fund A	1,199,140	1,223,085
T. Rowe Price Retirement 2025 Fund R	1,196,680	806,512
T. Rowe Price Retirement 2035 Fund R	1,193,852	1,011,783
T. Rowe Price Retirement 2020 Fund R	1,155,833	800,406
RidgeWorth Mid Cap Value Equity Fund A	865,866	750,835
JPMorgan Equity Index Fund A	863,515	*
Principal SmallCap S&P 600 Index Fund R-3	*	751,593
T. Rowe Price Retirement 2040 Fund R	*	749,573
Wells Fargo Advantage Premier Large Company Growth Fund A	*	692,087
Remaining investments, less than 5%	<u>7,149,973</u>	<u>4,323,784</u>
Investments, at fair value	<u>\$ 16,455,603</u>	<u>\$ 13,332,369</u>

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

During 2014 and 2013, the Plan's investments (including investments purchased, sold, as well as held during the year) appreciated in fair value as determined by quoted market prices as follows:

	<u>2014</u>	<u>2013</u>
Quoted market prices:		
Pooled separate accounts	\$ -	\$ 460,618
Mutual funds	161,570	919,844
Total net appreciation	<u>\$ 161,570</u>	<u>\$ 1,380,462</u>

NOTE 4 FAIR VALUE MEASUREMENTS

In accordance with FASB ASC 820, *Fair Value Measurements and Disclosures*, the Plan assessed the guidelines for measuring fair value. These guidelines provide a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. FASB ASC 820 establishes three levels of fair value hierarchy that are described below:

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

- Level 2 Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets and quoted prices for identical or similar assets or liabilities in inactive markets. Inputs other than

**SYNERGY HEALTH 401K PLAN
NOTES TO FINANCIAL STATEMENT
DECEMBER 31, 2014**

quoted prices that are observable for the asset or liability and inputs that are derived principally from or corroborated by observable market data are also included. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability

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

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

Cash and cash equivalents

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

Mutual funds

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

The Plan's investments measured at fair value on a recurring basis were as follows as of December 31, 2014:

December 31, 2014				
	Level 1	Fair Value Measurements		Total
		Level 2	Level 3	
Cash and cash equivalents	\$ 1,358,960	\$ -	\$ -	\$ 1,358,960
Mutual funds	15,096,643	-	-	15,096,643
	<u>\$ 16,455,603</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 16,455,603</u>

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

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

SYNERGY HEALTH 401K PLAN
NOTES TO FINANCIAL STATEMENT
DECEMBER 31, 2014

NOTE 5 PLAN MERGER AND TRANSFER IN

On December 1, 2014, the SterilMed 401(k) Salary Savings Plan was merged into the Synergy Health 401K Plan. Prior to the merger, the plans covered eligible employees at the Synergy Health North America, Inc. and its subsidiary, SterilMed, Inc. The transferred net assets have been recognized in the accounts of the Synergy Health 401K Plan as of December 1, 2014, at their balances as previously carried in the accounts of the SterilMed 401(k) Salary Savings Plan. The changes in net assets of the combined plans are included in the accompanying statement of changes in net assets available for benefits from December 1, 2014. A summary of the transferred net assets follows:

Investments, at fair value	\$	1,778,905
Receivables:		
Notes receivable from participants		90,867
	\$	<u>1,869,772</u>

NOTE 6 INCOME TAX STATUS

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

GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2014, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. While the Plan is subject to routine audits by taxing authorities, the Plan is not currently being audited by any tax authorities. The Plan Administrator believes it is subject to income tax examinations for up to three years after tax returns are filed.

NOTE 7 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

**SYNERGY HEALTH 401K PLAN
NOTES TO FINANCIAL STATEMENT
DECEMBER 31, 2014**

term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

NOTE 8 INFORMATION CERTIFIED BY THE PLAN'S TRUSTEE

The Plan administrator has elected the method of compliance as permitted by Section 29 CFR 2520.109(c) of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Fidelity Management Trust Company, the Trustee of certain Plan assets, has certified as to the completeness and accuracy of the funds held by them as reflected in the accompanying financial statements and supplemental schedule, including investments held at December 31, 2014 and 2013 and net appreciation in fair value of investments, interest, and dividends for the year ended December 31, 2014.

NOTE 9 PARTIES IN INTEREST AND RELATED PARTY TRANSACTIONS

Certain Plan investments are funds managed by the Trustees. Transactions involving these investments are considered to be party-in-interest transactions. Fees incurred by the Plan for the investment management services are included in net appreciation in fair value of investments, as they are paid through revenue sharing, rather than a direct payment. As described in Note 2, the Plan made a direct payment to the third party administrator of approximately \$7,000 which was not covered by revenue sharing. The Plan Sponsor pays directly any other fees related to the Plan's operations.

**SYNERGY HEALTH 401K PLAN
NOTES TO FINANCIAL STATEMENT
DECEMBER 31, 2014**

NOTE 10 RECONCILIATION TO FORM 5500

The following is a reconciliation of the accompanying financial statements as of and for the year ended December 31, 2014 to the 2014 Form 5500:

Net assets available for benefits per the financial statements	\$ 17,104,164
Add: Amounts allocated to excess contributions refundable at December 31, 2014	18,215
Net assets available for benefits per the Form 5500	<u>\$ 17,122,379</u>
Participants contributions per the financial statements	\$ 1,360,768
Add: Amounts allocated to excess contributions refundable at December 31, 2014	18,215
Add: participant receivables as of December 31, 2013	33,972
Participant contributions per the Form 5500	<u>\$ 1,412,955</u>
Employer contributions per the financial statements	\$ 443,924
Add: employer receivables as of December 31, 2013	11,569
Participant contributions per the Form 5500	<u>\$ 455,493</u>
Benefits paid to the participants per the financial statements	\$ 1,841,895
Add: Amounts allocated to excess contributions refundable at December 31, 2013	21,310
Benefits paid to participants per the Form 5500	<u>\$ 1,863,205</u>

SUPPLEMENTAL SCHEDULE

Synergy Health 401K Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
E.I.N.: 59-3252632 Plan No.: 001
December 31, 2014

(a)	(b)	(c)	(d)	(e)
	Identity of issuer, borrower, lessor or similar party.	Description of investment including maturity date, rate of interest, collateral, par or maturity value.	Cost	Current Value
	TRP RETIRE 2030 R	Registered Investment Company	\$	1,471,784
	FID PRIME FUND	Money Markets		1,358,960
	PIONEER BOND A	Registered Investment Company		1,199,140
	TRP RETIRE 2025 R	Registered Investment Company		1,196,680
	TRP RETIRE 2035 R	Registered Investment Company		1,193,852
	TRP RETIRE 2020 R	Registered Investment Company		1,155,833
	RDGWITH MID CAP VAL A	Registered Investment Company		865,866
	JPM EQUITY IDX A	Registered Investment Company		863,515
	TRP RETIRE 2040 R	Registered Investment Company		819,453
	WFA PR LG CO GRTH A	Registered Investment Company		725,701
	JPM US EQUITY A	Registered Investment Company		723,174
	PIF SMCP S&P 600 R3	Registered Investment Company		701,979
	TRP RETIRE 2045 R	Registered Investment Company		544,140
	PIM INTL SP US\$HG A	Registered Investment Company		501,511
	OPPHMR EQUITY INC A	Registered Investment Company		467,643
	JANUS TRITON S	Registered Investment Company		353,176
	TRP RETIRE 2050 R	Registered Investment Company		338,103
	PRU/J MID CAP GR A	Registered Investment Company		332,085
	TRP RETIRE 2015 R	Registered Investment Company		229,704
	FA REAL ESTATE A	Registered Investment Company		191,008
	OPPHMR DEV MKTS A	Registered Investment Company		151,440
	TRP RETIRE 2055 R	Registered Investment Company		150,742
	COL MID CAP IDX A	Registered Investment Company		140,297
	BLKRK HI YD BD INV A	Registered Investment Company		133,410
	PIM GLB BD US\$HG A	Registered Investment Company		132,825
	MFS GLOBAL EQUITY R3	Registered Investment Company		118,123
	PIM REAL RETURN A	Registered Investment Company		111,806
	TRP RETIRE 2010 R	Registered Investment Company		87,854
	FA STRAT INCOME A	Registered Investment Company		55,831
	BLKRK INTL INDEX A	Registered Investment Company		54,229
	FA SMALL CAP VAL A	Registered Investment Company		43,601
	TRP RETIRE BAL R	Registered Investment Company		23,665
	PIMCO COMM REL RET A	Registered Investment Company		18,357
	TRP RETIRE 2005 R	Registered Investment Company		116
*	Participant Loans	Range of Interest Rates Range from 4.25% to 6.61%	-0-	666,776
			\$	<u>17,122,379</u>

* Indicates party-in-interest

Note 1: Column (d) is not included as all investments are participant directed and it is therefore not applicable.

Note 2: Participant loans are reflected in the accompanying financial statements as notes receivable from participants.

SYNERGY HEALTH 401K PLAN

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

DECEMBER 31, 2014





INDEPENDENT AUDITORS' REPORT

To the Trustee Committee of
Synergy Health 401K Plan

Report on Financial Statements

We were engaged to audit the accompanying financial statements of Synergy Health 401K Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statement of changes in net assets available for benefits for the year ended December 31, 2014, and the related notes to the financial statements.

Management's Responsibility for the Financial Statement

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Fidelity Management Trust Company, the trustee 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 trustees hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from the trustee as of December 31, 2014 and 2013, and for the year ended December 31, 2014, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedule, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 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 the supplemental schedule.

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

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

Accell Audit & Compliance, PA

Tampa, Florida
September 28, 2015

SYNERGY HEALTH 401K PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2014 AND 2013

	<u>2014</u>	<u>2013</u>
Assets:		
Investments, at fair value:		
Cash and cash equivalents	\$ 1,358,960	\$ 1,363,978
Mutual funds	15,096,643	11,968,391
Total investments, at fair value	<u>16,455,603</u>	<u>13,332,369</u>
Receivables:		
Participant contributions	-	33,972
Employer contributions	-	11,569
Notes receivable from participants	666,776	484,187
Total receivables	<u>666,776</u>	<u>529,728</u>
Total assets	<u>17,122,379</u>	<u>13,862,097</u>
Liabilities:		
Excess contribution refundable	<u>18,215</u>	<u>21,310</u>
Net assets available for benefits	<u>\$ 17,104,164</u>	<u>\$ 13,840,787</u>

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

SYNERGY HEALTH 401K PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2014

Additions to net assets available for benefits attributed to:	
Investment income:	
Net appreciation in fair value of investments	\$ 161,570
Interest and dividends	756,261
Total investment income	<u>917,831</u>
Contributions:	
Participant	1,360,768
Employer	443,924
Participant rollovers	519,560
Total contributions	<u>2,324,252</u>
Interest income on notes receivable from participants	<u>21,224</u>
Total additions	<u>3,263,307</u>
Deductions from net assets available for benefits attributed to:	
Benefits paid to participants	1,841,895
Corrective refund distribution	20,533
Administrative expenses	7,274
Total deductions	<u>1,869,702</u>
Net increase in net assets available for benefits	1,393,605
Transfers from merged plans	1,869,772
Net assets available for benefits - beginning of year	<u>13,840,787</u>
Net assets available for benefits - end of year	<u>\$ 17,104,164</u>

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

**SYNERGY HEALTH 401K PLAN
NOTES TO FINANCIAL STATEMENT
DECEMBER 31, 2014**

NOTE 1 DESCRIPTION OF THE PLAN

Organization

Synergy Health 401K Plan (the "Plan"), f/k/a SRI/Surgical Express, Inc. 401K Plan, is a defined contribution plan covering all eligible employees of Synergy Health North America Inc., Synergy Health AST, LLC, Synergy Health Outsourcing Solutions, Inc. and MSI Surgical Solutions, LLC (collectively referred to as the "Company" the "Employer", or the "Plan Sponsor"). The Plan was established on January 1, 1999. Additionally, SterilMed 401(k) Salary Savings Plan merged into Synergy Health 401K Plan effective December 1, 2014. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

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

General

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

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

Contributions

Participants in the Plan may contribute up to 90% of their annual pretax compensation not to exceed \$17,500, the maximum allowed by the Internal Revenue Code (the "Code") for 2014. The Plan also allows for post-tax contributions to a Roth 401(K). In addition, the Plan and the Code permit participants age 50 or over during the Plan year to make additional "catch-up contributions" of up to \$5,500 for 2014. Participants may also contribute amounts representing distributions from other qualified retirement plans.

The Company may make a discretionary matching employer contribution to the Plan. The matching contributions are based on participants' compensation and elective deferrals. Matching contributions are made after each pay period and are made to all participants who were active at any time during the payroll period. For

**SYNERGY HEALTH 401K PLAN
NOTES TO FINANCIAL STATEMENT
DECEMBER 31, 2014**

the year ended December 31, 2014, the Employer matching contribution, which matches different percentages of contributions for different groups of eligible participants, totaled approximately \$444,000.

Investment Options

Upon enrollment, a participant may direct participant and Employer contributions to any of the Plan's fund options. Participants have a choice of 34 investment options as of December 31, 2014. Participants may also redirect their contributions or exchange their existing fund account balances on any business day.

Participant Accounts

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

Notes Receivable from Participants

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

Vesting

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

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

Payment of Benefits

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

**SYNERGY HEALTH 401K PLAN
NOTES TO FINANCIAL STATEMENT
DECEMBER 31, 2014**

Plan Termination

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

NOTE 2 SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

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

Valuation of Investments

The Plan's investments, comprised of cash and cash equivalents and mutual funds, are stated at the value as reported by Fidelity Management Trust Company (the "Trustee"), which approximates fair value.

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

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

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

Use of Estimates

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

Forfeitures

Forfeitures of terminated non-vested accounts are used to reduce Employer contributions. There were no forfeitures during the year ended December 31, 2014.

**SYNERGY HEALTH 401K PLAN
NOTES TO FINANCIAL STATEMENT
DECEMBER 31, 2014**

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2014 or 2013. If a participant ceases to make loan repayments and the plan administrator deems that participant loan to be in default, the participant loan balances is reduced and a benefit payment is recorded.

Excess Contributions

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions. The Plan distributed the 2014 excess contributions to the applicable participants in March 2015.

Benefit Payments

Benefits are recorded when paid.

Expenses

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

Subsequent Events

In accordance with Financial Accounting Standards Board Accountancy Standards Codification "FASB ASC" Topic 855, *Subsequent Events*, the Plan evaluated subsequent events through September 28, 2015, the date the financial statements were available for issue.

**SYNERGY HEALTH 401K PLAN
NOTES TO FINANCIAL STATEMENT
DECEMBER 31, 2014**

NOTE 3 INVESTMENTS

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

	2014	2013
T. Rowe Price Retirement 2030 Fund R	\$ 1,471,784	\$ 858,733
Prime Fund	1,358,960	1,363,978
Pioneer Bond Fund A	1,199,140	1,223,085
T. Rowe Price Retirement 2025 Fund R	1,196,680	806,512
T. Rowe Price Retirement 2035 Fund R	1,193,852	1,011,783
T. Rowe Price Retirement 2020 Fund R	1,155,833	800,406
RidgeWorth Mid Cap Value Equity Fund A	865,866	750,835
JPMorgan Equity Index Fund A	863,515	*
Principal SmallCap S&P 600 Index Fund R-3	*	751,593
T. Rowe Price Retirement 2040 Fund R	*	749,573
Wells Fargo Advantage Premier Large Company Growth Fund A	*	692,087
Remaining investments, less than 5%	7,149,973	4,323,784
Investments, at fair value	<u>\$ 16,455,603</u>	<u>\$ 13,332,369</u>

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

During 2014 and 2013, the Plan's investments (including investments purchased, sold, as well as held during the year) appreciated in fair value as determined by quoted market prices as follows:

	2014	2013
Quoted market prices:		
Pooled separate accounts	\$ -	\$ 460,618
Mutual funds	161,570	919,844
Total net appreciation	<u>\$ 161,570</u>	<u>\$ 1,380,462</u>

NOTE 4 FAIR VALUE MEASUREMENTS

In accordance with FASB ASC 820, *Fair Value Measurements and Disclosures*, the Plan assessed the guidelines for measuring fair value. These guidelines provide a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. FASB ASC 820 establishes three levels of fair value hierarchy that are described below:

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

- Level 2 Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets and quoted prices for identical or similar assets or liabilities in inactive markets. Inputs other than

**SYNERGY HEALTH 401K PLAN
NOTES TO FINANCIAL STATEMENT
DECEMBER 31, 2014**

quoted prices that are observable for the asset or liability and inputs that are derived principally from or corroborated by observable market data are also included. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability

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

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

Cash and cash equivalents

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

Mutual funds

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

The Plan's investments measured at fair value on a recurring basis were as follows as of December 31, 2014:

December 31, 2014				
	Level 1	Fair Value Measurements		Total
		Level 2	Level 3	
Cash and cash equivalents	\$ 1,358,960	\$ -	\$ -	\$ 1,358,960
Mutual funds	15,096,643	-	-	15,096,643
	<u>\$ 16,455,603</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 16,455,603</u>

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

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

**SYNERGY HEALTH 401K PLAN
NOTES TO FINANCIAL STATEMENT
DECEMBER 31, 2014**

NOTE 5 PLAN MERGER AND TRANSFER IN

On December 1, 2014, the SterilMed 401(k) Salary Savings Plan was merged into the Synergy Health 401K Plan. Prior to the merger, the plans covered eligible employees at the Synergy Health North America, Inc. and its subsidiary, SterilMed, Inc. The transferred net assets have been recognized in the accounts of the Synergy Health 401K Plan as of December 1, 2014, at their balances as previously carried in the accounts of the SterilMed 401(k) Salary Savings Plan. The changes in net assets of the combined plans are included in the accompanying statement of changes in net assets available for benefits from December 1, 2014. A summary of the transferred net assets follows:

Investments, at fair value	\$	1,778,905
Receivables:		
Notes receivable from participants		90,867
	\$	<u>1,869,772</u>

NOTE 6 INCOME TAX STATUS

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

GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2014, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. While the Plan is subject to routine audits by taxing authorities, the Plan is not currently being audited by any tax authorities. The Plan Administrator believes it is subject to income tax examinations for up to three years after tax returns are filed.

NOTE 7 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

**SYNERGY HEALTH 401K PLAN
NOTES TO FINANCIAL STATEMENT
DECEMBER 31, 2014**

term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

NOTE 8 INFORMATION CERTIFIED BY THE PLAN'S TRUSTEE

The Plan administrator has elected the method of compliance as permitted by Section 29 CFR 2520.109(c) of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Fidelity Management Trust Company, the Trustee of certain Plan assets, has certified as to the completeness and accuracy of the funds held by them as reflected in the accompanying financial statements and supplemental schedule, including investments held at December 31, 2014 and 2013 and net appreciation in fair value of investments, interest, and dividends for the year ended December 31, 2014.

NOTE 9 PARTIES IN INTEREST AND RELATED PARTY TRANSACTIONS

Certain Plan investments are funds managed by the Trustees. Transactions involving these investments are considered to be party-in-interest transactions. Fees incurred by the Plan for the investment management services are included in net appreciation in fair value of investments, as they are paid through revenue sharing, rather than a direct payment. As described in Note 2, the Plan made a direct payment to the third party administrator of approximately \$7,000 which was not covered by revenue sharing. The Plan Sponsor pays directly any other fees related to the Plan's operations.

**SYNERGY HEALTH 401K PLAN
NOTES TO FINANCIAL STATEMENT
DECEMBER 31, 2014**

NOTE 10 RECONCILIATION TO FORM 5500

The following is a reconciliation of the accompanying financial statements as of and for the year ended December 31, 2014 to the 2014 Form 5500:

Net assets available for benefits per the financial statements	\$ 17,104,164
Add: Amounts allocated to excess contributions refundable at December 31, 2014	18,215
Net assets available for benefits per the Form 5500	<u>\$ 17,122,379</u>
Participants contributions per the financial statements	\$ 1,360,768
Add: Amounts allocated to excess contributions refundable at December 31, 2014	18,215
Add: participant receivables as of December 31, 2013	33,972
Participant contributions per the Form 5500	<u>\$ 1,412,955</u>
Employer contributions per the financial statements	\$ 443,924
Add: employer receivables as of December 31, 2013	11,569
Participant contributions per the Form 5500	<u>\$ 455,493</u>
Benefits paid to the participants per the financial statements	\$ 1,841,895
Add: Amounts allocated to excess contributions refundable at December 31, 2013	21,310
Benefits paid to participants per the Form 5500	<u>\$ 1,863,205</u>

SUPPLEMENTAL SCHEDULE

Synergy Health 401K Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
E.I.N.: 59-3252632 Plan No.: 001
December 31, 2014

(a)	(b)	(c)	(d)	(e)
	Identity of issuer, borrower, lessor or similar party.	Description of investment including maturity date, rate of interest, collateral, par or maturity value.	Cost	Current Value
	TRP RETIRE 2030 R	Registered Investment Company	\$	1,471,784
	FID PRIME FUND	Money Markets		1,358,960
	PIONEER BOND A	Registered Investment Company		1,199,140
	TRP RETIRE 2025 R	Registered Investment Company		1,196,680
	TRP RETIRE 2035 R	Registered Investment Company		1,193,852
	TRP RETIRE 2020 R	Registered Investment Company		1,155,833
	RDGWITH MID CAP VAL A	Registered Investment Company		865,866
	JPM EQUITY IDX A	Registered Investment Company		863,515
	TRP RETIRE 2040 R	Registered Investment Company		819,453
	WFA PR LG CO GRTH A	Registered Investment Company		725,701
	JPM US EQUITY A	Registered Investment Company		723,174
	PIF SMCP S&P 600 R3	Registered Investment Company		701,979
	TRP RETIRE 2045 R	Registered Investment Company		544,140
	PIM INTL SP US\$HG A	Registered Investment Company		501,511
	OPPHMR EQUITY INC A	Registered Investment Company		467,643
	JANUS TRITON S	Registered Investment Company		353,176
	TRP RETIRE 2050 R	Registered Investment Company		338,103
	PRU/J MID CAP GR A	Registered Investment Company		332,085
	TRP RETIRE 2015 R	Registered Investment Company		229,704
	FA REAL ESTATE A	Registered Investment Company		191,008
	OPPHMR DEV MKTS A	Registered Investment Company		151,440
	TRP RETIRE 2055 R	Registered Investment Company		150,742
	COL MID CAP IDX A	Registered Investment Company		140,297
	BLKRK HI YD BD INV A	Registered Investment Company		133,410
	PIM GLB BD US\$HG A	Registered Investment Company		132,825
	MFS GLOBAL EQUITY R3	Registered Investment Company		118,123
	PIM REAL RETURN A	Registered Investment Company		111,806
	TRP RETIRE 2010 R	Registered Investment Company		87,854
	FA STRAT INCOME A	Registered Investment Company		55,831
	BLKRK INTL INDEX A	Registered Investment Company		54,229
	FA SMALL CAP VAL A	Registered Investment Company		43,601
	TRP RETIRE BAL R	Registered Investment Company		23,665
	PIMCO COMM REL RET A	Registered Investment Company		18,357
	TRP RETIRE 2005 R	Registered Investment Company		116
*	Participant Loans	Range of Interest Rates Range from 4.25% to 6.61%	-0-	666,776
			\$	<u>17,122,379</u>

* Indicates party-in-interest

Note 1: Column (d) is not included as all investments are participant directed and it is therefore not applicable.

Note 2: Participant loans are reflected in the accompanying financial statements as notes receivable from participants.