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

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or
- [X] 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:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
OB/GYN AFFILIATES 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2002

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
OB/GYN AFFILIATES

1745 SHEA CENTER DR FL 4
LITTLETON, CO 80129-1537

2b Employer Identification Number (EIN)
84-1520625

2c Plan Sponsor's telephone number
720-344-4915

2d Business code (see instructions)
621111

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2015	CHRIS HRUBESKY
	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 [X] 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:	**4b** EIN	
a Sponsor's name	**4c** PN	
5 Total number of participants at the beginning of the plan year	**5**	171
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	**6a(1)**	147
a(2) Total number of active participants at the end of the plan year	**6a(2)**	159
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	16
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	175
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	175
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	153
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	3
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:
2A 2E 2F 2G 2J 2K 2R 2T 3H

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)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] 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)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 2 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

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
OB/GYN AFFILIATES 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
OB/GYN AFFILIATES

D Employer Identification Number (EIN)
84-1520625

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

1 Coverage Information:

(a) Name of insurance carrier

PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
42-0127290	61271	515284	0	01/01/2014	12/31/2014

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ FLEXIBLE INVESTMENT ANNUITY

b	Balance at the end of the previous year			7b	740665
c	Additions: (1) Contributions deposited during the year	7c(1)	19166		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	4810		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	1128		
	▶ LOAN PAYMENT				
	(6)Total additions			7c(6)	25104
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	765769
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	26014		
	(2) Administration charge made by carrier	7e(2)	12660		
	(3) Transferred to separate account	7e(3)	152692		
	(4) Other (specify below)	7e(4)	574403		
	▶ LOAN WITHDRAWAL, CONTRACT TERM/NOT MATURED				
	(5) Total deductions			7e(5)	765769
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

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
OB/GYN AFFILIATES 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
OB/GYN AFFILIATES

D Employer Identification Number (EIN)
84-1520625

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

1 Coverage Information:

(a) Name of insurance carrier

VOYA RETIREMENT INS & ANNUITY CO

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	812314	153	01/01/2014	12/31/2014

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	**4**	720031
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	17445924

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	0
c	Additions: (1) Contributions deposited during the year	**7c(1)**	6167		
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**	851		
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**	978751		
	▶				
	(6) Total additions			**7c(6)**	985769
d	Total of balance and additions (add lines **7b** and **7c(6)**).			**7d**	985769
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**	265738		
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	265738
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	720031

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
OB/GYN AFFILIATES 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
OB/GYN AFFILIATES

D Employer Identification Number (EIN)
84-1520625

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

VOYA RETIREMENT INS & ANNUITY CO

71-0294708

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

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

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

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

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

UBS FINANCIAL SERVICES INC

13-2638166

(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?
27 50	INVESTMENT ADVISOR	34492	Yes [X] No [ ]	Yes [ ] No [X]	812	Yes [ ] No [X]

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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?
13 37 50 64	CONTRACT ADMINISTRATOR	16475	Yes [X] No [ ]	Yes [X] No [ ]	6548	Yes [ ] No [X]

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

PERSHING, LLC

13-2741729

(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?
33 50 64 65	BROKER/DEALER	2721	Yes [X] No [ ]	Yes [ ] No [X]	100	Yes [ ] No [X]

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)

VOYA RETIREMENT INS & ANN CO

71-0294708

(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?
26	CONTRACT ADMINISTRATOR		Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [ ]

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

LIFETIME BENEFIT SOLUTIONS

16-1171765

(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?
15	THIRD PARTY ADMINISTRATOR		Yes [ ] No [X]	Yes [ ] No [X]		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
PRINCIPAL LIFE INSURANCE COMPANY	13 37 50 64	6548
(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.	
PERSHING, LLC 13-2741729	PRINCIPAL SELF DIRECTED BROKERAGE ACCOUNT FEES	

(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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

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
OB/GYN AFFILIATES 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
OB/GYN AFFILIATES

D Employer Identification Number (EIN)
84-1520625

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN SMCAP BLEND SEP ACCT-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-029	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN MONEY MARKET SEP ACCT-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-024	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN INTL SMALLCAP SEP ACCT-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-014	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN U.S. PROPERTY SEP ACCT-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-027	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN BOND AND MORTGAGE SA-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-005	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN DIVERSIFIED INTL SA-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-015	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LGCAP S&P 500 INDEX SA-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-016	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN MIDCAP VALUE I SA-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-043	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN SMCAP S&P 600 INDEX SA-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-028	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN MIDCAP S&P 400 IDX SA-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-023	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN MIDCAP GROWTH III SA-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-026	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LARGECAP BLEND II SA-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-065	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LARGECAP GROWTH I SA-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-066	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LARGECAP GROWTH II SA-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-067	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN SMALLCAP GROWTH II SA-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-071	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME 2010 SEP ACCT-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-075	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME 2020 SEP ACCT-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-076	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME 2030 SEP ACCT-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-077	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME 2040 SEP ACCT-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-078	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME 2050 SEP ACCT-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-079	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME STRAT INC SA-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-080	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN SMALLCAP VALUE II SA-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-096	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN SAM BALANCED SEP ACCT-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-105	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN SAM CONS BALANCED SA-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-106	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN SAM CONS GROWTH

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-107	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN SAM FLEXIBLE INCOME SA-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-108	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN SAM STRAT GROWTH SA-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-109	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN SMALL CAP GROWTH I

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-070	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME 2060 SEP ACCT-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-130	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA RET INS & ANN CO SEP A/C D

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INS & ANNUITY CO

c EIN-PN 71-0294708-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17445924

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Information on Participating Plans (to be completed by DFEs)

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

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
OB/GYN AFFILIATES 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
OB/GYN AFFILIATES

D Employer Identification Number (EIN)
84-1520625

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	16517	7932
(2) Participant contributions	1b(2)	10463	12511
(3) Other	1b(3)	0	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	252	272968
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	1239157	1216462
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	68958	162156
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	13505466	14577805
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1688655	1378689
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	726545	720031
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	17256013	18348554
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	17256013	18348554

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	856972	
	(B) Participants	2a(1)(B)	668666	
	(C) Others (including rollovers)	2a(1)(C)	4003	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1529641
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	4469	
	(F) Other	2b(1)(F)	5662	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		10131
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	39136	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		39136
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	318307	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		318307

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		995779
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		2892994
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1715918	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		1715918
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		30848
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	36340	
(3) Investment advisory and management fees	2i(3)	17347	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		53687
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1800453
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1092541
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: RYAN, GUNSAUL & O'DONNELL LLC **(2)** EIN: 84-1157425

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:

		Yes	No	Amount
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.)	4a	X		6552
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.)	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.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m	X		
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n	X		

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

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

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

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

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

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
OB/GYN AFFILIATES 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
OB/GYN AFFILIATES

D Employer Identification Number (EIN)
84-1520625

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

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): 42-0127290

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 of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

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

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

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

OB/GYN AFFILIATES
401(k) PROFIT SHARING PLAN

Financial Statements (Audited) and Supplementary Information

For the years ended
December 31, 2014 and 2013

INDEX TO FINANCIAL STATEMENTS

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Schedule of Assets (Acquired and Disposed of Within Year)	16
Schedule of Delinquent Participant Contributions	17

Ryan, Gunsauls & O'Donnell, LLC
Certified Public Accountants

Independent Auditors' Report

To the Administrative Committee of the
OB/GYN Affiliates 401(k) Profit Sharing Plan
Littleton, Colorado

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of OB/GYN Affiliates 401(k) Profit Sharing 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 Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 10, which was certified by VOYA Financial at December 31, 2014 and Principal Financial Group at December 31, 2013, the custodians of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the custodians hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained a certification from the custodians as of and for the years ended December 31, 2014 and 2013, that the information provided to the plan administrator by the custodians are complete and accurate.

Disclaimer of Opinion

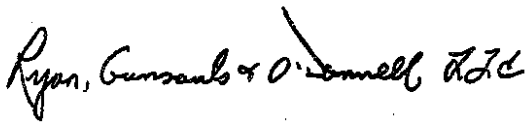
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedules of assets (held at end of year), assets (acquired and disposed of within year) and delinquent participant contributions are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are 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 schedules referred to above.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the custodians, 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 Employee Retirement Income Security Act of 1974.



Denver, Colorado
October 12, 2015

OB/GYN AFFILIATES 401(K) PROFIT SHARING PLAN
Statements of Net Assets Available For Benefits
December 31, 2014 and 2013

	2014	2013
Assets:		
Investments (at fair value):		
Mutual funds	$ 14,577,805	$ 13,505,466
Investment contract	720,031	726,545
Self-directed brokerage accounts	2,868,119	2,928,064
Total investments	**18,165,955**	**17,160,075**
Receivables:		
Employer	7,932	16,517
Participants	12,511	10,463
Total receivables	**20,443**	**26,980**
Notes receivable from participants	**162,156**	**68,958**
Net assets available for benefits	**$ 18,348,554**	**$ 17,256,013**

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

OB/GYN AFFILIATES 401(K) PROFIT SHARING PLAN
Statement of Changes In Net Assets Available For Benefits
For the Year Ended December 31, 2014

Additions to net assets attributed to:		
Investment income:		
Gain on transfer of assets	$	995,779
Net appreciation in fair value of investment		318,307
Dividends		39,136
Interest - other		5,662
Interest - participant loans		4,469
Total investment income		**1,363,353**
Contributions:		
Employer - 401(k)		856,972
Employee - 401(k)		668,666
Rollover		4,003
Total contributions		**1,529,641**
Total additions		**2,892,994**
Deductions from net assets attributed to:		
Benefits paid to participants		1,746,766
Administrative expenses		53,687
Total deductions		**1,800,453**
Net increase		**1,092,541**
Assets available for benefits:		
Beginning of year		17,256,013
End of year	**$**	**18,348,554**

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

Note 1: Description of Plan

The following brief description of the OB/GYN Affiliates (the Company) 401(k) Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan.

The Plan is a defined contribution plan covering certain eligible employees of the Company. Employees are eligible for participation in the Plan after completing one year of service with the Company in which the employee worked at least 1,000 hours. The minimum age to participate in the Plan is twenty-one. Eligible employees may enter the Plan on the earlier of January 1 or July 1 of the year in which the above requirements have been met. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan was adopted on January 1, 2002 and most recently amended on November 1, 2013, effective January 1, 2014, updating the adopting employers of the Plan. The Plan contained eight and ten adopting employers as of December 31, 2014 and 2013, respectively. The plan administrator is responsible for oversight of the Plan, the appropriateness of the Plan's investment offerings, and monitoring investment performance.

Contributions

Each year, participants may contribute pretax annual compensation to the Plan. Contributions are subject to certain limitations and are invested at the direction of the participant. Participants may also contribute amounts representing distributions from other qualified plans. The Plan currently offers thirty mutual funds, a self-directed brokerage account, and an investment contract as investment options for participants.

The Company will make a qualified non-elective contribution equal to 3% of participant compensation for the portion of the Plan year the person was an active participant. Additional profit sharing contributions may be made at the option of the Company and are invested in a portfolio of investments as directed by the participant. Company contributions are subject to certain limitations and may change in the future.

Participant Accounts

Each participant's account is adjusted by the following increases and decreases: (a) Plan earnings; (b) payment of benefits; (c) increase (or decrease) in the fair value of applicable investments; (d) Company contributions; (e) participant contributions; and (f) administrative expenses incurred in the operations and maintenance of the Plan and its investments. Allocations to each participant's account are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is that which can be provided from the participant's vested account.

Note 1: Description of Plan, continued

Vesting

Participants are immediately vested in their contributions and employer qualified non-elective contributions, plus actual earnings thereon. Vesting in the Company's discretionary contributions portion of their accounts, plus actual earnings thereon, is based on years of continuous service. A participant is 20% vested after two years, with a 20% increase each succeeding year until becoming fully vested after the sixth consecutive year of service. Participants are 100% vested in the Company's contributions upon death or disability.

Administration of Plan Assets

Contributions are held and managed by the custodian, who invests cash received, allocates interest and dividend income, and makes distributions to participants. These transactions may incur fees and are paid either by the Plan or by the participant as the transaction occurs.

Employees of the Company perform certain administrative functions for the Plan. Such employees do not receive compensation from the Plan. Substantially all administrative expenses are paid directly by the Plan.

Notes Receivable from Participants

Prior to 2012, loans were not allowed in the Plan. In 2012, the Plan was amended to allow loans. Loan amounts cannot be less than $1,000. Loans may not be more than the lesser of $50,000 or 50% of the participants' vested balance. Each participant can have only one loan outstanding at a time. The loans are secured by the balance in the participants' account and bear interest at a fixed rate determined by the plan administrator, which are commensurate with local prevailing rates. Principal and interest are paid ratably through monthly payroll deductions. During the years ended December 31, 2014 and 2013, the Plan issued 7 loans each year to participants. At December 31, 2014 and 2013, the balance of participant loans totaled $162,156 and $68,958, respectively.

Payment of Benefits

On termination of service due to death, disability, retirement, or withdrawal from the Plan, a participant may elect to receive a lump-sum cash payment, one of various annuity contracts, or a direct rollover to another qualified retirement plan, in an amount equal to the participant's vested interest in his or her account.

Forfeitures

For the years ended December 31, 2014 and 2013, forfeited non-vested accounts totaled $18,119 and $5,609, respectively. Forfeitures may first be used to pay administrative expense. The remaining forfeitures will used to reduce the earliest employer contributions made after the forfeitures are determined and will be reallocated to participants in the same manner as employer contributions.

Note 2: Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting from information supplied by the Company, the plan administrator, and the custodian.

Use of Estimates

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

Investment Valuation and Income Recognition

The Plan invests in various mutual funds that are valued each day that the custodian is open for business and are measured by quoted prices in an active market. The fixed investment contract is valued daily through a credited rate communicated daily. The credited interest rate, account balance, and formula upon which payments may be based are observable through the contract and related communications. The self-directed brokerage account is valued based on prices provided from external pricing services and based on market prices.

The Plan presents, in the statements of changes in net assets available for benefits, the net appreciation (depreciation) in the fair value of its investments which consists of the realized gains and losses and the unrealized appreciation (depreciation) on those investments.

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 and 2013. If a participant ceases to make loan payments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Note 3: Fair Values of Financial Instruments

The Plan has adopted Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820-10-50, *Fair Value Measurements*, which provides framework for measuring fair value under generally accepted accounting principles. ASC 820-10-50 defines fair values, establishes a consistent framework for measuring fair value and expands disclosure requirements for fair value measurements.

Note 3: Fair Values of Financial Instruments, continued

Under ASC 820-10-50, assets are grouped in three levels, based on the markets in which the assets are traded and the reliability of the assumptions used to determine fair value. These levels are:

- Level 1 – Valuation is based upon quoted prices for identical instruments traded in active markets.

- Level 2 – Valuation is based upon quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active, and model-based valuation techniques for which all significant assumptions are observable in the market.

- Level 3 – Valuation is generated from model-based techniques that use significant assumptions not observable in the market. These unobserved assumptions reflect the Company's own estimates of assumptions that market participants would use in pricing the asset. Valuation techniques include use of option pricing models, discounted cash flow models and similar techniques.

Under ASC 820-10-50, the Plan bases fair values on the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. Fair value measurements for assets where there exists limited or no observable market data and, therefore, are based primarily upon the Company's estimates, are often calculated based on current pricing policy, the economic and competitive environment, the characteristics of the asset and other such factors. Therefore, the results cannot be determined with precision and may not be realized in an actual sale or immediate settlement of the assets. Additionally, there may be inherent weaknesses in any calculation technique, and changes in the underlying assumptions used, including discount rates and estimates of future cash flows, that could significantly affect the results of current or future values.

Fair value measurements for assets and liabilities recorded at fair value on a recurring basis at December 31, 2014 are as follows:

	Fair Value	Level 1	Level 2	Level 3
Self-directed brokerage accounts	$ 2,868,119	$ -	$ 2,868,119	$ -
Mutual funds	14,577,805	14,577,805	-	-
Investment contract	720,031	-	-	720,031
Total assets	$ 18,165,955	$ 14,577,805	$ 2,868,119	$ 720,031

Note 3: Fair Values of Financial Instruments, continued

Fair value measurements for assets and liabilities recorded at fair value on a recurring basis at December 31, 2013 are as follows:

	Fair Value	Level 1	Level 2	Level 3
Separate accounts	$ 13,505,466	$ -	$ 13,505,466	$ -
Mutual funds	1,688,655	1,688,655	-	-
Investment contract	726,545	-	-	726,545
Corporate stock	1,239,157	1,239,157	-	-
Interest bearing cash	252	252	-	-
Total assets	$ 17,160,075	$ 2,928,064	$ 13,505,466	$ 726,545

The following table reconciles the beginning and ending balances of fair value measurements using the significant unobservable inputs (Level 3) of investments for the years ending December 31, 2014 and 2013:

	2014	2013
Beginning balance	$ 726,545	$ 543,891
Total losses	-	(12,788)
Interest credited	852	6,971
Purchases	6,167	266,554
Issuances and settlements	(13,533)	(78,083)
Ending balance	$ 720,031	$ 726,545

Level 2 securities consist of self-directed brokerage accounts and pooled separate accounts invested in balanced/asset allocation, fixed income, international equity, large U.S. equity, short-term fixed income and small/mid U.S. equity securities. The majority of the underlying securities have inputs including publicly quoted pricing inputs and quoted prices for similar assets in active or non-active markets obtained from a pricing service.

These inputs are used in determining the underlying asset values, but the net asset values per unit of the pooled separate accounts are not publically quoted.

Level 3 securities consist of a guaranteed interest contract, which is stated at fair value and is the amount Plan participants would receive at the balance sheet date if they were to withdraw or transfer funds within the Plan prior to their maturity for an event other than death, disability, termination or retirement. The fair value represents contract value adjusted to reflect current market interest rates only to the extent such market rates exceeds crediting rates. The investment contract will provide information about redemption frequency and notice periods if applicable. There are no unfunded commitments.

Note 4: Investments

The Plan presents, in the statement of changes in net assets available for benefits, the net appreciation (depreciation) in the fair value of its investments which consists of those realized gains and losses and the unrealized appreciation (depreciation) on the investments.

The following presents the fair values of the Plan's investments that represent 5% or more of the Plan's net assets as of December 31 as certified by the custodian:

	2014	2013
Principal Self-Directed Brokerage Acct, various	$ -	$ 1,962,597
Principal Sam Conservative Growth, 42,306 shares	-	1,547,213
Principal Bond and Mortgage, 1,343 shares	-	1,335,045
Principal Sam Balanced, 36,394 shares	-	1,300,741
Principal Largecap S&P 500 Index, 15,281 shares	-	1,234,009
Ameritrade SDBA, 2,868,119 shares	2,868,119	-
Vanguard 500 Index Fund Adm, 166,321 shares	1,843,824	-
Prudential Total Return Bond Fd Q, 173,433 shares	1,782,326	-
American Funds Am Balanced R6, 108,229 shares	1,501,572	-
American Funds Growth Fund R6, 65,776 shares	1,018,210	-
	$ 9,014,051	$ 7,379,605

During the year ended December 31, 2014, the Plan's mutual fund investments and insurance contracts (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $318,307. In addition, as a result of the Plan changing Custodians and the assets being transferred from Principal Financial Group to VOYA Financial, effective December 1, 2014, there was a gain on transfer of assets recognized in the statement of changes in net assets available for benefits in the amount of $995,779 for the year ended December 31, 2014.

Note 5: Plan Termination

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

Note 6: Tax Status

The Plan obtained its latest determination letter dated February 21, 2012, in which the Internal Revenue Service stated that, the Plan, as then designed, was in compliance with applicable requirements of the Internal Revenue Service Code (IRC). The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, the amounts contributed by the Company, participants and Plan earnings are not taxable to the participants until distributed and no provision for income taxes has been included in the Plan's financial statements.

Currently the tax returns open and subject to examination are the 2011, 2012 and 2013 tax years by the Internal Revenue Service. However, the Plan is not currently under audit nor has the Plan been contacted by this jurisdiction. The plan administrator and sponsor believe the Plan's tax position would be upheld under examination. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Note 7: Party-in-Interest Transactions

Certain Plan investments are shares of mutual funds and securities managed by VOYA Financial. VOYA Financial is the custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Many investment options have charges and restrictions that apply when transactions are made, and vary depending on the type. Refer to the Plan administrator about specific charges and restrictions.

Note 8: Risks and Uncertainties

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

In addition, mutual funds, which include foreign holdings within its portfolio, may enter into forward currency and futures contracts and options to reduce exposure to loss due to changes in foreign currency exchange rates and changes in the security price or interest rate.

Note 9: Plan Expenses

The Company may pay administrative expenses in whole or in part. All expenses not paid by the Company shall be paid by the Plan. Administrative expenses paid by the Company totaled $8,412 for the Plan year ended December 31, 2014. The Company also pays the salaries of the benefits administrators and other personnel who perform services for the Plan as part of their duties. These expenses are not recorded as Plan expenses. The Plan paid $53,687 in expenses for the year ending December 31, 2014; $34,492 of which was investment consulting expense and the remaining was administrative.

Note 10: Summary of Information Furnished by Custodian (Unaudited)

In accordance with Section 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 has received certification from the custodian of the Plan as to the accuracy and completeness of certain financial information of the Plan. The following items were provided by, or were derived from data provided by the custodian of the Plan:

- Statements of Net Assets Available for Plan Benefits at December 31, 2014:

  Investments including separate account assets and their valuation.

- Statement of Changes in Net Assets Available for Plan Benefits for the year ended December 31, 2014:

  Interest, dividends, and realized and unrealized appreciation in the fair value of investments.

  Changes in net assets arising from investment activities.

- Supplemental Schedules – all information included in the schedules.

Note 11: ERISA Bond Requirements

ERISA requires that every person who handles funds or other property of the Plan be bonded. The bond coverage is to be determined by the balance of the total Plan assets, and is required to be at least equal to the lesser of 10% of the plan's assets at the beginning of the Plan year or $500,000. At December 31, 2014, the Plan's sponsor maintained bond coverage in the amount of $500,000.

Note 12: Subsequent Events

The Plan has evaluated subsequent events through October 12, 2015, the date at which the financial statements were available to be issued, and determined that no events have occurred that required disclosure.

SUPPLEMENTARY INFORMATION
(See Independent Auditors' Report)

OB/GYN Affiliates 401(k) Profit Sharing Plan
EIN 84-1520625, Plan No. 001

SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (HELD AT YEAR END)

December 31, 2014

	(B)	(C)		(E)	
(A)	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value		Current value	
		Maturity date	Interest rate		
	Participant loans	**2015-2019**	**4.25%**	**$ 162,156**	**0.9%**
	Investments:	**Shares**			
	Ameritrade SDBA	2,868,119		2,868,119	15.6%
	Vanguard 500 Index Fund Adm	166,321		1,843,824	10.1%
	Prudential Total Return Bond Fd Q	173,433		1,782,326	9.7%
	American Funds Am Balanced R6	108,229		1,501,572	8.2%
	American Funds Growth Fund R6	65,776		1,018,210	5.6%
	Franklin Income Fund R6	309,186		783,528	4.3%
	ClrBrg Aggr Growth Fund IS	54,749		764,613	4.2%
*	Voya Fixed Account	-		720,032	3.9%
	Vanguard LifeStrat Growth Fund Inv	49,189		698,015	3.8%
	Vanguard Small-Cap Index Fund Adm	56,832		617,237	3.4%
	Amer Bcn Large Cap Value Fund Inst	39,509		615,580	3.4%
	DFA US Vector Equity Portfl Inst	31,510		535,901	2.9%
	Prudential Global Real Estate Fund Q	49,774		529,120	2.9%
	Nuveen Mid Cap Growth Opport Fund R6	7,909		513,449	2.8%
	Oppenheimer Int'l Small Company Fund I	28,988		501,917	2.7%
	MFS International Value Fund R5	36,268		477,221	2.6%
	American Funds 2020 Tdate R6	31,618		415,339	2.3%
	John Hancock Lifestyle Aggr Port	30,537		365,183	2.0%
	American Funds 2040 Tdate R6	25,748		364,706	2.0%
	ClrBrg Sm Cap Growth Fund IS	21,242		349,043	1.9%
	DFA US Targeted Value Port Inst	14,127		240,714	1.3%
	Vanguard Extend Mrkt Index Fund Adm	21,433		216,469	1.2%
	American Funds 2030 Tdate R6	10,973		154,176	0.8%
	American Funds 2050 Tdate R6	8,540		121,058	0.7%
	DFA US Large Cap Value Port Inst	2,938		55,854	0.3%
	Loomis Sayles Strategic Inc Fund N	3,523		38,535	0.2%
	Invesco International Growth	2,101		25,120	0.1%
	American Funds 2010 Tdate R6	1,508		18,683	0.1%
	American Funds New World R6	1,006		12,394	0.1%
	American Funds 2025 Tdate R6	540		7,432	0.0%
	American Funds 2035 Tdate R6	434		6,118	0.0%
	American Funds 2055 Tdate R6	316		4,467	0.0%
	Total investments (at fair value)			**18,165,955**	**99.1%**
	Total investments and participant loans			**$ 18,328,111**	**100.0%**

* Party-in-interest
(A) VOYA Financial

See independent auditors' report and notes to financial statements.

OB/GYN Affiliates 401(k) Profit Sharing Plan
EIN 84-1520625, Plan No. 001

SCHEDULE H, LINE 4l
SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)
December 31, 2014

(A) `	(B) Description of investment including maturity date,	(C) Cost of acquisitions	(D) Proceeds of dispositions
Principal Smallcap Growth I SA		$ 437,099	$ 4,493
Principal lifetime 2060 SA		1,337	1,090
Total investments at fair value		**$ 438,436**	**$ 5,583**

See independent auditors' report and notes to financial statements.

OB/GYN Affiliates 401(k) Profit Sharing Plan
EIN 84-1520625, Plan No. 001

SCHEDULE H, LINE 4a
SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

December 31, 2014

Total Constitute Non-Exempt Prohibited Transactions

Participant Contributions Transferred Late to plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Totally Fully Corrected Under VFCP & PTE 2002-51
Contribution	$ 3,180	$ -	$ -	$ -
Contribution	-	426	-	-
Contribution	-	882	-	-
Contribution	-	1,149	-	-
Contribution	915	-	-	-
Total investments at fair value	**$ 4,095**	**$ 2,457**	**$ -**	**$ -**

See independent auditors' report and notes to financial statements.

OB/GYN AFFILIATES
401(k) PROFIT SHARING PLAN

Financial Statements (Audited) and Supplementary Information

For the years ended
December 31, 2014 and 2013

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Schedule of Delinquent Participant Contributions	17

Ryan, Gunsauls & O'Donnell, LLC
Certified Public Accountants

Independent Auditors' Report

To the Administrative Committee of the
OB/GYN Affiliates 401(k) Profit Sharing Plan
Littleton, Colorado

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of OB/GYN Affiliates 401(k) Profit Sharing 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 Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 10, which was certified by VOYA Financial at December 31, 2014 and Principal Financial Group at December 31, 2013, the custodians of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the custodians hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained a certification from the custodians as of and for the years ended December 31, 2014 and 2013, that the information provided to the plan administrator by the custodians are complete and accurate.

Disclaimer of Opinion

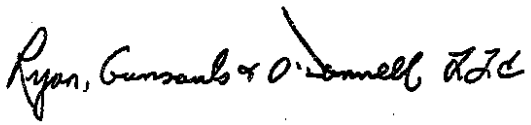
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedules of assets (held at end of year), assets (acquired and disposed of within year) and delinquent participant contributions are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are 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 schedules referred to above.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the custodians, 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 Employee Retirement Income Security Act of 1974.



Denver, Colorado
October 12, 2015

OB/GYN AFFILIATES 401(K) PROFIT SHARING PLAN
Statements of Net Assets Available For Benefits
December 31, 2014 and 2013

	2014	2013
Assets:		
Investments (at fair value):		
Mutual funds	$ 14,577,805	$ 13,505,466
Investment contract	720,031	726,545
Self-directed brokerage accounts	2,868,119	2,928,064
Total investments	**18,165,955**	**17,160,075**
Receivables:		
Employer	7,932	16,517
Participants	12,511	10,463
Total receivables	**20,443**	**26,980**
Notes receivable from participants	**162,156**	**68,958**
Net assets available for benefits	**$ 18,348,554**	**$ 17,256,013**

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

OB/GYN AFFILIATES 401(K) PROFIT SHARING PLAN
Statement of Changes In Net Assets Available For Benefits
For the Year Ended December 31, 2014

Additions to net assets attributed to:		
Investment income:		
Gain on transfer of assets	$	995,779
Net appreciation in fair value of investment		318,307
Dividends		39,136
Interest - other		5,662
Interest - participant loans		4,469
Total investment income		**1,363,353**
Contributions:		
Employer - 401(k)		856,972
Employee - 401(k)		668,666
Rollover		4,003
Total contributions		**1,529,641**
Total additions		**2,892,994**
Deductions from net assets attributed to:		
Benefits paid to participants		1,746,766
Administrative expenses		53,687
Total deductions		**1,800,453**
Net increase		**1,092,541**
Assets available for benefits:		
Beginning of year		17,256,013
End of year	**$**	**18,348,554**

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

Note 1: Description of Plan

The following brief description of the OB/GYN Affiliates (the Company) 401(k) Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan.

The Plan is a defined contribution plan covering certain eligible employees of the Company. Employees are eligible for participation in the Plan after completing one year of service with the Company in which the employee worked at least 1,000 hours. The minimum age to participate in the Plan is twenty-one. Eligible employees may enter the Plan on the earlier of January 1 or July 1 of the year in which the above requirements have been met. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan was adopted on January 1, 2002 and most recently amended on November 1, 2013, effective January 1, 2014, updating the adopting employers of the Plan. The Plan contained eight and ten adopting employers as of December 31, 2014 and 2013, respectively. The plan administrator is responsible for oversight of the Plan, the appropriateness of the Plan's investment offerings, and monitoring investment performance.

Contributions

Each year, participants may contribute pretax annual compensation to the Plan. Contributions are subject to certain limitations and are invested at the direction of the participant. Participants may also contribute amounts representing distributions from other qualified plans. The Plan currently offers thirty mutual funds, a self-directed brokerage account, and an investment contract as investment options for participants.

The Company will make a qualified non-elective contribution equal to 3% of participant compensation for the portion of the Plan year the person was an active participant. Additional profit sharing contributions may be made at the option of the Company and are invested in a portfolio of investments as directed by the participant. Company contributions are subject to certain limitations and may change in the future.

Participant Accounts

Each participant's account is adjusted by the following increases and decreases: (a) Plan earnings; (b) payment of benefits; (c) increase (or decrease) in the fair value of applicable investments; (d) Company contributions; (e) participant contributions; and (f) administrative expenses incurred in the operations and maintenance of the Plan and its investments. Allocations to each participant's account are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is that which can be provided from the participant's vested account.

Note 1: Description of Plan, continued

Vesting

Participants are immediately vested in their contributions and employer qualified non-elective contributions, plus actual earnings thereon. Vesting in the Company's discretionary contributions portion of their accounts, plus actual earnings thereon, is based on years of continuous service. A participant is 20% vested after two years, with a 20% increase each succeeding year until becoming fully vested after the sixth consecutive year of service. Participants are 100% vested in the Company's contributions upon death or disability.

Administration of Plan Assets

Contributions are held and managed by the custodian, who invests cash received, allocates interest and dividend income, and makes distributions to participants. These transactions may incur fees and are paid either by the Plan or by the participant as the transaction occurs.

Employees of the Company perform certain administrative functions for the Plan. Such employees do not receive compensation from the Plan. Substantially all administrative expenses are paid directly by the Plan.

Notes Receivable from Participants

Prior to 2012, loans were not allowed in the Plan. In 2012, the Plan was amended to allow loans. Loan amounts cannot be less than $1,000. Loans may not be more than the lesser of $50,000 or 50% of the participants' vested balance. Each participant can have only one loan outstanding at a time. The loans are secured by the balance in the participants' account and bear interest at a fixed rate determined by the plan administrator, which are commensurate with local prevailing rates. Principal and interest are paid ratably through monthly payroll deductions. During the years ended December 31, 2014 and 2013, the Plan issued 7 loans each year to participants. At December 31, 2014 and 2013, the balance of participant loans totaled $162,156 and $68,958, respectively.

Payment of Benefits

On termination of service due to death, disability, retirement, or withdrawal from the Plan, a participant may elect to receive a lump-sum cash payment, one of various annuity contracts, or a direct rollover to another qualified retirement plan, in an amount equal to the participant's vested interest in his or her account.

Forfeitures

For the years ended December 31, 2014 and 2013, forfeited non-vested accounts totaled $18,119 and $5,609, respectively. Forfeitures may first be used to pay administrative expense. The remaining forfeitures will used to reduce the earliest employer contributions made after the forfeitures are determined and will be reallocated to participants in the same manner as employer contributions.

Note 2: Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting from information supplied by the Company, the plan administrator, and the custodian.

Use of Estimates

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

Investment Valuation and Income Recognition

The Plan invests in various mutual funds that are valued each day that the custodian is open for business and are measured by quoted prices in an active market. The fixed investment contract is valued daily through a credited rate communicated daily. The credited interest rate, account balance, and formula upon which payments may be based are observable through the contract and related communications. The self-directed brokerage account is valued based on prices provided from external pricing services and based on market prices.

The Plan presents, in the statements of changes in net assets available for benefits, the net appreciation (depreciation) in the fair value of its investments which consists of the realized gains and losses and the unrealized appreciation (depreciation) on those investments.

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 and 2013. If a participant ceases to make loan payments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Note 3: Fair Values of Financial Instruments

The Plan has adopted Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820-10-50, *Fair Value Measurements*, which provides framework for measuring fair value under generally accepted accounting principles. ASC 820-10-50 defines fair values, establishes a consistent framework for measuring fair value and expands disclosure requirements for fair value measurements.

Note 3: Fair Values of Financial Instruments, continued

Under ASC 820-10-50, assets are grouped in three levels, based on the markets in which the assets are traded and the reliability of the assumptions used to determine fair value. These levels are:

- Level 1 – Valuation is based upon quoted prices for identical instruments traded in active markets.

- Level 2 – Valuation is based upon quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active, and model-based valuation techniques for which all significant assumptions are observable in the market.

- Level 3 – Valuation is generated from model-based techniques that use significant assumptions not observable in the market. These unobserved assumptions reflect the Company's own estimates of assumptions that market participants would use in pricing the asset. Valuation techniques include use of option pricing models, discounted cash flow models and similar techniques.

Under ASC 820-10-50, the Plan bases fair values on the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. Fair value measurements for assets where there exists limited or no observable market data and, therefore, are based primarily upon the Company's estimates, are often calculated based on current pricing policy, the economic and competitive environment, the characteristics of the asset and other such factors. Therefore, the results cannot be determined with precision and may not be realized in an actual sale or immediate settlement of the assets. Additionally, there may be inherent weaknesses in any calculation technique, and changes in the underlying assumptions used, including discount rates and estimates of future cash flows, that could significantly affect the results of current or future values.

Fair value measurements for assets and liabilities recorded at fair value on a recurring basis at December 31, 2014 are as follows:

	Fair Value	Level 1	Level 2	Level 3
Self-directed brokerage accounts	$ 2,868,119	$ -	$ 2,868,119	$ -
Mutual funds	14,577,805	14,577,805	-	-
Investment contract	720,031	-	-	720,031
Total assets	$ 18,165,955	$ 14,577,805	$ 2,868,119	$ 720,031

Note 3: Fair Values of Financial Instruments, continued

Fair value measurements for assets and liabilities recorded at fair value on a recurring basis at December 31, 2013 are as follows:

	Fair Value	Level 1	Level 2	Level 3
Separate accounts	$ 13,505,466	$ -	$ 13,505,466	$ -
Mutual funds	1,688,655	1,688,655	-	-
Investment contract	726,545	-	-	726,545
Corporate stock	1,239,157	1,239,157	-	-
Interest bearing cash	252	252	-	-
Total assets	$ 17,160,075	$ 2,928,064	$ 13,505,466	$ 726,545

The following table reconciles the beginning and ending balances of fair value measurements using the significant unobservable inputs (Level 3) of investments for the years ending December 31, 2014 and 2013:

	2014	2013
Beginning balance	$ 726,545	$ 543,891
Total losses	-	(12,788)
Interest credited	852	6,971
Purchases	6,167	266,554
Issuances and settlements	(13,533)	(78,083)
Ending balance	$ 720,031	$ 726,545

Level 2 securities consist of self-directed brokerage accounts and pooled separate accounts invested in balanced/asset allocation, fixed income, international equity, large U.S. equity, short-term fixed income and small/mid U.S. equity securities. The majority of the underlying securities have inputs including publicly quoted pricing inputs and quoted prices for similar assets in active or non-active markets obtained from a pricing service.

These inputs are used in determining the underlying asset values, but the net asset values per unit of the pooled separate accounts are not publically quoted.

Level 3 securities consist of a guaranteed interest contract, which is stated at fair value and is the amount Plan participants would receive at the balance sheet date if they were to withdraw or transfer funds within the Plan prior to their maturity for an event other than death, disability, termination or retirement. The fair value represents contract value adjusted to reflect current market interest rates only to the extent such market rates exceeds crediting rates. The investment contract will provide information about redemption frequency and notice periods if applicable. There are no unfunded commitments.

Note 4: Investments

The Plan presents, in the statement of changes in net assets available for benefits, the net appreciation (depreciation) in the fair value of its investments which consists of those realized gains and losses and the unrealized appreciation (depreciation) on the investments.

The following presents the fair values of the Plan's investments that represent 5% or more of the Plan's net assets as of December 31 as certified by the custodian:

	2014	2013
Principal Self-Directed Brokerage Acct, various	$ -	$ 1,962,597
Principal Sam Conservative Growth, 42,306 shares	-	1,547,213
Principal Bond and Mortgage, 1,343 shares	-	1,335,045
Principal Sam Balanced, 36,394 shares	-	1,300,741
Principal Largecap S&P 500 Index, 15,281 shares	-	1,234,009
Ameritrade SDBA, 2,868,119 shares	2,868,119	-
Vanguard 500 Index Fund Adm, 166,321 shares	1,843,824	-
Prudential Total Return Bond Fd Q, 173,433 shares	1,782,326	-
American Funds Am Balanced R6, 108,229 shares	1,501,572	-
American Funds Growth Fund R6, 65,776 shares	1,018,210	-
	$ 9,014,051	$ 7,379,605

During the year ended December 31, 2014, the Plan's mutual fund investments and insurance contracts (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $318,307. In addition, as a result of the Plan changing Custodians and the assets being transferred from Principal Financial Group to VOYA Financial, effective December 1, 2014, there was a gain on transfer of assets recognized in the statement of changes in net assets available for benefits in the amount of $995,779 for the year ended December 31, 2014.

Note 5: Plan Termination

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

Note 6: Tax Status

The Plan obtained its latest determination letter dated February 21, 2012, in which the Internal Revenue Service stated that, the Plan, as then designed, was in compliance with applicable requirements of the Internal Revenue Service Code (IRC). The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, the amounts contributed by the Company, participants and Plan earnings are not taxable to the participants until distributed and no provision for income taxes has been included in the Plan's financial statements.

Currently the tax returns open and subject to examination are the 2011, 2012 and 2013 tax years by the Internal Revenue Service. However, the Plan is not currently under audit nor has the Plan been contacted by this jurisdiction. The plan administrator and sponsor believe the Plan's tax position would be upheld under examination. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Note 7: Party-in-Interest Transactions

Certain Plan investments are shares of mutual funds and securities managed by VOYA Financial. VOYA Financial is the custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Many investment options have charges and restrictions that apply when transactions are made, and vary depending on the type. Refer to the Plan administrator about specific charges and restrictions.

Note 8: Risks and Uncertainties

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

In addition, mutual funds, which include foreign holdings within its portfolio, may enter into forward currency and futures contracts and options to reduce exposure to loss due to changes in foreign currency exchange rates and changes in the security price or interest rate.

Note 9: Plan Expenses

The Company may pay administrative expenses in whole or in part. All expenses not paid by the Company shall be paid by the Plan. Administrative expenses paid by the Company totaled $8,412 for the Plan year ended December 31, 2014. The Company also pays the salaries of the benefits administrators and other personnel who perform services for the Plan as part of their duties. These expenses are not recorded as Plan expenses. The Plan paid $53,687 in expenses for the year ending December 31, 2014; $34,492 of which was investment consulting expense and the remaining was administrative.

Note 10: Summary of Information Furnished by Custodian (Unaudited)

In accordance with Section 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 has received certification from the custodian of the Plan as to the accuracy and completeness of certain financial information of the Plan. The following items were provided by, or were derived from data provided by the custodian of the Plan:

- Statements of Net Assets Available for Plan Benefits at December 31, 2014:

  Investments including separate account assets and their valuation.

- Statement of Changes in Net Assets Available for Plan Benefits for the year ended December 31, 2014:

  Interest, dividends, and realized and unrealized appreciation in the fair value of investments.

  Changes in net assets arising from investment activities.

- Supplemental Schedules – all information included in the schedules.

Note 11: ERISA Bond Requirements

ERISA requires that every person who handles funds or other property of the Plan be bonded. The bond coverage is to be determined by the balance of the total Plan assets, and is required to be at least equal to the lesser of 10% of the plan's assets at the beginning of the Plan year or $500,000. At December 31, 2014, the Plan's sponsor maintained bond coverage in the amount of $500,000.

Note 12: Subsequent Events

The Plan has evaluated subsequent events through October 12, 2015, the date at which the financial statements were available to be issued, and determined that no events have occurred that required disclosure.

SUPPLEMENTARY INFORMATION
(See Independent Auditors' Report)

OB/GYN Affiliates 401(k) Profit Sharing Plan
EIN 84-1520625, Plan No. 001

SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (HELD AT YEAR END)

December 31, 2014

	(B)	(C)		(E)	
(A)	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value		Current value	
		Maturity date	Interest rate		
	Participant loans	**2015-2019**	**4.25%**	**$ 162,156**	**0.9%**
	Investments:	**Shares**			
	Ameritrade SDBA	2,868,119		2,868,119	15.6%
	Vanguard 500 Index Fund Adm	166,321		1,843,824	10.1%
	Prudential Total Return Bond Fd Q	173,433		1,782,326	9.7%
	American Funds Am Balanced R6	108,229		1,501,572	8.2%
	American Funds Growth Fund R6	65,776		1,018,210	5.6%
	Franklin Income Fund R6	309,186		783,528	4.3%
	ClrBrg Aggr Growth Fund IS	54,749		764,613	4.2%
*	Voya Fixed Account	-		720,032	3.9%
	Vanguard LifeStrat Growth Fund Inv	49,189		698,015	3.8%
	Vanguard Small-Cap Index Fund Adm	56,832		617,237	3.4%
	Amer Bcn Large Cap Value Fund Inst	39,509		615,580	3.4%
	DFA US Vector Equity Portfl Inst	31,510		535,901	2.9%
	Prudential Global Real Estate Fund Q	49,774		529,120	2.9%
	Nuveen Mid Cap Growth Opport Fund R6	7,909		513,449	2.8%
	Oppenheimer Int'l Small Company Fund I	28,988		501,917	2.7%
	MFS International Value Fund R5	36,268		477,221	2.6%
	American Funds 2020 Tdate R6	31,618		415,339	2.3%
	John Hancock Lifestyle Aggr Port	30,537		365,183	2.0%
	American Funds 2040 Tdate R6	25,748		364,706	2.0%
	ClrBrg Sm Cap Growth Fund IS	21,242		349,043	1.9%
	DFA US Targeted Value Port Inst	14,127		240,714	1.3%
	Vanguard Extend Mrkt Index Fund Adm	21,433		216,469	1.2%
	American Funds 2030 Tdate R6	10,973		154,176	0.8%
	American Funds 2050 Tdate R6	8,540		121,058	0.7%
	DFA US Large Cap Value Port Inst	2,938		55,854	0.3%
	Loomis Sayles Strategic Inc Fund N	3,523		38,535	0.2%
	Invesco International Growth	2,101		25,120	0.1%
	American Funds 2010 Tdate R6	1,508		18,683	0.1%
	American Funds New World R6	1,006		12,394	0.1%
	American Funds 2025 Tdate R6	540		7,432	0.0%
	American Funds 2035 Tdate R6	434		6,118	0.0%
	American Funds 2055 Tdate R6	316		4,467	0.0%
	Total investments (at fair value)			**18,165,955**	**99.1%**
	Total investments and participant loans			**$ 18,328,111**	**100.0%**

* Party-in-interest
(A) VOYA Financial

See independent auditors' report and notes to financial statements.

OB/GYN Affiliates 401(k) Profit Sharing Plan
EIN 84-1520625, Plan No. 001

SCHEDULE H, LINE 4l
SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)
December 31, 2014

(A) `	(B) Description of investment including maturity date,	(C) Cost of acquisitions	(D) Proceeds of dispositions
Principal Smallcap Growth I SA		$ 437,099	$ 4,493
Principal lifetime 2060 SA		1,337	1,090
Total investments at fair value		**$ 438,436**	**$ 5,583**

See independent auditors' report and notes to financial statements.

OB/GYN Affiliates 401(k) Profit Sharing Plan
EIN 84-1520625, Plan No. 001

SCHEDULE H, LINE 4a
SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

December 31, 2014

Total Constitute Non-Exempt Prohibited Transactions

Participant Contributions Transferred Late to plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Totally Fully Corrected Under VFCP & PTE 2002-51
Contribution	$ 3,180	$ -	$ -	$ -
Contribution	-	426	-	-
Contribution	-	882	-	-
Contribution	-	1,149	-	-
Contribution	915	-	-	-
Total investments at fair value	**$ 4,095**	**$ 2,457**	**$ -**	**$ -**

See independent auditors' report and notes to financial statements.