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
METRO INFECTIOUS DISEASE CONSULTANTS, LLC PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1994

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
METRO INFECTIOUS DISEASE CONSULTANTS, LLC

901 MCCLINTOCK DRIVE
SUITE 107
BURR RIDGE, IL 60527

2b Employer Identification Number (EIN)
36-3966745

2c Plan Sponsor's telephone number
630-654-0396

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.	10/14/2015	TARA KOWALSKI
	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**	404
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)**	362
a(2) Total number of active participants at the end of the plan year	**6a(2)**	298
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	72
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	370
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	370
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	271
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	13
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2J 2K 2R 3D 3H 2T

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

- [X] **(1)** Insurance
- [ ] **(2)** Code section 412(e)(3) insurance contracts
- [X] **(3)** Trust
- [ ] **(4)** General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- [X] **(1)** Insurance
- [ ] **(2)** Code section 412(e)(3) insurance contracts
- [X] **(3)** Trust
- [ ] **(4)** General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- [X] **(1)** **R** (Retirement Plan Information)
- [ ] **(2)** **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- [ ] **(3)** **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- [X] **(1)** **H** (Financial Information)
- [ ] **(2)** **I** (Financial Information – Small Plan)
- [X] **(3)** 1 **A** (Insurance Information)
- [X] **(4)** **C** (Service Provider Information)
- [X] **(5)** **D** (DFE/Participating Plan Information)
- [ ] **(6)** **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE 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
METRO INFECTIOUS DISEASE CONSULTANTS, LLC PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
METRO INFECTIOUS DISEASE CONSULTANTS, LLC

D Employer Identification Number (EIN)
36-3966745

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 INSURANCE AND ANNUITY 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
71-0294708	86509	ZH9736	370	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
52006	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

MORGAN STANLEY SMITH BARNEY LLC
1 NEW YORK PLZ FL 12
NEW YORK, NY 10004

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code
52006			3

(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		
	(c) Amount	**(d)** Purpose	**(e)** Organization code

(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	3439259
5	Current value of plan's interest under this contract in separate accounts at year end	5	18969728

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 ▶ GROUP PENSION FUNDING

b	Balance at the end of the previous year			7b	3514231
c	Additions: (1) Contributions deposited during the year	7c(1)	561472		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	33830		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	48425		
	▶ *				
	(6)Total additions			7c(6)	643727
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	4157958
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	46889		
	(2) Administration charge made by carrier	7e(2)	1244		
	(3) Transferred to separate account	7e(3)	731572		
	(4) Other (specify below)	7e(4)	108616		
	▶ *				
	(5) Total deductions			7e(5)	888321
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	3269637

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
METRO INFECTIOUS DISEASE CONSULTANTS, LLC PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
METRO INFECTIOUS DISEASE CONSULTANTS, LLC

D Employer Identification Number (EIN)
36-3966745

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 INSURANCE & ANNUITY

71-0294708

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

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

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

MCGLADREY, LLP

42-0714325

(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?
99	SERVICE PROVIDER	0	Yes [X] No [ ]	Yes [ ] No [X]	13150	Yes [ ] No [X]

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

MORNINGSTAR

36-3297908

(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	SERVICE PROVIDER	0	Yes [X] No [ ]	Yes [ ] No [X]	6500	Yes [ ] No [X]

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

VOYA RETIREMENT INSURANCE & ANNUITY

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?
64	SERVICE PROVIDER	3500	Yes [X] No [ ]	Yes [X] No [ ]	0	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)

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MCGLADREY, LLP	99	13150

(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.
VOYA RETIREMENT INSURANCE & ANNUITY 71-0294708	OTHER FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MORNINGSTAR	27	6500

(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.
VOYA RETIREMENT INSURANCE & ANNUITY 71-0294708	INVESTMENT ADVISORY (PLAN)

(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

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(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

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(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: MCGLADREY, LLP
b EIN: 42-0714325
c Position: SERVICE PROVIDER
d Address: 20 N. MARTINGALE ROAD # 500
SCHAUMBURG, IL 60173
e Telephone: 847-413-6900

Explanation: TIMING AND SERVICE IMPROVEMENTS

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
METRO INFECTIOUS DISEASE CONSULTANTS, LLC 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
METRO INFECTIOUS DISEASE CONSULTANTS, LLC

D Employer Identification Number (EIN)
36-3966745

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: VARIABLE ANNUITY ACCOUNT D

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

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)
71-0294708-000	P	18969728

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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
METRO INFECTIOUS DISEASE CONSULTANTS, LLC PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
METRO INFECTIOUS DISEASE CONSULTANTS, LLC

D Employer Identification Number (EIN)
36-3966745

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)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	233849	282965
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	16280240	18969728
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	3514231	3269637
(15) Other	1c(15)	1951132	2336997

			(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	21979452	24859327
	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	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	21979452	24859327

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)	432413	
	(B) Participants	2a(1)(B)	1579248	
	(C) Others (including rollovers)	2a(1)(C)	326596	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2338257
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)	13737	
	(F) Other	2b(1)(F)	33830	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		47567
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(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)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		1076188
(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		171796
d Total income. Add all **income** amounts in column (b) and enter total	2d		3633808
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	750433	
(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)		750433
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	3500	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		3500
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		753933
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2879875
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: SIKICH LLP **(2)** EIN: 36-3168081

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	
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			

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
METRO INFECTIOUS DISEASE CONSULTANTS, LLC PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
METRO INFECTIOUS DISEASE CONSULTANTS, LLC

D Employer Identification Number (EIN)
36-3966745

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): 71-0294708

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):

METRO INFECTIOUS DISEASE CONSULTANTS, LLC PROFIT SHARING PLAN

FINANCIAL STATEMENTS AND
INDEPENDENT AUDITOR'S REPORT

For the Years Ended
December 31, 2014 and 2013

Sikich®

METRO INFECTIOUS DISEASE CONSULTANTS, LLC
PROFIT SHARING PLAN
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Sikich®

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Naperville, Illinois 60563

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Certified Public Accountants & Advisors
Members of American Institute of Certified Public Accountants

INDEPENDENT AUDITOR'S REPORT

To the Plan Trustees of the
Metro Infectious Disease Consultants, LLC Profit Sharing Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Metro Infectious Disease Consultants, LLC Profit Sharing Plan (the Plan), which comprise the statement of net assets available for benefits as of December 31, 2014, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matters 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 6, which was certified by Voya Retirement Insurance and Annuity Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the year ended December 31, 2014, that the information provided to the plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

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

Other Matter - Supplemental Schedules

The supplemental schedule of assets (held at end of year) and schedule of delinquent participant contributions, as of or for the year ended December 31, 2014 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and 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 these supplemental schedules.

Other Matter - 2013 Financial Statements

The financial statements of the Plan as of December 31, 2013, were audited by predecessor auditors. 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 Seurity Act of 1974 (ERISA), the plan administrator instructed the predecessor auditors not to perform and they did not perform, any auditing procedures with respect to the information certified by the custodian. Their report, dated January 13, 2015, indicated that (a) because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements (b) the form and content of the information included in the financial statements other than derived from the information certified by the custodian, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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 custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



Naperville, Illinois
October 2, 2015

FINANCIAL STATEMENTS

METRO INFECTIOUS DISEASE CONSULTANTS, LLC
PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2014 and 2013

	2014	2013
ASSETS		
Investments, at fair value		
Pooled separate accounts	$ 18,969,728	$ 16,280,240
Insurance company general account	3,269,637	3,514,231
Common stocks and exchange traded funds	1,644,213	1,315,974
Registered investment companies	690,179	634,654
Total investments, at fair value	24,573,757	21,745,099
Cash	2,605	504
Receivables		
Employer contribution	526,706	432,421
Notes receivable from participants	282,965	233,849
Total receivables	809,671	666,270
Total assets	25,386,033	22,411,873
LIABILITIES		
None	-	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 25,386,033	$ 22,411,873

See accompanying notes to financial statement.

METRO INFECTIOUS DISEASE CONSULTANTS, LLC
PROFIT SHARING PLAN

STATEMENTS OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS

For the Years Ended December 31, 2014 and 2013

	2014	2013
ADDITIONS IN NET ASSETS ATTRIBUTED TO		
Investment income		
Net appreciation in fair value of investments	$ 1,204,182	$ 3,489,282
Interest and dividends	89,585	137,727
Total investment income	1,293,767	3,627,009
Interest on notes receivable from participants	13,737	14,159
Contributions		
Employee	1,579,248	1,531,645
Rollover	326,596	40,206
Employer	526,706	432,421
Total contributions	2,432,550	2,004,272
Total additions	3,740,054	5,645,440
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO		
Benefits paid to participants	750,190	290,182
Administrative expenses	15,704	12,101
Total deductions	765,894	302,283
NET INCREASE	2,974,160	5,343,157
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	22,411,873	17,068,716
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	$ 25,386,033	$ 22,411,873

See accompanying notes to financial statements.

1. DESCRIPTION OF PLAN

The following description of the Metro Infectious Disease Consultants, LLC Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all full-time employees of Metro Infectious Disease Consultants, LLC Heartland Home Infusions DBA HHI Infusion Services, and Innovative Ventures (collectively, the Company) who have six months of service, age 21 or older, and are not covered by a colletive bargaining agreement. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Each year, participants may contribute up to the maximum allowed by law of pre-tax annual compensation, as defined in the Plan. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans.

The Company may make discretionary matching contributions. For the years ended December 31, 2014 and 2013, the Company did not make discretionary matching contributions. Profit sharing contributions may be made at the option of the Company's Board of Directors for participants who have one year of service and are employed on the last day of the year. For the years ended December 31, 2014 and 2013 profit sharing contributions amounted to $526,706 and $432,421, respectively. All contributions are subject to certain limitations.

Investment Options

Participants may direct all their contributions among one or more funds subject to the allocation limitations set forth in the Plan. Changes in allocation of future contributions and transfers among funds of presently invested contributions are permitted pursuant to the Plan's provisions.

1. DESCRIPTION OF PLAN (Continued)

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution, (b) forfeitures and (c) plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

Vesting

Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the Company's matching contribution portion and the profit sharing portion of their accounts is based on the following table:

Years of Service	Percentage
1	0%
2	0%
3	100%

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to the maximum equal to the lesser of $50,000 or 50% of their account balance. The loans are secured by the balance in the participants account and bear interest at rate of 5.25%, which is commensurate with local prevailing rates as determined by the plan administrator. The term of the loan may not exceed five years unless the loan proceeds will be used to acquire the principal residence of the participant. Principal and interest is paid ratably through payroll deductions.

Payment of Benefits

On termination of service due to death, disability, or retirement, a participant may receive a lump sum amount equal to the value of the participant's vested interest in his or her account. Under certain conditions participants may receive a hardship distribution.

Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Company. Loan initiation and distribution processing fees are charged directly to the participant's account and are included in administrative expenses.

1. DESCRIPTION OF PLAN (Continued)

Forfeited Accounts

As of December 31, 2014 and 2013, there were unused forfeitures of $14,869 and $6,937, respectively. In 2014 and 2013, forfeitures of $6,881 and $0, respectively, were allocated to participants.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

The preparation of financial statements is in conformity with accounting principles generally accepted in the United States of America and requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurements.

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

Notes Receivable From Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable from participants are recorded as a distribution based upon the terms of the plan document.

Payment of Benefits

Benefits are recorded when paid.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Subsequent Events

Subsequent events are events or transactions that occur after year end but before financial statements are issued or are available to be issued. These events and transactions either provide additional evidence about conditions that existed at year end, including the estimates inherent in the process of preparing financial statements (that is, recognized subsequent events), or provide evidence about conditions that did not exist at year end but arose after that date (that is, nonrecognized subsequent events).

The Plan has evaluated subsequent events through October 2, 2015, which was the date that these financial statements were available for issuance, and determined that there were no significant nonrecognized subsequent events through that date.

3. GUARANTEED INVESTMENT CONTRACT WITH AN INSURANCE COMPANY

The Plan entered into a non-fully benefit-responsive investment contract with Voya Retirement Insurance and Annuity Company (Voya). Voya maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The guaranteed rate for the years ended December 31, 2014 and 2013 was 1%. As of December 31, 2014 and 2013, the contract is stated at fair value.

4. INVESTMENTS

Investments that represent 5% or more of the Plan's net assets are separately identified below as of either or both year ends.

	2014	2013
T. Rowe Price Blue Chip Growth Fund R	$ 2,593,228	$ 2,414,654
American Funds EuroPacific R3	1,358,656	1,244,296
American Funds Fundemental Investors R3	2,764,350	2,873,494
Voya Russell Mid Cap Index Port S	1,226,852*	1,228,150
American Funds Growth Fund R3	1,352,482	1,075,947*
Voya Fixed Account	3,269,637	3,514,231

*Amount is less than 5% of net assets but is presented for comparison purposes.

During 2014 and 2013, the Plan's investments (including investments bought, sold, and held during the year) appreciated in value by $1,204,182 and $3,489,282, respectively, as follows:

4. INVESTMENTS (Continued)

	2014	2013
Pooled separate accounts	$ 1,070,924	$ 3,182,583
Registered investment companies	23,517	85,503
Common stocks and exchange traded funds	109,741	221,196
TOTAL	$ 1,204,182	$ 3,489,282

5. FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) guidance on fair value measurements establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

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

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

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

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

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

5. FAIR VALUE MEASUREMENTS (Continued)

Shares of registered investment companies: Valued at the quoted market price of shares held by the Plan at year end.

Pooled separate accounts: Investments in shares of pooled separate accounts held with an insurance company are stated at estimated fair market value and are valued by the insurance company based on the net asset value of shares held by the Plan at year end. The net asset value is determined by the insurance company based on the market value of the underlying investments held in the pooled fund.

Common stocks and exchange traded funds: Certain common stocks and exchange traded funds are valued at the closing price reported in the active market in which the individual securities are traded. Investments in certain restricted common stocks are valued at the quoted market price of the issuer's unrestricted common stock less an appropriate discount. If a quoted market price for unrestricted common stock of the issuer is not available, restricted common stocks are valued at a multiple of current earnings less an appropriate discount. The multiple chosen is consistent with multiples of similar companies based on current market prices.

Guaranteed investment contracts: The guaranteed investments contract is a non-fully benefit-responsive contract and is adjusted for possible market value adjustments and stated at estimated fair value as determined by the custodian. The fair values of the guaranteed investment contracts are described in the contract and estimated by discounting the related cash flows based on current yields of similar instruments with comparable durations and credit quality.

Guaranteed investment contracts are valued at fair value by the insurance company by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the creditworthiness of the issuer. In determining the reasonableness of the methodology, plan management evaluates a variety of factors including review of existing contracts, economic conditions, industry and market developments, overall credit ratings, the ability to transact in the contract, and the crediting rates credited to participants.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2014 and 2013:

5. FAIR VALUE MEASUREMENTS (Continued)

Description	Assets at Fair Value as of December 31, 2014 Level 1	Level 2	Level 3	Total
Pooled separate accounts				
Balanced	$ -	$ 226,129	$ -	$ 226,129
International	-	3,137,584	-	3,137,584
Large cap growth	-	3,945,710	-	3,945,710
Large cap value	-	4,454,287	-	4,454,287
Money market	-	14,798	-	14,798
Asset allocation	-	3,059,978	-	3,059,978
Bond	-	1,855,643	-	1,855,643
Small/mid specialty	-	2,275,599	-	2,275,599
Total pooled separate accounts	-	18,969,728	-	18,969,728
Self directed brokerage				
Registered investment companies	690,179	-	-	690,179
Common stocks	1,644,213	-	-	1,644,213
Total self directed brokerage	2,334,392	-	-	2,334,392
Investment contract	-	-	3,269,637	3,269,637
TOTAL	$ 2,334,392	$ 18,969,728	$ 3,269,637	$ 24,573,757

5. FAIR VALUE MEASUREMENTS (Continued)

Description	Assets at Fair Value as of December 31, 2013 Level 1	Level 2	Level 3	Total
Pooled separate accounts				
Balanced	$ -	$ 85,501	$ -	$ 85,501
International	-	2,872,971	-	2,872,971
Large cap growth	-	3,490,601	-	3,490,601
Large cap value	-	4,357,742	-	4,357,742
Money market	-	1,767	-	1,767
Asset allocation	-	1,944,468	-	1,944,468
Bond	-	1,633,638	-	1,633,638
Small/mid specialty	-	1,893,552	-	1,893,552
Total pooled separate accounts	-	16,280,240	-	16,280,240
Self directed brokerage				
Registered investment companies	634,654	-	-	634,654
Common stocks	1,315,974	-	-	1,315,974
Total self directed brokerage	1,950,628	-	-	1,950,628
Investment contract	-	-	3,514,231	3,514,231
TOTAL	$ 1,950,628	$ 16,280,240	$ 3,514,231	$ 21,745,099

5. FAIR VALUE MEASUREMENTS (Continued)

The following table presents the category, fair value, redemption frequency, and redemption notice period for plan investments, the fair values of which are estimated using net asset value per share as of December 31, 2014 and 2013:

	Fair Value		Unfunded Commitment			Redemption
Investment	2014	2013	2014	2013	Redemption Frequency	Notice Period
Pooled separate accounts						
Balanced (a)	$ 226,129	$ 85,501	$ -	$ -	Daily	None
International (b)	3,137,584	2,872,971	-	-	Daily	None
Large cap growth (c)	3,945,710	3,490,601	-	-	Daily	None
Large cap value (d)	4,454,287	4,357,742	-	-	Daily	None
Money market (e)	14,798	1,767	-	-	Daily	None
Asset allocation (f)	3,059,978	1,944,468	-	-	Daily	None
Bonds (g)	1,855,643	1,633,638	-	-	Daily	None
Small/mid specialty (h)	2,275,599	1,893,552	-	-	Daily	None

(a) This category of accounts seeks to balance growth of principal and current income by investing in a combination of stocks and bonds. The investment style used is either moderate allocation or conservative allocation.

(b) This category of accounts invest in stocks of companies outside the United States. There are three main types of accounts in this category; 1) International funds, invest in stocks of companies outside of the United States. 2) Global funds, invest in stock of companies in the United States and developed countries outside the United States. 3) Emerging Markets funds invest in securities of developing countries and demonstrate the greatest volatility.

(c) This category of accounts invests primarily in stocks of larger U.S. companies employing an investment style of growth. Growth companies tend to reinvest all or most of their profits for research and development rather than pay dividends. Accounts emphasizing growth stocks will typically have higher price/earnings ratios and make little or no dividend payments.

(d) This category of accounts seek long-term growth of capital or a combination of growth and income by investing primarily in stocks of larger, mature companies. Stocks are selected for price appreciation and for the value of the current income provided through dividends. These accounts generally exhibit a lower level of price volatility.

(e) Assets are invested in conservative short-term fixed income investment options that seek to hold the principal value of an investment stable through all market conditions.

5. FAIR VALUE MEASUREMENTS (Continued)

(f) This category includes investments in a combination of assets such as stock, bonds, or money markets. The allocation percentage to each asset type may be fixed, bounded by a range or determined by the discretion of the manager. The asset allocation mixture is reviewed regularly and refined to achieve the best risk adjusted performance based on the stated objectives and "target" allocations of the particular fund.

(g) This category of accounts are invested fixed income securities. Investments are primarily seeking income or growth of income, with less emphasis on capital appreciation. Accounts in this asset class vary in their risk profile. The issuer, credit quality of the underlying investments, and the average duration of the portfolio play important roles in determining the risk profile of the account.

(h) This category of accounts includes investment styles of growth, value, or a blend of growth and value. These accounts seek capital appreciation by investing primarily in stocks of small and medium sized companies. "Specialty" or "sector" funds invest in stocks of companies in a particular industry.

Changes in Fair Value Levels

The Plan assesses the levels of the investments at each measurement date, and transfers between levels are recognized on the actual date of the event or change in circumstances that caused the transfer in accordance with the Plan's accounting policy regarding the recognition of transfers between levels of the fair value hierarchy. For the years ended December 31, 2014 and 2013, there were no such transfers.

Level 3 Gains and Losses

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the years ended December 31, 2014 and 2013.

	2014	2013
BALANCE, BEGINNING OF YEAR	$ 3,514,231	$ -
Interest	33,830	17,727
Purchases	610,068	3,527,731
Sales	(888,492)	(31,227)
BALANCE, END OF YEAR	$ 3,269,637	$ 3,514,231

5. FAIR VALUE MEASUREMENTS (Continued)

The following table represents the Plan's Level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs and the ranges of values for those inputs.

Quantitative Information about Level 3 Fair Value Measurements
as of December 31, 2014

Instrument	Fair Value	Valuation Techniques	Unobservable Input	Range	Weighted Average
Guaranteed investment contract	$ 3,269,637	As described in Note 5 above	Crediting interest rate	1.00%	1.00%

Quantitative Information about Level 3 Fair Value Measurements
as of December 31, 2013

Instrument	Fair Value	Valuation Techniques	Unobservable Input	Range	Weighted Average
Guaranteed investment contract	$ 3,514,231	As described in Note 5 above	Crediting interest rate	1.00%	1.00%

6. CERTIFICATION OF FINANCIAL INFORMATION

The following financial data included in the accompanying financial statements and supplemental schedule as of and for the years ended December 31, 2014 and 2013 has been certified as complete and accurate by Voya Retirement Insurance and Annuity Company, the custodian of plan assets, and has not been audited by the independent auditors for the Plan: investments at fair value, notes receivable from participants, interest and dividend income, interest on notes receivable from participants, and net appreciation in fair value of investments.

7. 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 would become 100% vested in their employer contributions. Any unallocated assets of the Plan shall be allocated to participant accounts and distributed in such a manner as the Company may determine.

8. TAX STATUS

The Company adopted a prototype plan from Voya Retirement Insurance and Annuity Company. This plan received a determination letter from the Internal Revenue Service on March 31, 2008 stating that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more-likely-than-not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2014 and 2013, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to tax authority examinations for years prior to 2011.

9. RELATED PARTY TRANSACTIONS

Certain plan investments and notes receivable from participants are managed by Voya Retirement Insurance and Annuity Company, the custodian and, therefore, these transactions qualify as party-in-interest. Certain employees of the Company provide administrative services to the Plan. These employees are not paid by the Plan for their services.

10. 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 value of investment securities will occur in the near term and that such changes could materially affect the participants' account balances and the amounts reported in the statement of net assets available for benefits.

11. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following was the reconciliation of the net assets per the financial statements to the Form 5500 as of December 31, 2014 and 2013:

	2014	2013
Net assets per the financial statements	$25,386,033	$22,411,873
Less employer receivable	(526,706)	(432,421)
NET ASSETS PER FORM 5500	$24,859,327	$21,979,452

The following is a reconciliation of net income per the financial statements to Form 5500 for the years ended December 31, 2014 and 2013:

	2014	2013
Net increase per the financial statements	$ 2,974,160	$ 5,343,157
Plus employer contribution receivable from prior year	432,421	561,174
Less employer contribution receivable from current year	(526,706)	(432,421)
TOTAL NET INCOME PER FORM 5500	$ 2,879,875	$ 5,471,910

12. PROHIBITED TRANSACTIONS

During 2009 to 2012, the Company failed to remit to the Plan's custodian certain employee contributions totaling $1,576,313 within the period prescribed by Department of Labor's regulations. Lost earnings in the amount of $1,963 were calculated and deposited into the Plan on October 11, 2012. Lost earnings in the amout of $15 for additional late deposits that occurred after May 11, 2012 were calculated and deposited in October 2014.

SUPPLEMENTAL INFORMATION

METRO INFECTIOUS DISEASE CONSULTANTS, LLC
PROFIT SHARING PLAN

SCHEDULE OF ASSETS (HELD AT END OF YEAR)
FORM 5500, SCHEDULE H, ITEM 4i

EIN: 36-3966745 PLAN: #001

December 31, 2014

	(a)	(b) Identity of Issue, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Guaranteed Investment Contract				
*		Voya Life Insurance and Annuity Company	Voya Insuarnce company fixed account	**	$ 3,269,637
	Self Directed Brokerage Accounts				
		Various	Self Directed Brokerage Accounts	**	2,334,392
	Pooled Separate Accounts				
*		Voya Life Insurance and Annuity Company	Voya Money Market Fund A	**	14,798
*		Voya Life Insurance and Annuity Company	Voya JPMorgan Mid Cap Value Portfolio	**	102,175
*		Voya Life Insurance and Annuity Company	Voya JPMorgan Small Cap Equity Portfolio	**	655,833
*		Voya Life Insurance and Annuity Company	Voya Russell Mid Cap Index Portfolio	**	1,226,852
*		Voya Life Insurance and Annuity Company	Voya U.S. Stock Index Portfolio	**	576,093
*		Voya Life Insurance and Annuity Company	Voya Columbia Small Cap Value Portfolio	**	112,164
*		Voya Life Insurance and Annuity Company	T. Rowe Price Retirement 2005 Fund R	**	6,182
*		Voya Life Insurance and Annuity Company	T. Rowe Price Retirement 2010 Fund R	**	234,905
*		Voya Life Insurance and Annuity Company	T. Rowe Price Retirement 2015 Fund R	**	263,457
*		Voya Life Insurance and Annuity Company	T. Rowe Price Retirement 2020 Fund R	**	209,726
*		Voya Life Insurance and Annuity Company	T. Rowe Price Retirement 2025 Fund R	**	425,152
*		Voya Life Insurance and Annuity Company	T. Rowe Price Retirement 2030 Fund R	**	612,984
*		Voya Life Insurance and Annuity Company	T. Rowe Price Retirement 2035 Fund R	**	279,226
*		Voya Life Insurance and Annuity Company	T. Rowe Price Retirement 2040 Fund R	**	379,136
*		Voya Life Insurance and Annuity Company	T. Rowe Price Retirement 2045 Fund R	**	612,142
*		Voya Life Insurance and Annuity Company	T. Rowe Price Retirement 2050 Fund R	**	25,100
*		Voya Life Insurance and Annuity Company	T. Rowe Price Retirement 2055 Fund R	**	11,968
*		Voya Life Insurance and Annuity Company	T. Rowe Price Blue Chip Growth Fund R	**	2,593,228
*		Voya Life Insurance and Annuity Company	American Funds EuroPacific R3	**	1,358,656
*		Voya Life Insurance and Annuity Company	American Funds Fundamental Investors R3	**	2,764,350
*		Voya Life Insurance and Annuity Company	American Funds Growth Fund R3	**	1,352,482
*		Voya Life Insurance and Annuity Company	American Funds New Perspective R3	**	973,832
*		Voya Life Insurance and Annuity Company	American Funds Washington Mutual R3	**	1,113,844
*		Voya Life Insurance and Annuity Company	American Funds American Balanced R3	**	226,129
*		Voya Life Insurance and Annuity Company	Columbia High Yield Bond Fund	**	591,498
*		Voya Life Insurance and Annuity Company	Eagle Small Cap Growth Fund	**	40,614
*		Voya Life Insurance and Annuity Company	Eaton Vance Atlanta Cap SMID Cap Fund	**	26,062
*		Voya Life Insurance and Annuity Company	Lord Abbet Bond Debenture Markets Fund	**	914,378
*		Voya Life Insurance and Annuity Company	Oppenheimer Developing Markets Fund	**	805,096
*		Voya Life Insurance and Annuity Company	PIMCO Commodity Real Return Strategic Fund	**	26,062
*		Voya Life Insurance and Annuity Company	PIMCO Real Return Fund	**	100,899
*		Voya Life Insurance and Annuity Company	PIMCO Total Return Fund	**	248,868
*		Voya Life Insurance and Annuity Company	Neuberger Berman Real Estate Fund R3	**	85,837
	TOTAL INVESTMENTS PER FINANCIAL STATEMENTS				24,573,757
*		Notes receivable from participants	Interest rates of 5.25%	**	282,965
	TOTAL INVESTMENTS PER FORM 5500				$ 24,856,722

* Denotes a party-in-interest to the Plan.

** Cost information not required for participant-directed investments.

(See independent auditor's report.)

METRO INFECTIOUS DISEASE CONSULTANTS, LLC
PROFIT SHARING PLAN

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
FORM 5500, SCHEDULE H, LINE 4a

EIN: 36-3966745 PLAN: #001

For the Year Ended December 31, 2014

Participant Contributions Transferred Late to the Plan	Total that Constitute Nonexempt Prohibited Transactions			
Check here if Late Participant Loan Repayments are included: X	**Contributions Not Corrected**	**Contributions Corrected Outside VFCP**	**Contributions Pending Correction in VFCP**	**Total Fully Corrected Under VFCP and PTE 2002-51**
Various from 2009 to 2012	$ -	$ 1,576,313	$ -	$ -

(See independent auditor's report.)

Attachment to Form 5500

Schedule H, line 4i - Schedule of Assets

(Held at End of Year)

METRO INFECTIOUS DISEASE CNSLTNTS LLC PFT

SHR PLAN

EIN#36-3966745

Plan#001

As Of December 31, 2014

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investments including maturity date, rate of interest, collateral, par, or maturity date	(d)Cost	(e) Current Value
	American Funds Am Balancd R3	Registered Investment Company		$226,129
	American Funds EuroPacific R3	Registered Investment Company		$1,358,656
	American Funds Fdmntl Inv R3	Registered Investment Company		$2,764,350
	American Funds Growth Fnd R3	Registered Investment Company		$1,352,482
	American Funds Nw Prspctv R3	Registered Investment Company		$973,832
	American Funds Wash Mtual R3	Registered Investment Company		$1,113,844
	Columbia High Yield Bond Fnd R	Registered Investment Company		$591,498
	Eagle Small Cap Growth Fund A	Registered Investment Company		$40,614
	Eaton Vance-Atl Cp SMID-Cp F R	Registered Investment Company		$26,062
	Lord Abbett Bd Debenture Fd R3	Registered Investment Company		$914,378
	Mrg Stn Smith Barney SDBA	Self Directed Brokerage Account		$2,336,997
	Neuberg Berm Real Est Fnd R3	Registered Investment Company		$85,837
	Oppenhmr Developing Mkts Fnd A	Registered Investment Company		$805,096
	PIMCO CmdtyRlRtn Strat Fnd R	Registered Investment Company		$26,062
	PIMCO Real Return Fund A	Registered Investment Company		$100,899
	PIMCO Total Return Fund A	Registered Investment Company		$248,868
	TRwPr Blue Chip Growth Fnd R	Registered Investment Company		$2,593,228
	TRwPr Retirement 2005 Fund R	Registered Investment Company		$6,182
	TRwPr Retirement 2010 Fund R	Registered Investment Company		$234,905
	TRwPr Retirement 2015 Fund R	Registered Investment Company		$263,457
	TRwPr Retirement 2020 Fund R	Registered Investment Company		$209,726
	TRwPr Retirement 2025 Fund R	Registered Investment Company		$425,152
	TRwPr Retirement 2030 Fund R	Registered Investment Company		$612,984
	TRwPr Retirement 2035 Fund R	Registered Investment Company		$279,226
	TRwPr Retirement 2040 Fund R	Registered Investment Company		$379,136
	TRwPr Retirement 2045 Fund R	Registered Investment Company		$612,142
	TRwPr Retirement 2050 Fund R	Registered Investment Company		$25,100
	TRwPr Retirement 2055 Fund R	Registered Investment Company		$11,968
*	Voya Fixed Account	Insurance Company General Account		$3,269,637
*	Voya Mny Mkt Fd A (Hold Acct)	Registered Investment Company		$14,798
*	Voya Russell MdCp Indx Prt S	Registered Investment Company		$1,226,852
*	Voya US Stock Index Port Srv2	Registered Investment Company		$576,093
*	VY Columbia SmCp Vl II P Srv	Registered Investment Company		$112,164
*	VY JPM MdCp Value Port Srv	Registered Investment Company		$102,175
*	VY JPM SmCp Cr Eq Port Srv	Registered Investment Company		$655,833
		Participant Loans - Rates 5.25% to 5.25%		$282,965
		TOTAL		$24,859,327

* denotes party-in-interest

Column (d) is not required as the Plan's investments are totally participant directed.

METRO INFECTIOUS DISEASE CONSULTANTS, LLC PROFIT SHARING PLAN

FINANCIAL STATEMENTS AND
INDEPENDENT AUDITOR'S REPORT

For the Years Ended
December 31, 2014 and 2013

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METRO INFECTIOUS DISEASE CONSULTANTS, LLC
PROFIT SHARING PLAN
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INDEPENDENT AUDITOR'S REPORT

To the Plan Trustees of the
Metro Infectious Disease Consultants, LLC Profit Sharing Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Metro Infectious Disease Consultants, LLC Profit Sharing Plan (the Plan), which comprise the statement of net assets available for benefits as of December 31, 2014, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matters 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 6, which was certified by Voya Retirement Insurance and Annuity Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the year ended December 31, 2014, that the information provided to the plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

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

Other Matter - Supplemental Schedules

The supplemental schedule of assets (held at end of year) and schedule of delinquent participant contributions, as of or for the year ended December 31, 2014 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and 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 these supplemental schedules.

Other Matter - 2013 Financial Statements

The financial statements of the Plan as of December 31, 2013, were audited by predecessor auditors. 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 Seurity Act of 1974 (ERISA), the plan administrator instructed the predecessor auditors not to perform and they did not perform, any auditing procedures with respect to the information certified by the custodian. Their report, dated January 13, 2015, indicated that (a) because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements (b) the form and content of the information included in the financial statements other than derived from the information certified by the custodian, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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 custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



Naperville, Illinois
October 2, 2015

FINANCIAL STATEMENTS

METRO INFECTIOUS DISEASE CONSULTANTS, LLC
PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2014 and 2013

	2014	2013
ASSETS		
Investments, at fair value		
Pooled separate accounts	$ 18,969,728	$ 16,280,240
Insurance company general account	3,269,637	3,514,231
Common stocks and exchange traded funds	1,644,213	1,315,974
Registered investment companies	690,179	634,654
Total investments, at fair value	24,573,757	21,745,099
Cash	2,605	504
Receivables		
Employer contribution	526,706	432,421
Notes receivable from participants	282,965	233,849
Total receivables	809,671	666,270
Total assets	25,386,033	22,411,873
LIABILITIES		
None	-	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 25,386,033	$ 22,411,873

See accompanying notes to financial statement.

METRO INFECTIOUS DISEASE CONSULTANTS, LLC
PROFIT SHARING PLAN

STATEMENTS OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS

For the Years Ended December 31, 2014 and 2013

	2014	2013
ADDITIONS IN NET ASSETS ATTRIBUTED TO		
Investment income		
Net appreciation in fair value of investments	$ 1,204,182	$ 3,489,282
Interest and dividends	89,585	137,727
Total investment income	1,293,767	3,627,009
Interest on notes receivable from participants	13,737	14,159
Contributions		
Employee	1,579,248	1,531,645
Rollover	326,596	40,206
Employer	526,706	432,421
Total contributions	2,432,550	2,004,272
Total additions	3,740,054	5,645,440
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO		
Benefits paid to participants	750,190	290,182
Administrative expenses	15,704	12,101
Total deductions	765,894	302,283
NET INCREASE	2,974,160	5,343,157
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	22,411,873	17,068,716
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	$ 25,386,033	$ 22,411,873

See accompanying notes to financial statements.

1. DESCRIPTION OF PLAN

The following description of the Metro Infectious Disease Consultants, LLC Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all full-time employees of Metro Infectious Disease Consultants, LLC Heartland Home Infusions DBA HHI Infusion Services, and Innovative Ventures (collectively, the Company) who have six months of service, age 21 or older, and are not covered by a colletive bargaining agreement. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Each year, participants may contribute up to the maximum allowed by law of pre-tax annual compensation, as defined in the Plan. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans.

The Company may make discretionary matching contributions. For the years ended December 31, 2014 and 2013, the Company did not make discretionary matching contributions. Profit sharing contributions may be made at the option of the Company's Board of Directors for participants who have one year of service and are employed on the last day of the year. For the years ended December 31, 2014 and 2013 profit sharing contributions amounted to $526,706 and $432,421, respectively. All contributions are subject to certain limitations.

Investment Options

Participants may direct all their contributions among one or more funds subject to the allocation limitations set forth in the Plan. Changes in allocation of future contributions and transfers among funds of presently invested contributions are permitted pursuant to the Plan's provisions.

1. DESCRIPTION OF PLAN (Continued)

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution, (b) forfeitures and (c) plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

Vesting

Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the Company's matching contribution portion and the profit sharing portion of their accounts is based on the following table:

Years of Service	Percentage
1	0%
2	0%
3	100%

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to the maximum equal to the lesser of $50,000 or 50% of their account balance. The loans are secured by the balance in the participants account and bear interest at rate of 5.25%, which is commensurate with local prevailing rates as determined by the plan administrator. The term of the loan may not exceed five years unless the loan proceeds will be used to acquire the principal residence of the participant. Principal and interest is paid ratably through payroll deductions.

Payment of Benefits

On termination of service due to death, disability, or retirement, a participant may receive a lump sum amount equal to the value of the participant's vested interest in his or her account. Under certain conditions participants may receive a hardship distribution.

Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Company. Loan initiation and distribution processing fees are charged directly to the participant's account and are included in administrative expenses.

1. DESCRIPTION OF PLAN (Continued)

Forfeited Accounts

As of December 31, 2014 and 2013, there were unused forfeitures of $14,869 and $6,937, respectively. In 2014 and 2013, forfeitures of $6,881 and $0, respectively, were allocated to participants.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

The preparation of financial statements is in conformity with accounting principles generally accepted in the United States of America and requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurements.

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

Notes Receivable From Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable from participants are recorded as a distribution based upon the terms of the plan document.

Payment of Benefits

Benefits are recorded when paid.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Subsequent Events

Subsequent events are events or transactions that occur after year end but before financial statements are issued or are available to be issued. These events and transactions either provide additional evidence about conditions that existed at year end, including the estimates inherent in the process of preparing financial statements (that is, recognized subsequent events), or provide evidence about conditions that did not exist at year end but arose after that date (that is, nonrecognized subsequent events).

The Plan has evaluated subsequent events through October 2, 2015, which was the date that these financial statements were available for issuance, and determined that there were no significant nonrecognized subsequent events through that date.

3. GUARANTEED INVESTMENT CONTRACT WITH AN INSURANCE COMPANY

The Plan entered into a non-fully benefit-responsive investment contract with Voya Retirement Insurance and Annuity Company (Voya). Voya maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The guaranteed rate for the years ended December 31, 2014 and 2013 was 1%. As of December 31, 2014 and 2013, the contract is stated at fair value.

4. INVESTMENTS

Investments that represent 5% or more of the Plan's net assets are separately identified below as of either or both year ends.

	2014	2013
T. Rowe Price Blue Chip Growth Fund R	$ 2,593,228	$ 2,414,654
American Funds EuroPacific R3	1,358,656	1,244,296
American Funds Fundemental Investors R3	2,764,350	2,873,494
Voya Russell Mid Cap Index Port S	1,226,852*	1,228,150
American Funds Growth Fund R3	1,352,482	1,075,947*
Voya Fixed Account	3,269,637	3,514,231

*Amount is less than 5% of net assets but is presented for comparison purposes.

During 2014 and 2013, the Plan's investments (including investments bought, sold, and held during the year) appreciated in value by $1,204,182 and $3,489,282, respectively, as follows:

4. INVESTMENTS (Continued)

	2014	2013
Pooled separate accounts	$ 1,070,924	$ 3,182,583
Registered investment companies	23,517	85,503
Common stocks and exchange traded funds	109,741	221,196
TOTAL	$ 1,204,182	$ 3,489,282

5. FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) guidance on fair value measurements establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

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

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

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

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

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

5. FAIR VALUE MEASUREMENTS (Continued)

Shares of registered investment companies: Valued at the quoted market price of shares held by the Plan at year end.

Pooled separate accounts: Investments in shares of pooled separate accounts held with an insurance company are stated at estimated fair market value and are valued by the insurance company based on the net asset value of shares held by the Plan at year end. The net asset value is determined by the insurance company based on the market value of the underlying investments held in the pooled fund.

Common stocks and exchange traded funds: Certain common stocks and exchange traded funds are valued at the closing price reported in the active market in which the individual securities are traded. Investments in certain restricted common stocks are valued at the quoted market price of the issuer's unrestricted common stock less an appropriate discount. If a quoted market price for unrestricted common stock of the issuer is not available, restricted common stocks are valued at a multiple of current earnings less an appropriate discount. The multiple chosen is consistent with multiples of similar companies based on current market prices.

Guaranteed investment contracts: The guaranteed investments contract is a non-fully benefit-responsive contract and is adjusted for possible market value adjustments and stated at estimated fair value as determined by the custodian. The fair values of the guaranteed investment contracts are described in the contract and estimated by discounting the related cash flows based on current yields of similar instruments with comparable durations and credit quality.

Guaranteed investment contracts are valued at fair value by the insurance company by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the creditworthiness of the issuer. In determining the reasonableness of the methodology, plan management evaluates a variety of factors including review of existing contracts, economic conditions, industry and market developments, overall credit ratings, the ability to transact in the contract, and the crediting rates credited to participants.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2014 and 2013:

5. FAIR VALUE MEASUREMENTS (Continued)

Description	Assets at Fair Value as of December 31, 2014 Level 1	Level 2	Level 3	Total
Pooled separate accounts				
Balanced	$ -	$ 226,129	$ -	$ 226,129
International	-	3,137,584	-	3,137,584
Large cap growth	-	3,945,710	-	3,945,710
Large cap value	-	4,454,287	-	4,454,287
Money market	-	14,798	-	14,798
Asset allocation	-	3,059,978	-	3,059,978
Bond	-	1,855,643	-	1,855,643
Small/mid specialty	-	2,275,599	-	2,275,599
Total pooled separate accounts	-	18,969,728	-	18,969,728
Self directed brokerage				
Registered investment companies	690,179	-	-	690,179
Common stocks	1,644,213	-	-	1,644,213
Total self directed brokerage	2,334,392	-	-	2,334,392
Investment contract	-	-	3,269,637	3,269,637
TOTAL	$ 2,334,392	$ 18,969,728	$ 3,269,637	$ 24,573,757

5. FAIR VALUE MEASUREMENTS (Continued)

Description	Assets at Fair Value as of December 31, 2013 Level 1	Level 2	Level 3	Total
Pooled separate accounts				
Balanced	$ -	$ 85,501	$ -	$ 85,501
International	-	2,872,971	-	2,872,971
Large cap growth	-	3,490,601	-	3,490,601
Large cap value	-	4,357,742	-	4,357,742
Money market	-	1,767	-	1,767
Asset allocation	-	1,944,468	-	1,944,468
Bond	-	1,633,638	-	1,633,638
Small/mid specialty	-	1,893,552	-	1,893,552
Total pooled separate accounts	-	16,280,240	-	16,280,240
Self directed brokerage				
Registered investment companies	634,654	-	-	634,654
Common stocks	1,315,974	-	-	1,315,974
Total self directed brokerage	1,950,628	-	-	1,950,628
Investment contract	-	-	3,514,231	3,514,231
TOTAL	$ 1,950,628	$ 16,280,240	$ 3,514,231	$ 21,745,099

5. FAIR VALUE MEASUREMENTS (Continued)

The following table presents the category, fair value, redemption frequency, and redemption notice period for plan investments, the fair values of which are estimated using net asset value per share as of December 31, 2014 and 2013:

	Fair Value		Unfunded Commitment			Redemption
Investment	2014	2013	2014	2013	Redemption Frequency	Notice Period
Pooled separate accounts						
Balanced (a)	$ 226,129	$ 85,501	$ -	$ -	Daily	None
International (b)	3,137,584	2,872,971	-	-	Daily	None
Large cap growth (c)	3,945,710	3,490,601	-	-	Daily	None
Large cap value (d)	4,454,287	4,357,742	-	-	Daily	None
Money market (e)	14,798	1,767	-	-	Daily	None
Asset allocation (f)	3,059,978	1,944,468	-	-	Daily	None
Bonds (g)	1,855,643	1,633,638	-	-	Daily	None
Small/mid specialty (h)	2,275,599	1,893,552	-	-	Daily	None

(a) This category of accounts seeks to balance growth of principal and current income by investing in a combination of stocks and bonds. The investment style used is either moderate allocation or conservative allocation.

(b) This category of accounts invest in stocks of companies outside the United States. There are three main types of accounts in this category; 1) International funds, invest in stocks of companies outside of the United States. 2) Global funds, invest in stock of companies in the United States and developed countries outside the United States. 3) Emerging Markets funds invest in securities of developing countries and demonstrate the greatest volatility.

(c) This category of accounts invests primarily in stocks of larger U.S. companies employing an investment style of growth. Growth companies tend to reinvest all or most of their profits for research and development rather than pay dividends. Accounts emphasizing growth stocks will typically have higher price/earnings ratios and make little or no dividend payments.

(d) This category of accounts seek long-term growth of capital or a combination of growth and income by investing primarily in stocks of larger, mature companies. Stocks are selected for price appreciation and for the value of the current income provided through dividends. These accounts generally exhibit a lower level of price volatility.

(e) Assets are invested in conservative short-term fixed income investment options that seek to hold the principal value of an investment stable through all market conditions.

5. FAIR VALUE MEASUREMENTS (Continued)

(f) This category includes investments in a combination of assets such as stock, bonds, or money markets. The allocation percentage to each asset type may be fixed, bounded by a range or determined by the discretion of the manager. The asset allocation mixture is reviewed regularly and refined to achieve the best risk adjusted performance based on the stated objectives and "target" allocations of the particular fund.

(g) This category of accounts are invested fixed income securities. Investments are primarily seeking income or growth of income, with less emphasis on capital appreciation. Accounts in this asset class vary in their risk profile. The issuer, credit quality of the underlying investments, and the average duration of the portfolio play important roles in determining the risk profile of the account.

(h) This category of accounts includes investment styles of growth, value, or a blend of growth and value. These accounts seek capital appreciation by investing primarily in stocks of small and medium sized companies. "Specialty" or "sector" funds invest in stocks of companies in a particular industry.

Changes in Fair Value Levels

The Plan assesses the levels of the investments at each measurement date, and transfers between levels are recognized on the actual date of the event or change in circumstances that caused the transfer in accordance with the Plan's accounting policy regarding the recognition of transfers between levels of the fair value hierarchy. For the years ended December 31, 2014 and 2013, there were no such transfers.

Level 3 Gains and Losses

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the years ended December 31, 2014 and 2013.

	2014	2013
BALANCE, BEGINNING OF YEAR	$ 3,514,231	$ -
Interest	33,830	17,727
Purchases	610,068	3,527,731
Sales	(888,492)	(31,227)
BALANCE, END OF YEAR	$ 3,269,637	$ 3,514,231

5. FAIR VALUE MEASUREMENTS (Continued)

The following table represents the Plan's Level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs and the ranges of values for those inputs.

Quantitative Information about Level 3 Fair Value Measurements
as of December 31, 2014

Instrument	Fair Value	Valuation Techniques	Unobservable Input	Range	Weighted Average
Guaranteed investment contract	$ 3,269,637	As described in Note 5 above	Crediting interest rate	1.00%	1.00%

Quantitative Information about Level 3 Fair Value Measurements
as of December 31, 2013

Instrument	Fair Value	Valuation Techniques	Unobservable Input	Range	Weighted Average
Guaranteed investment contract	$ 3,514,231	As described in Note 5 above	Crediting interest rate	1.00%	1.00%

6. CERTIFICATION OF FINANCIAL INFORMATION

The following financial data included in the accompanying financial statements and supplemental schedule as of and for the years ended December 31, 2014 and 2013 has been certified as complete and accurate by Voya Retirement Insurance and Annuity Company, the custodian of plan assets, and has not been audited by the independent auditors for the Plan: investments at fair value, notes receivable from participants, interest and dividend income, interest on notes receivable from participants, and net appreciation in fair value of investments.

7. 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 would become 100% vested in their employer contributions. Any unallocated assets of the Plan shall be allocated to participant accounts and distributed in such a manner as the Company may determine.

8. TAX STATUS

The Company adopted a prototype plan from Voya Retirement Insurance and Annuity Company. This plan received a determination letter from the Internal Revenue Service on March 31, 2008 stating that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more-likely-than-not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2014 and 2013, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to tax authority examinations for years prior to 2011.

9. RELATED PARTY TRANSACTIONS

Certain plan investments and notes receivable from participants are managed by Voya Retirement Insurance and Annuity Company, the custodian and, therefore, these transactions qualify as party-in-interest. Certain employees of the Company provide administrative services to the Plan. These employees are not paid by the Plan for their services.

10. 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 value of investment securities will occur in the near term and that such changes could materially affect the participants' account balances and the amounts reported in the statement of net assets available for benefits.

11. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following was the reconciliation of the net assets per the financial statements to the Form 5500 as of December 31, 2014 and 2013:

	2014	2013
Net assets per the financial statements	$25,386,033	$22,411,873
Less employer receivable	(526,706)	(432,421)
NET ASSETS PER FORM 5500	$24,859,327	$21,979,452

The following is a reconciliation of net income per the financial statements to Form 5500 for the years ended December 31, 2014 and 2013:

	2014	2013
Net increase per the financial statements	$ 2,974,160	$ 5,343,157
Plus employer contribution receivable from prior year	432,421	561,174
Less employer contribution receivable from current year	(526,706)	(432,421)
TOTAL NET INCOME PER FORM 5500	$ 2,879,875	$ 5,471,910

12. PROHIBITED TRANSACTIONS

During 2009 to 2012, the Company failed to remit to the Plan's custodian certain employee contributions totaling $1,576,313 within the period prescribed by Department of Labor's regulations. Lost earnings in the amount of $1,963 were calculated and deposited into the Plan on October 11, 2012. Lost earnings in the amout of $15 for additional late deposits that occurred after May 11, 2012 were calculated and deposited in October 2014.

SUPPLEMENTAL INFORMATION

METRO INFECTIOUS DISEASE CONSULTANTS, LLC
PROFIT SHARING PLAN

SCHEDULE OF ASSETS (HELD AT END OF YEAR)
FORM 5500, SCHEDULE H, ITEM 4i

EIN: 36-3966745 PLAN: #001

December 31, 2014

	(a)	(b) Identity of Issue, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Guaranteed Investment Contract				
*		Voya Life Insurance and Annuity Company	Voya Insuarnce company fixed account	**	$ 3,269,637
	Self Directed Brokerage Accounts				
		Various	Self Directed Brokerage Accounts	**	2,334,392
	Pooled Separate Accounts				
*		Voya Life Insurance and Annuity Company	Voya Money Market Fund A	**	14,798
*		Voya Life Insurance and Annuity Company	Voya JPMorgan Mid Cap Value Portfolio	**	102,175
*		Voya Life Insurance and Annuity Company	Voya JPMorgan Small Cap Equity Portfolio	**	655,833
*		Voya Life Insurance and Annuity Company	Voya Russell Mid Cap Index Portfolio	**	1,226,852
*		Voya Life Insurance and Annuity Company	Voya U.S. Stock Index Portfolio	**	576,093
*		Voya Life Insurance and Annuity Company	Voya Columbia Small Cap Value Portfolio	**	112,164
*		Voya Life Insurance and Annuity Company	T. Rowe Price Retirement 2005 Fund R	**	6,182
*		Voya Life Insurance and Annuity Company	T. Rowe Price Retirement 2010 Fund R	**	234,905
*		Voya Life Insurance and Annuity Company	T. Rowe Price Retirement 2015 Fund R	**	263,457
*		Voya Life Insurance and Annuity Company	T. Rowe Price Retirement 2020 Fund R	**	209,726
*		Voya Life Insurance and Annuity Company	T. Rowe Price Retirement 2025 Fund R	**	425,152
*		Voya Life Insurance and Annuity Company	T. Rowe Price Retirement 2030 Fund R	**	612,984
*		Voya Life Insurance and Annuity Company	T. Rowe Price Retirement 2035 Fund R	**	279,226
*		Voya Life Insurance and Annuity Company	T. Rowe Price Retirement 2040 Fund R	**	379,136
*		Voya Life Insurance and Annuity Company	T. Rowe Price Retirement 2045 Fund R	**	612,142
*		Voya Life Insurance and Annuity Company	T. Rowe Price Retirement 2050 Fund R	**	25,100
*		Voya Life Insurance and Annuity Company	T. Rowe Price Retirement 2055 Fund R	**	11,968
*		Voya Life Insurance and Annuity Company	T. Rowe Price Blue Chip Growth Fund R	**	2,593,228
*		Voya Life Insurance and Annuity Company	American Funds EuroPacific R3	**	1,358,656
*		Voya Life Insurance and Annuity Company	American Funds Fundamental Investors R3	**	2,764,350
*		Voya Life Insurance and Annuity Company	American Funds Growth Fund R3	**	1,352,482
*		Voya Life Insurance and Annuity Company	American Funds New Perspective R3	**	973,832
*		Voya Life Insurance and Annuity Company	American Funds Washington Mutual R3	**	1,113,844
*		Voya Life Insurance and Annuity Company	American Funds American Balanced R3	**	226,129
*		Voya Life Insurance and Annuity Company	Columbia High Yield Bond Fund	**	591,498
*		Voya Life Insurance and Annuity Company	Eagle Small Cap Growth Fund	**	40,614
*		Voya Life Insurance and Annuity Company	Eaton Vance Atlanta Cap SMID Cap Fund	**	26,062
*		Voya Life Insurance and Annuity Company	Lord Abbet Bond Debenture Markets Fund	**	914,378
*		Voya Life Insurance and Annuity Company	Oppenheimer Developing Markets Fund	**	805,096
*		Voya Life Insurance and Annuity Company	PIMCO Commodity Real Return Strategic Fund	**	26,062
*		Voya Life Insurance and Annuity Company	PIMCO Real Return Fund	**	100,899
*		Voya Life Insurance and Annuity Company	PIMCO Total Return Fund	**	248,868
*		Voya Life Insurance and Annuity Company	Neuberger Berman Real Estate Fund R3	**	85,837
	TOTAL INVESTMENTS PER FINANCIAL STATEMENTS				24,573,757
*		Notes receivable from participants	Interest rates of 5.25%	**	282,965
	TOTAL INVESTMENTS PER FORM 5500				$ 24,856,722

* Denotes a party-in-interest to the Plan.

** Cost information not required for participant-directed investments.

(See independent auditor's report.)

METRO INFECTIOUS DISEASE CONSULTANTS, LLC
PROFIT SHARING PLAN

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
FORM 5500, SCHEDULE H, LINE 4a

EIN: 36-3966745 PLAN: #001

For the Year Ended December 31, 2014

Participant Contributions Transferred Late to the Plan	Total that Constitute Nonexempt Prohibited Transactions			
Check here if Late Participant Loan Repayments are included: X	**Contributions Not Corrected**	**Contributions Corrected Outside VFCP**	**Contributions Pending Correction in VFCP**	**Total Fully Corrected Under VFCP and PTE 2002-51**
Various from 2009 to 2012	$ -	$ 1,576,313	$ -	$ -

(See independent auditor's report.)