

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2014</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>10/01/2014</u> and ending <u>09/30/2015</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☒ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information		
1a Name of plan	<u>RELIANT MEDICAL GROUP, INC. ACCOUNT BALANCE PENSION PLAN</u>		1b Three-digit plan number (PN) ▶ <u>001</u> 1c Effective date of plan <u>12/01/1970</u>
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)	<u>RELIANT MEDICAL GROUP, INC.</u>		2b Employer Identification Number (EIN) <u>04-2472266</u> 2c Plan Sponsor's telephone number <u>508-368-5413</u> 2d Business code (see instructions) <u>621111</u>
<u>630 PLANTATION STREET WORCESTER, MA 01605</u>			

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/14/2016	KAREN MARTOCCI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/14/2016	JOSEPH RICCIARDI
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 2322
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) 1082
a(2) Total number of active participants at the end of the plan year	6a(2) 0
b Retired or separated participants receiving benefits	6b 0
c Other retired or separated participants entitled to future benefits.....	6c 5
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 5
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e	6f 5
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 0
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1C 1I	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

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

For calendar plan year 2014 or fiscal plan year beginning 10/01/2014 and ending 09/30/2015

A Name of plan <u>RELIANT MEDICAL GROUP, INC. ACCOUNT BALANCE PENSION PLAN</u>	B Three-digit plan number (PN) <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>RELIANT MEDICAL GROUP, INC.</u>	D Employer Identification Number (EIN) <u>04-2472266</u>

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

WATSON WYATT & COMPANY

53-0181291

(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?
11 50		1049337	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

RYAN LABS

13-3451974

(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?
28 50		179420	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

REID & REIGE PC

06-0867204

(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?
29 50		81732	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

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

STATE STREET BANK & TRUST COMPANY

04-1867445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
25 28 50		44747	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

CAPFINANCIAL PARTNERS

26-0058143

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50		33375	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

STOWE & DEGON, LLC

04-3379904

(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?
10 50		11700	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

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

INDEPENDENT INSURANCE ANALYST LLC

13-4206965

(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?
49 50		7500	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

THE BERWYN GROUP

34-1672337

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50		7295	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

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

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
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(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

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>10/01/2014</u> and ending <u>09/30/2015</u>		
A Name of plan <u>RELIANT MEDICAL GROUP, INC. ACCOUNT BALANCE PENSION PLAN</u>		B Three-digit plan number (PN) <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>RELIANT MEDICAL GROUP, INC.</u>		D Employer Identification Number (EIN) <u>04-2472266</u>

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	0	0
(2) Participant contributions.....	1b(2)	0	0
(3) Other.....	1b(3)	519217	14
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	1087545	13189
(2) U.S. Government securities	1c(2)	17879770	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	72603604	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common.....	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property).....	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans.....	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities.....	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	13	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	0	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	92090149	13203

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	92090149	13203
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	11329705	
(B) Participants	2a(1)(B)	0	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		11329705
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	273312	
(C) Corporate debt instruments	2b(1)(C)	1824569	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2097881
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	133702923	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	133358643	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		344280
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		0
c Other income.....	2c		13079
d Total income. Add all income amounts in column (b) and enter total.....	2d		13784945

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	104333007	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other.....	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		104333007
f Corrective distributions (see instructions).....	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees.....	2i(1)	1157564	
(2) Contract administrator fees.....	2i(2)	0	
(3) Investment advisory and management fees.....	2i(3)	257542	
(4) Other.....	2i(4)	113778	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		1528884
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		105861891

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-92076946
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan.....	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: STOWE & DEGON, LLC

(2) EIN: 04-3379904

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	0
4b		X	0

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	0
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	0
e Was this plan covered by a fidelity bond?	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	0
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	0
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	0
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?.....		X	0
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
 If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☒ Yes ☐ No Amount: 0

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

<div>SCHEDULE R (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>		<div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2014 or fiscal plan year beginning 10/01/2014 and ending 09/30/2015					
A Name of plan RELIANT MEDICAL GROUP, INC. ACCOUNT BALANCE PENSION PLAN				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 RELIANT MEDICAL GROUP, INC.				D Employer Identification Number (EIN) 04-2472266	
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	0
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): 04-3581074					
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	1719
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... ☐ Yes ☐ No ☐ N/A					
If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....				6a	
b Enter the amount contributed by the employer to the plan for this plan year.....				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... ☐ Yes ☐ No ☐ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No					
Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No					
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.					
Schedule R (Form 5500) 2014 v. 140124					

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: 0% Investment-Grade Debt: 99% High-Yield Debt: 0% Real Estate: 0% Other: 1%

- 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):

Reliant Medical Group, Inc.
Account Balance Pension Plan

*Financial Statements as of and for the
Years Ended September 30, 2015 and 2014
With Supplemental Schedules and
Independent Auditors' Report*

RELIANT MEDICAL GROUP, INC. ACCOUNT BALANCE PENSION PLAN

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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator and Participants of
Reliant Medical Group, Inc. Account Balance Pension Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Reliant Medical Group, Inc. Account Balance Pension Plan, which comprise the statements of net assets in liquidation as of September 30, 2015 and 2014, and the related statements of changes in net assets in liquidation for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by State Street Bank and Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended September 30, 2015 and 2014, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Plan Termination and Liquidation Basis of Accounting

As discussed in Note 1 to the financial statements, the board of trustees of Reliant Medical Group, Inc. approved a plan of termination on October 25, 2013, and management determined that liquidation is imminent. As a result, the financial statements of the Plan are presented on the liquidation basis of accounting. Our disclaimer of opinion is not modified with respect to this matter.

Other Matter

The supplemental schedules of assets held at end of year, assets acquired and disposed of within year, and reportable transactions are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

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

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


July 11, 2016

RELIANT MEDICAL GROUP, INC.
ACCOUNT BALANCE PENSION PLAN

STATEMENTS OF NET ASSETS IN LIQUIDATION
SEPTEMBER 30, 2015 AND 2014

	2015	2014
ASSETS		
Investments, at fair value	\$ 13,189	\$ 91,570,932
Accrued interest and dividends	14	519,217
Employer contribution receivable	<u>156,937</u>	<u>-</u>
Total assets	<u>170,140</u>	<u>92,090,149</u>
LIABILITIES		
Accrued expenses	13,203	-
Payable to PBGC for missing participants	<u>156,937</u>	<u>-</u>
	<u>170,140</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ -</u>	<u>\$ 92,090,149</u>

See independent auditors' report and notes to financial statements.

RELIANT MEDICAL GROUP, INC.
ACCOUNT BALANCE PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS IN LIQUIDATION
YEARS ENDED SEPTEMBER 30, 2015 AND 2014

	2015	2014
ADDITIONS:		
INVESTMENT INCOME:		
Net appreciation in fair value of investments	\$ 344,226	\$ 1,425,009
Dividends	-	47
Interest	2,097,935	2,645,605
Other income	13,079	7,615
Total investment income	<u>2,455,240</u>	<u>4,078,276</u>
EMPLOYER CONTRIBUTIONS	<u>11,486,642</u>	<u>-</u>
Total additions	<u>13,941,882</u>	<u>4,078,276</u>
DEDUCTIONS:		
Benefit payments	69,831,603	9,708,956
Payment to insurance company for purchase of annuity contracts	34,658,341	-
Administrative expenses	<u>1,542,087</u>	<u>937,013</u>
Total deductions	<u>106,032,031</u>	<u>10,645,969</u>
NET DECREASE	(92,090,149)	(6,567,693)
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	<u>92,090,149</u>	<u>98,657,842</u>
End of year	<u>\$ -</u>	<u>\$ 92,090,149</u>

See independent auditors' report and notes to financial statements.

RELIANT MEDICAL GROUP, INC. ACCOUNT BALANCE PENSION PLAN

NOTES TO FINANCIAL STATEMENTS YEARS ENDED SEPTEMBER 30, 2015 AND 2014

1. DESCRIPTION OF PLAN

The following description of the Reliant Medical Group, Inc. Account Balance Pension Plan (“the Plan”) is provided for general purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions. Reliant Medical Group, Inc. (the “Company”) is the plan sponsor.

General – The Plan is a cash balance defined benefit pension plan for eligible participants of the Company, which reports accrued benefits to participants in the form of hypothetical, individual account balances. Account balances are increased each year by an interest credit rate determined annually as the average 30-year treasury rate for the month of September preceding the beginning of the Plan year. The Plan provides for retirement, death, and disability benefits and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Effective October 1, 2009, the Plan was frozen such that there shall be no further contribution credit to each account and future employees will no longer become eligible to participate in the Plan.

On October 25, 2013, the Board of Trustees adopted a resolution to terminate the account balance pension plan effective September 30, 2014. On November 15, 2013, a notice to interested parties was mailed to plan participants describing the 18-24 month long process. On November 20, 2013, Form 5310 (Application for Determination for Terminating Plan) was filed with the Internal Revenue Service (“IRS”). On July 7, 2014, a favorable determination letter was received from the IRS allowing the Company to move forward with the process of closing out the Plan and distributing benefits. On March 16, 2015, a notice of plan benefits and annuity information was mailed to plan participants. Lump sum distributions to participants were completed in June, 2015. The annuity purchase process which followed broad guidelines established by the Department of Labor was completed in August, 2015. At September 30, 2015, the final step of remitting funds to PBGC for missing participants remained open. This was completed December 18, 2015.

Eligibility and vesting – Prior to October 1, 2009, an eligible employee became a participant in the Plan upon employment with the Company during a plan year (October 1 to September 30), in which they were paid for at least 1,000 hours. Participants vest in their accrued benefits upon completion of three years of vesting service.

Benefits – Benefits are stated as an account balance. Normal retirement benefits are provided under the Plan at age 65 with five years of participation service. Early retirement benefits are provided under the Plan at age 55 with ten years of participation service. The Plan provides for payments to participants and their beneficiaries in the form of a life annuity, a ten-year certain and life annuity, a joint and survivor annuity, or a lump sum.

In addition, the Plan provides for a preretirement survivor annuity to be paid to the spouse or other designated beneficiary of a participant in the event of death prior to retirement age.

1. DESCRIPTION OF PLAN (CONTINUED)

Contributions and funding policy – The Company’s contributions to the Plan are actuarially determined. The Company has agreed to contribute such amounts as are necessary to provide assets sufficient to meet the benefits to be paid to participants and satisfy the ERISA minimum funding requirements. The Plan has met the ERISA minimum funding requirements.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting – The accompanying financial statements have been prepared on the liquidation basis of accounting.

Investment valuation and income recognition – The Plan’s investments are reported at fair value, which is the expected cash proceeds of investments held at the end of each year. 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 4 for discussion of fair value measurements.

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

Administrative expenses – Substantially all administrative expenses are paid by the Plan, including actuarial, audit, and investment management fees and PBGC insurance premiums.

Payment of benefits – Benefits to participants are recorded when paid.

Use of estimates – The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Subsequent events – The Company has evaluated subsequent events through July 11, 2016, the date the financial statements were available to be issued.

3. INVESTMENT INFORMATION CERTIFIED BY TRUSTEE (UNAUDITED)

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor’s Rules and Regulations under ERISA.

All investment information disclosed in the accompanying financial statements and supplemental schedules, including investments held at September 30, 2015 and 2014, and the net appreciation in fair value of investments, interest and dividends for the years then ended, and assets acquired and disposed of for the year ended September 30, 2015 was obtained or derived from information provided to the plan administrator and certified as complete and accurate by State Street Bank and Trust Company, the trustee of the Plan. State Street Bank and Trust Company holds the Plan’s investments, and Reliant Medical Group, Inc. Board of Directors, administrator of the Plan, appoints a Pension Committee to monitor and control investments.

3. INVESTMENT INFORMATION CERTIFIED BY TRUSTEE (UNAUDITED) (CONTINUED)

The fair value of investments as of September 30, 2015 and 2014 consists of the following:

	2015	2014
Government short-term investment fund	\$ 13,189	\$ 1,087,545
Mutual funds - equity	-	13
Corporate bonds	-	50,964,755
Mortgage backed securities	-	20,991,541
U. S. Government agency notes	-	10,282,655
U. S. Government treasury notes	-	5,718,465
U. S. Government treasury strips	-	1,878,650
Other government notes	-	647,308
Total	<u>\$ 13,189</u>	<u>\$ 91,570,932</u>

During the years ended September 30, 2015 and 2014, the Plan's investments, including investments purchased, sold, as well as held during the year, appreciated (depreciated) in fair value as follows:

	2015	2014
Mutual funds - equity	\$ -	\$ 32
Corporate bonds	31,523	1,219,626
Mortgage backed securities	155,916	416,763
U. S. Government agency notes	24,606	156,102
U. S. Government treasury notes	71,228	(714,998)
U. S. Government treasury strips	100,960	303,111
Other government notes	(40,007)	44,373
Total	<u>\$ 344,226</u>	<u>\$ 1,425,009</u>

4. FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures, provides the 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 under ASC 820 are described below:

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

4. FAIR VALUE MEASUREMENTS (CONTINUED)

- Level 2: Inputs to the valuation method include: quoted prices for similar assets and liabilities in active markets, quoted prices for identical or similar assets and liabilities in inactive markets, inputs other than quoted prices that are observable for the asset or liability, or 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 method are unobservable and significant to the fair value measurement. Level 3 inputs include management's own assumption about the assumptions that market participants would use in pricing the asset, including assumptions about risk.

The asset or liability's fair value measurement 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 September 30, 2015 and 2014.

Government Short-term Investment Fund – valued at the net asset value (NAV) of units held of a bank collective trust whose objective is to provide safety of principal, daily liquidity, and a competitive yield over the long term. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. Issuances and redemptions of participant units are made on a daily basis, typically at a constant NAV of \$1.00 per unit. In the event that a significant disparity develops between the constant NAV and the fair value-based NAV of the fund, the trustee may determine that continued issuance and redemption at a constant \$1.00 NAV would create inequitable results for the fund's unitholders. In these circumstances, the trustee may direct that units be issued or redeemed at the fair value-based NAV until such time as the disparity between the fair value-based and constant NAV per unit is deemed to be immaterial.

Mutual funds – valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Corporate bonds, mortgage backed securities, U. S. government agency notes, U. S. government treasury notes, U. S. government treasury strips and other government notes – valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds or notes, the bond or note is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks, that may not be observable, such as credit and liquidity risks of a broker quote if available.

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

4. FAIR VALUE MEASUREMENTS (CONTINUED)

The following table sets forth, by level within the fair value hierarchy, the Plan's assets at September 30, 2015:

	Level 1	Level 2	Level 3	Total
Government short-term investment fund	\$ -	\$ 13,189	\$ -	\$ 13,189
Total investments at fair value	<u>\$ -</u>	<u>\$ 13,189</u>	<u>\$ -</u>	<u>\$ 13,189</u>

The following table sets forth, by level within the fair value hierarchy, the Plan's assets at fair value as of September 30, 2014:

	Level 1	Level 2	Level 3	Total
Government short-term investment fund	\$ -	\$ 1,087,545	\$ -	\$ 1,087,545
Mutual fund - equity	13	-	-	13
Corporate bonds	-	50,964,755	-	50,964,755
Mortgage backed securities	-	20,991,541	-	20,991,541
U. S. Government agency notes	-	10,282,655	-	10,282,655
U. S. Government treasury notes	-	5,718,465	-	5,718,465
U. S. Government treasury strips	-	1,878,650	-	1,878,650
Other government securities	-	647,308	-	647,308
Total investments at fair value	<u>\$ 13</u>	<u>\$ 91,570,919</u>	<u>\$ -</u>	<u>\$ 91,570,932</u>

5. INCOME TAX STATUS

The Plan has received a determination letter from the Internal Revenue Service (IRS), dated July 1, 2014, stating that the termination of the plan does not adversely affect its qualification for federal tax purposes. The plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan as amended, is qualified and the related trust is tax exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2011.

6. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of the financial statements to Form 5500 for the year ended September 30, 2015:

	Amounts per Financial Statements	Adjust for Liquidation Accruals	Amounts per Form 5500
Net assets in liquidation	\$ <u>-</u>	\$ <u>13,203</u>	\$ <u>13,203</u>
Investment income	\$ 2,455,240	\$ -	\$ 2,455,240
Employer contributions	11,486,642	(156,937)	11,329,705
Benefit payments	(69,831,603)	156,937	(69,674,666)
Payment to insurance company for purchase of annuity contracts	(34,658,341)	-	(34,658,341)
Administrative expenses	<u>(1,542,087)</u>	<u>13,203</u>	<u>(1,528,884)</u>
Change in net assets in liquidation	\$ <u>(92,090,149)</u>	\$ <u>13,203</u>	\$ <u>(92,076,946)</u>

Liquidation accruals include the final payment of \$156,937 from the employer to the PBGC in December 2015, and legal and trustee costs paid subsequent to year end from trust net assets.

* * * * *

RELIANT MEDICAL GROUP, INC. ACCOUNT BALANCE PENSION PLAN

EIN: 04-2472266

PLAN: 001

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) **SEPTEMBER 30, 2015**

(a) (b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Interest Rate, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
* State Street Bank and Trust Company	Government Short Term Investment Fund	\$ 13,189	\$ 13,189
		\$ 13,189	\$ 13,189

* - indicates party in interest to the Plan

RELIANT MEDICAL GROUP, INC. ACCOUNT BALANCE PENSION PLAN
EIN: 04-2472266
PLAN: 001

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)
YEAR ENDED SEPTEMBER 30, 2015

(a) Identity of Issue, Borrower, Lessor or Similar Party	(b) Description of Investment, Including Maturity Date, Interest Rate, Collateral, Par, or Maturity Value	(c) Cost of Acquisitions	(d) Proceeds of Dispositions
State Street Bank and Trust Company	Corporate bonds:		
	American Credit Acceptance	\$ 432,976	\$ 429,435
	Americredit Automobile Receivable	891,834	889,289
	Avis Budget Rental Car Funding	245,070	241,785
	Capital Auto Receivables Asset	559,643	553,630
	Exeter Automobile Receivables	641,190	644,035
	Santander Drive Auto Receivable	1,463,604	1,469,676
	Sierra Receivables Funding Co	866,302	864,740
	Westlake Automobile	109,749	108,040
	Banc of America Merrill Lynch	306,129	300,700
	Comm Mortgage Trust	1,078,218	1,071,530
	Csail Commercial Mortgage	162,134	158,506
	Credit Suisse Mortgage Trust	1,866,271	1,859,634
	Fanniemae Aces	88,875	86,288
	Structured Agency Credit Risk	340,000	340,279
	Government National Mortgage	319,325	324,427
	JP Morgan Chase Commercial	539,987	534,437
	JPMBB Commercial Mortgage	190,291	178,481
	Morgan Stanley Capital I Trust	153,267	150,123
	UBS Barclays Commercial	852,794	845,013
	WFRBS Commercial Mortgage	679,539	680,302
	AT+T Inc	443,872	422,115
	Adobe Systems Inc	79,142	79,461
	AETNA Inc	369,689	374,755
	AGRIUM Inc	189,343	195,337
	America Movil SAB DE CV	407,950	406,142
	American Express Co	507,766	501,113
	American Express Credit	289,539	289,913
	American Honda Finance	230,316	230,113
	Amerisourcebergen Corp	161,290	154,176
	AMGEN Inc	281,349	271,813
	Anadarko Petroleum Corp	302,011	307,053
	Apple Inc	624,118	601,236
	BP Capital Markets PLC	238,798	238,560
	BNP Paribas	135,383	134,988
	Bank of America NA	240,204	239,886
	Bank of China	248,970	266,730
	Bank of Montreal	240,078	239,019
	CR Bard Inc	228,797	228,673
	Baxter International Inc	120,145	119,743
	Becton Dickinson and Co	309,802	300,723
	Berkshire Hathaway Fin	54,740	54,646
	Chevron Corp	270,962	271,112
	Citigroup Inc	297,377	298,601
	Coach Inc	282,240	274,039
	Credit Suisse New York	239,919	239,690
	Directv Holdings/Fing	305,357	299,670
	Walt Disney Company	126,181	125,683
	Duke Realty LP	182,771	186,519
	Enlink Midstream Partner	74,870	74,687
	Ensco PLC	270,611	266,830
	Enterprise Products Oper	147,907	144,274
	FMR LLC	126,414	114,593
	Ford Motor Credit Co LLC	144,081	141,920
	Orange SA	76,640	76,245
	General Electric Co	225,131	222,708
	General Electric Capital Corp	90,313	90,206

RELIANT MEDICAL GROUP, INC. ACCOUNT BALANCE PENSION PLAN
EIN: 04-2472266
PLAN: 001

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)
YEAR ENDED SEPTEMBER 30, 2015

(a) Identity of Issue, Borrower, Lessor or Similar Party	(b) Description of Investment, Including Maturity Date, Interest Rate, Collateral, Par, or Maturity Value	(c) Cost of Acquisitions	(d) Proceeds of Dispositions
State Street Bank and Trust Company	Corporate bonds:		
	Gilead Sciences Inc	\$ 84,501	\$ 86,646
	Glencore Funding LLC	431,858	431,067
	Goldman Sachs Group Inc	226,592	225,684
	Home Depot Inc	280,333	279,704
	Hospitality Properties T	267,184	256,331
	Intel Corp	120,215	120,224
	JPMorgan Chase + Co	1,049,713	1,041,064
	Kinder Morgan Ener Part	349,251	352,097
	Kroger Co	249,418	248,013
	Lockheed Martin Corp	287,594	273,152
	Lowe's Companies Inc	47,840	47,486
	McKesson Corp	85,176	84,805
	Medtronic Inc	557,914	568,649
	Met Life Global Funding I	110,562	110,088
	Microsoft Corp	569,680	550,368
	MidAmerican Energy Co	240,771	237,410
	Motorola Solutions Inc	298,882	293,690
	Mylan Inc	150,485	149,840
	Noble Energy Inc	380,984	398,711
	Noble Holding Intl LTD	245,733	243,158
	Northrop Grumman Corp	48,913	48,840
	Omnicom Group Inc	40,535	40,167
	Oracle Corp	268,270	262,921
	Peco Energy Co	120,540	120,331
	PNC Bank NA	265,922	264,732
	Paccar Financial Group	160,683	160,664
	Pepsico Inc	80,090	79,847
	Private Export Funding	89,723	88,062
	Qualcomm Inc	259,653	259,337
	Raytheon Company	285,217	288,981
	Rio Tinto Fin USA LTD	52,879	52,820
	Rio Tinto Fin USA PLC	120,563	120,389
	Royal Bank of Canada	234,653	233,778
	Shell International FIN	289,536	290,580
	Simon Property Group LP	403,250	401,262
	Southern Cal Edison	100,326	99,807
	Southern Copper Corp	364,850	358,229
	Southwestern Public Serv	237,367	210,418
	Statoil ASA	315,965	298,555
	3M Company	140,984	137,285
	Total Capital Intl SA	86,013	85,707
	Toyota Motor Credit Corp	85,180	84,918
	Trans Canada Pipelines	40,109	40,291
	United Parcel Service	284,002	279,920
	United Technologies Corp	45,676	45,294
	UnitedHealth Group Inc	235,542	237,733
	Verizon Communications	1,009,467	995,893
	Virginia Elec + Power Co	238,515	238,553
	Walgreens Boots Alliance	443,557	441,709
	Wells Fargo + Company	874,440	910,951
		<u>\$ 33,608,380</u>	<u>\$ 33,389,483</u>

RELIANT MEDICAL GROUP, INC. ACCOUNT BALANCE PENSION PLAN

EIN: 04-2472266

PLAN: 001

**SCHEDULE H, line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED SEPTEMBER 30, 2015**

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
State Street Bank and Trust Company	Government Short Term Investment Fund	\$	\$ 171,914,995	\$ 171,914,995	\$ 171,914,995	\$ -

Reliant Medical Group, Inc.
Account Balance Pension Plan

*Financial Statements as of and for the
Years Ended September 30, 2015 and 2014
With Supplemental Schedules and
Independent Auditors' Report*

RELIANT MEDICAL GROUP, INC. ACCOUNT BALANCE PENSION PLAN

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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator and Participants of
Reliant Medical Group, Inc. Account Balance Pension Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Reliant Medical Group, Inc. Account Balance Pension Plan, which comprise the statements of net assets in liquidation as of September 30, 2015 and 2014, and the related statements of changes in net assets in liquidation for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by State Street Bank and Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended September 30, 2015 and 2014, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Plan Termination and Liquidation Basis of Accounting

As discussed in Note 1 to the financial statements, the board of trustees of Reliant Medical Group, Inc. approved a plan of termination on October 25, 2013, and management determined that liquidation is imminent. As a result, the financial statements of the Plan are presented on the liquidation basis of accounting. Our disclaimer of opinion is not modified with respect to this matter.

Other Matter

The supplemental schedules of assets held at end of year, assets acquired and disposed of within year, and reportable transactions are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

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

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


July 11, 2016

**RELIANT MEDICAL GROUP, INC.
ACCOUNT BALANCE PENSION PLAN**

**STATEMENTS OF NET ASSETS IN LIQUIDATION
SEPTEMBER 30, 2015 AND 2014**

	2015	2014
ASSETS		
Investments, at fair value	\$ 13,189	\$ 91,570,932
Accrued interest and dividends	14	519,217
Employer contribution receivable	<u>156,937</u>	<u>-</u>
Total assets	<u>170,140</u>	<u>92,090,149</u>
LIABILITIES		
Accrued expenses	13,203	-
Payable to PBGC for missing participants	<u>156,937</u>	<u>-</u>
	<u>170,140</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ -</u></u>	<u><u>\$ 92,090,149</u></u>

See independent auditors' report and notes to financial statements.

RELIANT MEDICAL GROUP, INC.
ACCOUNT BALANCE PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS IN LIQUIDATION
YEARS ENDED SEPTEMBER 30, 2015 AND 2014

	2015	2014
ADDITIONS:		
INVESTMENT INCOME:		
Net appreciation in fair value of investments	\$ 344,226	\$ 1,425,009
Dividends	-	47
Interest	2,097,935	2,645,605
Other income	13,079	7,615
Total investment income	<u>2,455,240</u>	<u>4,078,276</u>
EMPLOYER CONTRIBUTIONS	<u>11,486,642</u>	<u>-</u>
Total additions	<u>13,941,882</u>	<u>4,078,276</u>
DEDUCTIONS:		
Benefit payments	69,831,603	9,708,956
Payment to insurance company for purchase of annuity contracts	34,658,341	-
Administrative expenses	<u>1,542,087</u>	<u>937,013</u>
Total deductions	<u>106,032,031</u>	<u>10,645,969</u>
NET DECREASE	(92,090,149)	(6,567,693)
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	<u>92,090,149</u>	<u>98,657,842</u>
End of year	<u>\$ -</u>	<u>\$ 92,090,149</u>

See independent auditors' report and notes to financial statements.

RELIANT MEDICAL GROUP, INC. ACCOUNT BALANCE PENSION PLAN

NOTES TO FINANCIAL STATEMENTS YEARS ENDED SEPTEMBER 30, 2015 AND 2014

1. DESCRIPTION OF PLAN

The following description of the Reliant Medical Group, Inc. Account Balance Pension Plan (“the Plan”) is provided for general purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions. Reliant Medical Group, Inc. (the “Company”) is the plan sponsor.

General – The Plan is a cash balance defined benefit pension plan for eligible participants of the Company, which reports accrued benefits to participants in the form of hypothetical, individual account balances. Account balances are increased each year by an interest credit rate determined annually as the average 30-year treasury rate for the month of September preceding the beginning of the Plan year. The Plan provides for retirement, death, and disability benefits and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Effective October 1, 2009, the Plan was frozen such that there shall be no further contribution credit to each account and future employees will no longer become eligible to participate in the Plan.

On October 25, 2013, the Board of Trustees adopted a resolution to terminate the account balance pension plan effective September 30, 2014. On November 15, 2013, a notice to interested parties was mailed to plan participants describing the 18-24 month long process. On November 20, 2013, Form 5310 (Application for Determination for Terminating Plan) was filed with the Internal Revenue Service (“IRS”). On July 7, 2014, a favorable determination letter was received from the IRS allowing the Company to move forward with the process of closing out the Plan and distributing benefits. On March 16, 2015, a notice of plan benefits and annuity information was mailed to plan participants. Lump sum distributions to participants were completed in June, 2015. The annuity purchase process which followed broad guidelines established by the Department of Labor was completed in August, 2015. At September 30, 2015, the final step of remitting funds to PBGC for missing participants remained open. This was completed December 18, 2015.

Eligibility and vesting – Prior to October 1, 2009, an eligible employee became a participant in the Plan upon employment with the Company during a plan year (October 1 to September 30), in which they were paid for at least 1,000 hours. Participants vest in their accrued benefits upon completion of three years of vesting service.

Benefits – Benefits are stated as an account balance. Normal retirement benefits are provided under the Plan at age 65 with five years of participation service. Early retirement benefits are provided under the Plan at age 55 with ten years of participation service. The Plan provides for payments to participants and their beneficiaries in the form of a life annuity, a ten-year certain and life annuity, a joint and survivor annuity, or a lump sum.

In addition, the Plan provides for a preretirement survivor annuity to be paid to the spouse or other designated beneficiary of a participant in the event of death prior to retirement age.

1. DESCRIPTION OF PLAN (CONTINUED)

Contributions and funding policy – The Company’s contributions to the Plan are actuarially determined. The Company has agreed to contribute such amounts as are necessary to provide assets sufficient to meet the benefits to be paid to participants and satisfy the ERISA minimum funding requirements. The Plan has met the ERISA minimum funding requirements.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting – The accompanying financial statements have been prepared on the liquidation basis of accounting.

Investment valuation and income recognition – The Plan’s investments are reported at fair value, which is the expected cash proceeds of investments held at the end of each year. 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 4 for discussion of fair value measurements.

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

Administrative expenses – Substantially all administrative expenses are paid by the Plan, including actuarial, audit, and investment management fees and PBGC insurance premiums.

Payment of benefits – Benefits to participants are recorded when paid.

Use of estimates – The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Subsequent events – The Company has evaluated subsequent events through July 11, 2016, the date the financial statements were available to be issued.

3. INVESTMENT INFORMATION CERTIFIED BY TRUSTEE (UNAUDITED)

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor’s Rules and Regulations under ERISA.

All investment information disclosed in the accompanying financial statements and supplemental schedules, including investments held at September 30, 2015 and 2014, and the net appreciation in fair value of investments, interest and dividends for the years then ended, and assets acquired and disposed of for the year ended September 30, 2015 was obtained or derived from information provided to the plan administrator and certified as complete and accurate by State Street Bank and Trust Company, the trustee of the Plan. State Street Bank and Trust Company holds the Plan’s investments, and Reliant Medical Group, Inc. Board of Directors, administrator of the Plan, appoints a Pension Committee to monitor and control investments.

3. INVESTMENT INFORMATION CERTIFIED BY TRUSTEE (UNAUDITED) (CONTINUED)

The fair value of investments as of September 30, 2015 and 2014 consists of the following:

	2015	2014
Government short-term investment fund	\$ 13,189	\$ 1,087,545
Mutual funds - equity	-	13
Corporate bonds	-	50,964,755
Mortgage backed securities	-	20,991,541
U. S. Government agency notes	-	10,282,655
U. S. Government treasury notes	-	5,718,465
U. S. Government treasury strips	-	1,878,650
Other government notes	-	647,308
Total	<u>\$ 13,189</u>	<u>\$ 91,570,932</u>

During the years ended September 30, 2015 and 2014, the Plan's investments, including investments purchased, sold, as well as held during the year, appreciated (depreciated) in fair value as follows:

	2015	2014
Mutual funds - equity	\$ -	\$ 32
Corporate bonds	31,523	1,219,626
Mortgage backed securities	155,916	416,763
U. S. Government agency notes	24,606	156,102
U. S. Government treasury notes	71,228	(714,998)
U. S. Government treasury strips	100,960	303,111
Other government notes	(40,007)	44,373
Total	<u>\$ 344,226</u>	<u>\$ 1,425,009</u>

4. FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures, provides the 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 under ASC 820 are described below:

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

4. FAIR VALUE MEASUREMENTS (CONTINUED)

- Level 2: Inputs to the valuation method include: quoted prices for similar assets and liabilities in active markets, quoted prices for identical or similar assets and liabilities in inactive markets, inputs other than quoted prices that are observable for the asset or liability, or 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 method are unobservable and significant to the fair value measurement. Level 3 inputs include management's own assumption about the assumptions that market participants would use in pricing the asset, including assumptions about risk.

The asset or liability's fair value measurement 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 September 30, 2015 and 2014.

Government Short-term Investment Fund – valued at the net asset value (NAV) of units held of a bank collective trust whose objective is to provide safety of principal, daily liquidity, and a competitive yield over the long term. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. Issuances and redemptions of participant units are made on a daily basis, typically at a constant NAV of \$1.00 per unit. In the event that a significant disparity develops between the constant NAV and the fair value-based NAV of the fund, the trustee may determine that continued issuance and redemption at a constant \$1.00 NAV would create inequitable results for the fund's unitholders. In these circumstances, the trustee may direct that units be issued or redeemed at the fair value-based NAV until such time as the disparity between the fair value-based and constant NAV per unit is deemed to be immaterial.

Mutual funds – valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Corporate bonds, mortgage backed securities, U. S. government agency notes, U. S. government treasury notes, U. S. government treasury strips and other government notes – valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds or notes, the bond or note is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks, that may not be observable, such as credit and liquidity risks of a broker quote if available.

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

4. FAIR VALUE MEASUREMENTS (CONTINUED)

The following table sets forth, by level within the fair value hierarchy, the Plan's assets at September 30, 2015:

	Level 1	Level 2	Level 3	Total
Government short-term investment fund	\$ -	\$ 13,189	\$ -	\$ 13,189
Total investments at fair value	<u>\$ -</u>	<u>\$ 13,189</u>	<u>\$ -</u>	<u>\$ 13,189</u>

The following table sets forth, by level within the fair value hierarchy, the Plan's assets at fair value as of September 30, 2014:

	Level 1	Level 2	Level 3	Total
Government short-term investment fund	\$ -	\$ 1,087,545	\$ -	\$ 1,087,545
Mutual fund - equity	13	-	-	13
Corporate bonds	-	50,964,755	-	50,964,755
Mortgage backed securities	-	20,991,541	-	20,991,541
U. S. Government agency notes	-	10,282,655	-	10,282,655
U. S. Government treasury notes	-	5,718,465	-	5,718,465
U. S. Government treasury strips	-	1,878,650	-	1,878,650
Other government securities	-	647,308	-	647,308
Total investments at fair value	<u>\$ 13</u>	<u>\$ 91,570,919</u>	<u>\$ -</u>	<u>\$ 91,570,932</u>

5. INCOME TAX STATUS

The Plan has received a determination letter from the Internal Revenue Service (IRS), dated July 1, 2014, stating that the termination of the plan does not adversely affect its qualification for federal tax purposes. The plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan as amended, is qualified and the related trust is tax exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2011.

6. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of the financial statements to Form 5500 for the year ended September 30, 2015:

	Amounts per Financial Statements	Adjust for Liquidation Accruals	Amounts per Form 5500
Net assets in liquidation	\$ <u>-</u>	\$ <u>13,203</u>	\$ <u>13,203</u>
Investment income	\$ 2,455,240	\$ -	\$ 2,455,240
Employer contributions	11,486,642	(156,937)	11,329,705
Benefit payments	(69,831,603)	156,937	(69,674,666)
Payment to insurance company for purchase of annuity contracts	(34,658,341)	-	(34,658,341)
Administrative expenses	<u>(1,542,087)</u>	<u>13,203</u>	<u>(1,528,884)</u>
Change in net assets in liquidation	\$ <u>(92,090,149)</u>	\$ <u>13,203</u>	\$ <u>(92,076,946)</u>

Liquidation accruals include the final payment of \$156,937 from the employer to the PBGC in December 2015, and legal and trustee costs paid subsequent to year end from trust net assets.

* * * * *

RELIANT MEDICAL GROUP, INC. ACCOUNT BALANCE PENSION PLAN

EIN: 04-2472266

PLAN: 001

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) **SEPTEMBER 30, 2015**

(a) (b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Interest Rate, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
* State Street Bank and Trust Company	Government Short Term Investment Fund	\$ 13,189	\$ 13,189
		\$ 13,189	\$ 13,189

* - indicates party in interest to the Plan

RELIANT MEDICAL GROUP, INC. ACCOUNT BALANCE PENSION PLAN
EIN: 04-2472266
PLAN: 001

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)
YEAR ENDED SEPTEMBER 30, 2015

(a) Identity of Issue, Borrower, Lessor or Similar Party	(b) Description of Investment, Including Maturity Date, Interest Rate, Collateral, Par, or Maturity Value	(c) Cost of Acquisitions	(d) Proceeds of Dispositions
State Street Bank and Trust Company	Corporate bonds:		
	American Credit Acceptance	\$ 432,976	\$ 429,435
	Americredit Automobile Receivable	891,834	889,289
	Avis Budget Rental Car Funding	245,070	241,785
	Capital Auto Receivables Asset	559,643	553,630
	Exeter Automobile Receivables	641,190	644,035
	Santander Drive Auto Receivable	1,463,604	1,469,676
	Sierra Receivables Funding Co	866,302	864,740
	Westlake Automobile	109,749	108,040
	Banc of America Merrill Lynch	306,129	300,700
	Comm Mortgage Trust	1,078,218	1,071,530
	Csail Commercial Mortgage	162,134	158,506
	Credit Suisse Mortgage Trust	1,866,271	1,859,634
	Fanniemae Aces	88,875	86,288
	Structured Agency Credit Risk	340,000	340,279
	Government National Mortgage	319,325	324,427
	JP Morgan Chase Commercial	539,987	534,437
	JPMBB Commercial Mortgage	190,291	178,481
	Morgan Stanley Capital I Trust	153,267	150,123
	UBS Barclays Commercial	852,794	845,013
	WFRBS Commercial Mortgage	679,539	680,302
	AT+T Inc	443,872	422,115
	Adobe Systems Inc	79,142	79,461
	AETNA Inc	369,689	374,755
	AGRIUM Inc	189,343	195,337
	America Movil SAB DE CV	407,950	406,142
	American Express Co	507,766	501,113
	American Express Credit	289,539	289,913
	American Honda Finance	230,316	230,113
	Amerisourcebergen Corp	161,290	154,176
	AMGEN Inc	281,349	271,813
	Anadarko Petroleum Corp	302,011	307,053
	Apple Inc	624,118	601,236
	BP Capital Markets PLC	238,798	238,560
	BNP Paribas	135,383	134,988
	Bank of America NA	240,204	239,886
	Bank of China	248,970	266,730
	Bank of Montreal	240,078	239,019
	CR Bard Inc	228,797	228,673
	Baxter International Inc	120,145	119,743
	Becton Dickinson and Co	309,802	300,723
	Berkshire Hathaway Fin	54,740	54,646
	Chevron Corp	270,962	271,112
	Citigroup Inc	297,377	298,601
	Coach Inc	282,240	274,039
	Credit Suisse New York	239,919	239,690
	Directv Holdings/Fing	305,357	299,670
	Walt Disney Company	126,181	125,683
	Duke Realty LP	182,771	186,519
	Enlink Midstream Partner	74,870	74,687
	Ensco PLC	270,611	266,830
	Enterprise Products Oper	147,907	144,274
	FMR LLC	126,414	114,593
	Ford Motor Credit Co LLC	144,081	141,920
	Orange SA	76,640	76,245
	General Electric Co	225,131	222,708
	General Electric Capital Corp	90,313	90,206

RELIANT MEDICAL GROUP, INC. ACCOUNT BALANCE PENSION PLAN
EIN: 04-2472266
PLAN: 001

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)
YEAR ENDED SEPTEMBER 30, 2015

(a) Identity of Issue, Borrower, Lessor or Similar Party	(b) Description of Investment, Including Maturity Date, Interest Rate, Collateral, Par, or Maturity Value	(c) Cost of Acquisitions	(d) Proceeds of Dispositions
State Street Bank and Trust Company	Corporate bonds:		
	Gilead Sciences Inc	\$ 84,501	\$ 86,646
	Glencore Funding LLC	431,858	431,067
	Goldman Sachs Group Inc	226,592	225,684
	Home Depot Inc	280,333	279,704
	Hospitality Properties T	267,184	256,331
	Intel Corp	120,215	120,224
	JPMorgan Chase + Co	1,049,713	1,041,064
	Kinder Morgan Ener Part	349,251	352,097
	Kroger Co	249,418	248,013
	Lockheed Martin Corp	287,594	273,152
	Lowe's Companies Inc	47,840	47,486
	McKesson Corp	85,176	84,805
	Medtronic Inc	557,914	568,649
	Met Life Global Funding I	110,562	110,088
	Microsoft Corp	569,680	550,368
	MidAmerican Energy Co	240,771	237,410
	Motorola Solutions Inc	298,882	293,690
	Mylan Inc	150,485	149,840
	Noble Energy Inc	380,984	398,711
	Noble Holding Intl LTD	245,733	243,158
	Northrop Grumman Corp	48,913	48,840
	Omnicom Group Inc	40,535	40,167
	Oracle Corp	268,270	262,921
	Peco Energy Co	120,540	120,331
	PNC Bank NA	265,922	264,732
	Paccar Financial Group	160,683	160,664
	Pepsico Inc	80,090	79,847
	Private Export Funding	89,723	88,062
	Qualcomm Inc	259,653	259,337
	Raytheon Company	285,217	288,981
	Rio Tinto Fin USA LTD	52,879	52,820
	Rio Tinto Fin USA PLC	120,563	120,389
	Royal Bank of Canada	234,653	233,778
	Shell International FIN	289,536	290,580
	Simon Property Group LP	403,250	401,262
	Southern Cal Edison	100,326	99,807
	Southern Copper Corp	364,850	358,229
	Southwestern Public Serv	237,367	210,418
	Statoil ASA	315,965	298,555
	3M Company	140,984	137,285
	Total Capital Intl SA	86,013	85,707
	Toyota Motor Credit Corp	85,180	84,918
	Trans Canada Pipelines	40,109	40,291
	United Parcel Service	284,002	279,920
	United Technologies Corp	45,676	45,294
	UnitedHealth Group Inc	235,542	237,733
	Verizon Communications	1,009,467	995,893
	Virginia Elec + Power Co	238,515	238,553
	Walgreens Boots Alliance	443,557	441,709
	Wells Fargo + Company	874,440	910,951
		\$ 33,608,380	\$ 33,389,483

RELIANT MEDICAL GROUP, INC. ACCOUNT BALANCE PENSION PLAN

EIN: 04-2472266

PLAN: 001

**SCHEDULE H, line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED SEPTEMBER 30, 2015**

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
State Street Bank and Trust Company	Government Short Term Investment Fund	\$ 171,914,995	\$ 171,914,995	\$ 171,914,995	\$ 171,914,995	\$ -

Reliant Medical Group, Inc.
Account Balance Pension Plan

*Financial Statements as of and for the
Years Ended September 30, 2015 and 2014
With Supplemental Schedules and
Independent Auditors' Report*

RELIANT MEDICAL GROUP, INC. ACCOUNT BALANCE PENSION PLAN

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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator and Participants of
Reliant Medical Group, Inc. Account Balance Pension Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Reliant Medical Group, Inc. Account Balance Pension Plan, which comprise the statements of net assets in liquidation as of September 30, 2015 and 2014, and the related statements of changes in net assets in liquidation for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by State Street Bank and Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended September 30, 2015 and 2014, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Plan Termination and Liquidation Basis of Accounting

As discussed in Note 1 to the financial statements, the board of trustees of Reliant Medical Group, Inc. approved a plan of termination on October 25, 2013, and management determined that liquidation is imminent. As a result, the financial statements of the Plan are presented on the liquidation basis of accounting. Our disclaimer of opinion is not modified with respect to this matter.

Other Matter

The supplemental schedules of assets held at end of year, assets acquired and disposed of within year, and reportable transactions are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

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

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


July 11, 2016

RELIANT MEDICAL GROUP, INC.
ACCOUNT BALANCE PENSION PLAN

STATEMENTS OF NET ASSETS IN LIQUIDATION
SEPTEMBER 30, 2015 AND 2014

	2015	2014
ASSETS		
Investments, at fair value	\$ 13,189	\$ 91,570,932
Accrued interest and dividends	14	519,217
Employer contribution receivable	<u>156,937</u>	<u>-</u>
Total assets	<u>170,140</u>	<u>92,090,149</u>
LIABILITIES		
Accrued expenses	13,203	-
Payable to PBGC for missing participants	<u>156,937</u>	<u>-</u>
	<u>170,140</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ -</u>	<u>\$ 92,090,149</u>

See independent auditors' report and notes to financial statements.

RELIANT MEDICAL GROUP, INC.
ACCOUNT BALANCE PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS IN LIQUIDATION
YEARS ENDED SEPTEMBER 30, 2015 AND 2014

	2015	2014
ADDITIONS:		
INVESTMENT INCOME:		
Net appreciation in fair value of investments	\$ 344,226	\$ 1,425,009
Dividends	-	47
Interest	2,097,935	2,645,605
Other income	13,079	7,615
Total investment income	<u>2,455,240</u>	<u>4,078,276</u>
EMPLOYER CONTRIBUTIONS	<u>11,486,642</u>	<u>-</u>
Total additions	<u>13,941,882</u>	<u>4,078,276</u>
DEDUCTIONS:		
Benefit payments	69,831,603	9,708,956
Payment to insurance company for purchase of annuity contracts	34,658,341	-
Administrative expenses	<u>1,542,087</u>	<u>937,013</u>
Total deductions	<u>106,032,031</u>	<u>10,645,969</u>
NET DECREASE	(92,090,149)	(6,567,693)
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	<u>92,090,149</u>	<u>98,657,842</u>
End of year	<u>\$ -</u>	<u>\$ 92,090,149</u>

See independent auditors' report and notes to financial statements.

RELIANT MEDICAL GROUP, INC. ACCOUNT BALANCE PENSION PLAN

NOTES TO FINANCIAL STATEMENTS YEARS ENDED SEPTEMBER 30, 2015 AND 2014

1. DESCRIPTION OF PLAN

The following description of the Reliant Medical Group, Inc. Account Balance Pension Plan (“the Plan”) is provided for general purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions. Reliant Medical Group, Inc. (the “Company”) is the plan sponsor.

General – The Plan is a cash balance defined benefit pension plan for eligible participants of the Company, which reports accrued benefits to participants in the form of hypothetical, individual account balances. Account balances are increased each year by an interest credit rate determined annually as the average 30-year treasury rate for the month of September preceding the beginning of the Plan year. The Plan provides for retirement, death, and disability benefits and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Effective October 1, 2009, the Plan was frozen such that there shall be no further contribution credit to each account and future employees will no longer become eligible to participate in the Plan.

On October 25, 2013, the Board of Trustees adopted a resolution to terminate the account balance pension plan effective September 30, 2014. On November 15, 2013, a notice to interested parties was mailed to plan participants describing the 18-24 month long process. On November 20, 2013, Form 5310 (Application for Determination for Terminating Plan) was filed with the Internal Revenue Service (“IRS”). On July 7, 2014, a favorable determination letter was received from the IRS allowing the Company to move forward with the process of closing out the Plan and distributing benefits. On March 16, 2015, a notice of plan benefits and annuity information was mailed to plan participants. Lump sum distributions to participants were completed in June, 2015. The annuity purchase process which followed broad guidelines established by the Department of Labor was completed in August, 2015. At September 30, 2015, the final step of remitting funds to PBGC for missing participants remained open. This was completed December 18, 2015.

Eligibility and vesting – Prior to October 1, 2009, an eligible employee became a participant in the Plan upon employment with the Company during a plan year (October 1 to September 30), in which they were paid for at least 1,000 hours. Participants vest in their accrued benefits upon completion of three years of vesting service.

Benefits – Benefits are stated as an account balance. Normal retirement benefits are provided under the Plan at age 65 with five years of participation service. Early retirement benefits are provided under the Plan at age 55 with ten years of participation service. The Plan provides for payments to participants and their beneficiaries in the form of a life annuity, a ten-year certain and life annuity, a joint and survivor annuity, or a lump sum.

In addition, the Plan provides for a preretirement survivor annuity to be paid to the spouse or other designated beneficiary of a participant in the event of death prior to retirement age.

1. DESCRIPTION OF PLAN (CONTINUED)

Contributions and funding policy – The Company’s contributions to the Plan are actuarially determined. The Company has agreed to contribute such amounts as are necessary to provide assets sufficient to meet the benefits to be paid to participants and satisfy the ERISA minimum funding requirements. The Plan has met the ERISA minimum funding requirements.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting – The accompanying financial statements have been prepared on the liquidation basis of accounting.

Investment valuation and income recognition – The Plan’s investments are reported at fair value, which is the expected cash proceeds of investments held at the end of each year. 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 4 for discussion of fair value measurements.

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

Administrative expenses – Substantially all administrative expenses are paid by the Plan, including actuarial, audit, and investment management fees and PBGC insurance premiums.

Payment of benefits – Benefits to participants are recorded when paid.

Use of estimates – The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Subsequent events – The Company has evaluated subsequent events through July 11, 2016, the date the financial statements were available to be issued.

3. INVESTMENT INFORMATION CERTIFIED BY TRUSTEE (UNAUDITED)

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor’s Rules and Regulations under ERISA.

All investment information disclosed in the accompanying financial statements and supplemental schedules, including investments held at September 30, 2015 and 2014, and the net appreciation in fair value of investments, interest and dividends for the years then ended, and assets acquired and disposed of for the year ended September 30, 2015 was obtained or derived from information provided to the plan administrator and certified as complete and accurate by State Street Bank and Trust Company, the trustee of the Plan. State Street Bank and Trust Company holds the Plan’s investments, and Reliant Medical Group, Inc. Board of Directors, administrator of the Plan, appoints a Pension Committee to monitor and control investments.

3. INVESTMENT INFORMATION CERTIFIED BY TRUSTEE (UNAUDITED) (CONTINUED)

The fair value of investments as of September 30, 2015 and 2014 consists of the following:

	2015	2014
Government short-term investment fund	\$ 13,189	\$ 1,087,545
Mutual funds - equity	-	13
Corporate bonds	-	50,964,755
Mortgage backed securities	-	20,991,541
U. S. Government agency notes	-	10,282,655
U. S. Government treasury notes	-	5,718,465
U. S. Government treasury strips	-	1,878,650
Other government notes	-	647,308
Total	<u>\$ 13,189</u>	<u>\$ 91,570,932</u>

During the years ended September 30, 2015 and 2014, the Plan's investments, including investments purchased, sold, as well as held during the year, appreciated (depreciated) in fair value as follows:

	2015	2014
Mutual funds - equity	\$ -	\$ 32
Corporate bonds	31,523	1,219,626
Mortgage backed securities	155,916	416,763
U. S. Government agency notes	24,606	156,102
U. S. Government treasury notes	71,228	(714,998)
U. S. Government treasury strips	100,960	303,111
Other government notes	(40,007)	44,373
Total	<u>\$ 344,226</u>	<u>\$ 1,425,009</u>

4. FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures, provides the 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 under ASC 820 are described below:

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

4. FAIR VALUE MEASUREMENTS (CONTINUED)

- Level 2: Inputs to the valuation method include: quoted prices for similar assets and liabilities in active markets, quoted prices for identical or similar assets and liabilities in inactive markets, inputs other than quoted prices that are observable for the asset or liability, or 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 method are unobservable and significant to the fair value measurement. Level 3 inputs include management's own assumption about the assumptions that market participants would use in pricing the asset, including assumptions about risk.

The asset or liability's fair value measurement 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 September 30, 2015 and 2014.

Government Short-term Investment Fund – valued at the net asset value (NAV) of units held of a bank collective trust whose objective is to provide safety of principal, daily liquidity, and a competitive yield over the long term. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. Issuances and redemptions of participant units are made on a daily basis, typically at a constant NAV of \$1.00 per unit. In the event that a significant disparity develops between the constant NAV and the fair value-based NAV of the fund, the trustee may determine that continued issuance and redemption at a constant \$1.00 NAV would create inequitable results for the fund's unitholders. In these circumstances, the trustee may direct that units be issued or redeemed at the fair value-based NAV until such time as the disparity between the fair value-based and constant NAV per unit is deemed to be immaterial.

Mutual funds – valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Corporate bonds, mortgage backed securities, U. S. government agency notes, U. S. government treasury notes, U. S. government treasury strips and other government notes – valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds or notes, the bond or note is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks, that may not be observable, such as credit and liquidity risks of a broker quote if available.

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

4. FAIR VALUE MEASUREMENTS (CONTINUED)

The following table sets forth, by level within the fair value hierarchy, the Plan's assets at September 30, 2015:

	Level 1	Level 2	Level 3	Total
Government short-term investment fund	\$ -	\$ 13,189	\$ -	\$ 13,189
Total investments at fair value	<u>\$ -</u>	<u>\$ 13,189</u>	<u>\$ -</u>	<u>\$ 13,189</u>

The following table sets forth, by level within the fair value hierarchy, the Plan's assets at fair value as of September 30, 2014:

	Level 1	Level 2	Level 3	Total
Government short-term investment fund	\$ -	\$ 1,087,545	\$ -	\$ 1,087,545
Mutual fund - equity	13	-	-	13
Corporate bonds	-	50,964,755	-	50,964,755
Mortgage backed securities	-	20,991,541	-	20,991,541
U. S. Government agency notes	-	10,282,655	-	10,282,655
U. S. Government treasury notes	-	5,718,465	-	5,718,465
U. S. Government treasury strips	-	1,878,650	-	1,878,650
Other government securities	-	647,308	-	647,308
Total investments at fair value	<u>\$ 13</u>	<u>\$ 91,570,919</u>	<u>\$ -</u>	<u>\$ 91,570,932</u>

5. INCOME TAX STATUS

The Plan has received a determination letter from the Internal Revenue Service (IRS), dated July 1, 2014, stating that the termination of the plan does not adversely affect its qualification for federal tax purposes. The plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan as amended, is qualified and the related trust is tax exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2011.

6. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of the financial statements to Form 5500 for the year ended September 30, 2015:

	Amounts per Financial Statements	Adjust for Liquidation Accruals	Amounts per Form 5500
Net assets in liquidation	\$ <u>-</u>	\$ <u>13,203</u>	\$ <u>13,203</u>
Investment income	\$ 2,455,240	\$ -	\$ 2,455,240
Employer contributions	11,486,642	(156,937)	11,329,705
Benefit payments	(69,831,603)	156,937	(69,674,666)
Payment to insurance company for purchase of annuity contracts	(34,658,341)	-	(34,658,341)
Administrative expenses	<u>(1,542,087)</u>	<u>13,203</u>	<u>(1,528,884)</u>
Change in net assets in liquidation	\$ <u>(92,090,149)</u>	\$ <u>13,203</u>	\$ <u>(92,076,946)</u>

Liquidation accruals include the final payment of \$156,937 from the employer to the PBGC in December 2015, and legal and trustee costs paid subsequent to year end from trust net assets.

* * * * *

RELIANT MEDICAL GROUP, INC. ACCOUNT BALANCE PENSION PLAN

EIN: 04-2472266

PLAN: 001

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) **SEPTEMBER 30, 2015**

(a) (b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Interest Rate, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
* State Street Bank and Trust Company	Government Short Term Investment Fund	\$ 13,189	\$ 13,189
		\$ 13,189	\$ 13,189

* - indicates party in interest to the Plan

RELIANT MEDICAL GROUP, INC. ACCOUNT BALANCE PENSION PLAN
EIN: 04-2472266
PLAN: 001

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)
YEAR ENDED SEPTEMBER 30, 2015

(a) Identity of Issue, Borrower, Lessor or Similar Party	(b) Description of Investment, Including Maturity Date, Interest Rate, Collateral, Par, or Maturity Value	(c) Cost of Acquisitions	(d) Proceeds of Dispositions
State Street Bank and Trust Company	Corporate bonds:		
	American Credit Acceptance	\$ 432,976	\$ 429,435
	Americredit Automobile Receivable	891,834	889,289
	Avis Budget Rental Car Funding	245,070	241,785
	Capital Auto Receivables Asset	559,643	553,630
	Exeter Automobile Receivables	641,190	644,035
	Santander Drive Auto Receivable	1,463,604	1,469,676
	Sierra Receivables Funding Co	866,302	864,740
	Westlake Automobile	109,749	108,040
	Banc of America Merrill Lynch	306,129	300,700
	Comm Mortgage Trust	1,078,218	1,071,530
	Csail Commercial Mortgage	162,134	158,506
	Credit Suisse Mortgage Trust	1,866,271	1,859,634
	Fanniemae Aces	88,875	86,288
	Structured Agency Credit Risk	340,000	340,279
	Government National Mortgage	319,325	324,427
	JP Morgan Chase Commercial	539,987	534,437
	JPMBB Commercial Mortgage	190,291	178,481
	Morgan Stanley Capital I Trust	153,267	150,123
	UBS Barclays Commercial	852,794	845,013
	WFRBS Commercial Mortgage	679,539	680,302
	AT+T Inc	443,872	422,115
	Adobe Systems Inc	79,142	79,461
	AETNA Inc	369,689	374,755
	AGRIUM Inc	189,343	195,337
	America Movil SAB DE CV	407,950	406,142
	American Express Co	507,766	501,113
	American Express Credit	289,539	289,913
	American Honda Finance	230,316	230,113
	Amerisourcebergen Corp	161,290	154,176
	AMGEN Inc	281,349	271,813
	Anadarko Petroleum Corp	302,011	307,053
	Apple Inc	624,118	601,236
	BP Capital Markets PLC	238,798	238,560
	BNP Paribas	135,383	134,988
	Bank of America NA	240,204	239,886
	Bank of China	248,970	266,730
	Bank of Montreal	240,078	239,019
	CR Bard Inc	228,797	228,673
	Baxter International Inc	120,145	119,743
	Becton Dickinson and Co	309,802	300,723
	Berkshire Hathaway Fin	54,740	54,646
	Chevron Corp	270,962	271,112
	Citigroup Inc	297,377	298,601
	Coach Inc	282,240	274,039
	Credit Suisse New York	239,919	239,690
	Directv Holdings/Fing	305,357	299,670
	Walt Disney Company	126,181	125,683
	Duke Realty LP	182,771	186,519
	Enlink Midstream Partner	74,870	74,687
	Ensco PLC	270,611	266,830
	Enterprise Products Oper	147,907	144,274
	FMR LLC	126,414	114,593
	Ford Motor Credit Co LLC	144,081	141,920
	Orange SA	76,640	76,245
	General Electric Co	225,131	222,708
	General Electric Capital Corp	90,313	90,206

RELIANT MEDICAL GROUP, INC. ACCOUNT BALANCE PENSION PLAN
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SCHEDULE H, line 4i - SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)
YEAR ENDED SEPTEMBER 30, 2015

(a) Identity of Issue, Borrower, Lessor or Similar Party	(b) Description of Investment, Including Maturity Date, Interest Rate, Collateral, Par, or Maturity Value	(c) Cost of Acquisitions	(d) Proceeds of Dispositions
State Street Bank and Trust Company	Corporate bonds:		
	Gilead Sciences Inc	\$ 84,501	\$ 86,646
	Glencore Funding LLC	431,858	431,067
	Goldman Sachs Group Inc	226,592	225,684
	Home Depot Inc	280,333	279,704
	Hospitality Properties T	267,184	256,331
	Intel Corp	120,215	120,224
	JPMorgan Chase + Co	1,049,713	1,041,064
	Kinder Morgan Ener Part	349,251	352,097
	Kroger Co	249,418	248,013
	Lockheed Martin Corp	287,594	273,152
	Lowe's Companies Inc	47,840	47,486
	McKesson Corp	85,176	84,805
	Medtronic Inc	557,914	568,649
	Met Life Global Funding I	110,562	110,088
	Microsoft Corp	569,680	550,368
	MidAmerican Energy Co	240,771	237,410
	Motorola Solutions Inc	298,882	293,690
	Mylan Inc	150,485	149,840
	Noble Energy Inc	380,984	398,711
	Noble Holding Intl LTD	245,733	243,158
	Northrop Grumman Corp	48,913	48,840
	Omnicom Group Inc	40,535	40,167
	Oracle Corp	268,270	262,921
	Peco Energy Co	120,540	120,331
	PNC Bank NA	265,922	264,732
	Paccar Financial Group	160,683	160,664
	Pepsico Inc	80,090	79,847
	Private Export Funding	89,723	88,062
	Qualcomm Inc	259,653	259,337
	Raytheon Company	285,217	288,981
	Rio Tinto Fin USA LTD	52,879	52,820
	Rio Tinto Fin USA PLC	120,563	120,389
	Royal Bank of Canada	234,653	233,778
	Shell International FIN	289,536	290,580
	Simon Property Group LP	403,250	401,262
	Southern Cal Edison	100,326	99,807
	Southern Copper Corp	364,850	358,229
	Southwestern Public Serv	237,367	210,418
	Statoil ASA	315,965	298,555
	3M Company	140,984	137,285
	Total Capital Intl SA	86,013	85,707
	Toyota Motor Credit Corp	85,180	84,918
	Trans Canada Pipelines	40,109	40,291
	United Parcel Service	284,002	279,920
	United Technologies Corp	45,676	45,294
	UnitedHealth Group Inc	235,542	237,733
	Verizon Communications	1,009,467	995,893
	Virginia Elec + Power Co	238,515	238,553
	Walgreens Boots Alliance	443,557	441,709
	Wells Fargo + Company	874,440	910,951
		\$ 33,608,380	\$ 33,389,483

RELIANT MEDICAL GROUP, INC. ACCOUNT BALANCE PENSION PLAN

EIN: 04-2472266

PLAN: 001

**SCHEDULE H, line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED SEPTEMBER 30, 2015**

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
State Street Bank and Trust Company	Government Short Term Investment Fund	\$	\$ 171,914,995	\$ 171,914,995	\$ 171,914,995	\$ -