

**SUMMARY ANNUAL REPORT FOR  
UNIVERSITY EMERGENCY MEDICINE FOUNDATION 401(K) PLAN**

This is a summary of the annual report for the UNIVERSITY EMERGENCY MEDICINE FOUNDATION 401(K) PLAN (Employer Identification Number 05-0486254, Plan Number 002) for the plan year 01/01/2013 through 12/31/2013. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

**Basic Financial Statement**

Benefits under the plan are provided by a trust fund. Plan expenses were \$223,494. These expenses included \$6,065 in administrative expenses and \$210,910 in benefits paid to participants and beneficiaries, and \$6,519 in other expenses. A total of 275 persons were participants in or beneficiaries of the plan at the end of the plan year, although not all of these persons had yet earned the right to receive benefits.

The value of plan assets, after subtracting liabilities of the plan, was \$43,495,410 as of the end of the plan year, compared to \$30,377,039 as of the beginning of the plan year. During the plan year the plan experienced a change in its net assets of \$13,118,371. This change includes unrealized appreciation or depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. The plan had total income of \$13,319,423, including employer contributions of \$3,542,766, employee contributions of \$1,799,477, and earnings from investments of \$6,168,924.

**Your Rights to Additional Information**

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. An accountant's report.
2. Financial information and information on payments to service providers.
3. Assets held for investment.
4. Fiduciary information, including non-exempt transactions between the plan and parties-in-interest (that is, persons who have certain relationships with the plan).

To obtain a copy of the full annual report, or any part thereof, write or call the office of KEITH NEAL, who is a representative of the plan administrator, at 125 WHIPPLE ST. 3RD FLOOR, PROVIDENCE, RI 02903 and phone number, 401-519-1601.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report.

You also have the legally protected right to examine the annual report at the main office of the plan: 125 WHIPPLE ST. 3RD FLOOR, PROVIDENCE, RI 02903, and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.